



Department  
for Education

# **Transforming Children and Young People's Mental Health Implementation Programme**

**Data release**

**May 2024**

# Contents

Introduction	3
Background	3
Content of this publication	4
Mental Health Support Teams Coverage	5
Background	5
Overview	5
Data sources	6
Summary	7
National	7
Delivery trajectory	7
Coverage by region	8
Coverage by setting type	11
Coverage by wave	13
Senior mental health lead training	15
Overview	15
Summary	15
Who are senior mental health leads?	16
Take up by region	16
Take up by local authority	17
Take up by setting type	19
Take up by Mental Health Support Team (MHST) schools or colleges	20
Senior mental health lead follow-up survey	21
Year 2 summary report	21
Introduction	21
About the survey	21
Comparison with survey findings from Year 1 applicants	21
Background	21
Effectiveness of delivery model	23
Impact of training	26

## Introduction

The Transforming Children and Young People's Mental Health Implementation Programme is a joint, collaborative programme led by the Department of Health and Social Care (DHSC), Department for Education (DfE) and NHS England (NHSE).

This publication provides information on the Department for Education's commitment to offer senior mental health lead training to all eligible schools and colleges by 2025 as well as the commitment for new Mental Health Support Teams in a fifth to a quarter of the country by the end of 2023<sup>1</sup>.

## Background

In December 2017, the Government published a consultation to gather views on the proposals set out in its publication, [Transforming Children and Young People's Mental Health Provision: A Green Paper](#).

Following the consultation, the [Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps](#) was published in July 2018. It outlined a commitment to implement three core proposals:

- New Mental Health Support Teams (MHSTs) that provide support and extra capacity for early intervention and help for mild to moderate mental health issues and support the promotion of good mental health and wellbeing.
- Training for senior mental health leads to implement an effective whole school or college approach to mental health and wellbeing in schools and colleges.
- Pilots for a four-week waiting time for children and young people's mental health services<sup>2</sup>.

In response to the Covid-19 pandemic, the DfE announced further funding through the [Wellbeing for Education Return or Recovery programmes](#), providing support to staff working in schools and colleges to respond to the additional pressures some children and young people may have felt has a direct result of the pandemic, as well as to any emotional response they or their teachers may have experienced.

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<sup>1</sup> [NHS Long Term Plan » Children and young people's mental health services](#)

<sup>2</sup> Four week waiting time pilots have ended. Work on waiting times for children and young people's mental health is being taken forward as part of the Clinical Review of Standards: [NHS England » Mental health clinically-led review of standards](#)

## **Content of this publication**

This publication contains information regarding the latest coverage of the MHST programme, delivery of senior mental health lead training to schools and colleges in the first three financial years of the programme and findings from the DfE-managed survey to those who have completed senior mental health lead training.

# Mental Health Support Teams Coverage

## Background

The delivery of Mental Health Support Teams (MHSTs) in education settings is led by NHS England (NHSE), with support from Department for Education (DfE). MHSTs support the mental health needs of children and young people in primary, secondary and further education (ages 5 to 18) and use an evidence-based approach to provide early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety. MHSTs also support education settings in promoting good mental health and wellbeing.

First announced in 2018, MHSTs work with the pastoral care and mental health and wellbeing support that already exists in and around education settings. Existing mental health and wellbeing support may include counselling, educational psychologists, school nurses, educational welfare officers, VCSEs (Voluntary, Community and Social Enterprises), the local authority provision and NHS CYPMH (NHS Children and Young People Mental Health) services.

MHSTs have three core functions:

1. to deliver evidence-based interventions for mild-to-moderate mental health issues;
2. support the senior mental health lead (where established) in each school or college to introduce or develop their whole school or college approach to mental health and wellbeing and;
3. give timely advice to school and college staff, and liaise with external specialist services, to help children and young people to get the right support and stay in education.

## Overview

The establishment of MHSTs began in 2018 and the number of teams has increased each year as set out in Table 1. The analysis presented in this publication shows coverage up to and including waves 7 and 8 but more teams are being introduced. A further 109 teams are currently training Education Mental Health Practitioners (EMHPs), which means around 600 MHSTs will be up and running by March 2025.

**Table 1: Number of MHSTs per wave**

Wave	Number of teams*	Year EMHPs training began	Year teams become operational <sup>3</sup>
Trailblazer	58	January 2019	March 2020
Waves 1 & 2	125	Wave 1: September 2019 Wave 2: January 2020	Wave 1 & Wave 2: March 2021
Waves 3 & 4	104	Wave 3: November 2020 Wave 4: January - February 2021	Waves 3 & 4: March 2022
Wave 5 & 6	111	Wave 5: November 2021 Wave 6: January - February 2022	Waves 5 & 6: March 2023
Waves 7 & 8	100	Wave 7: November 2022 Wave 8: January - February 2023	Waves 7 & 8: March 2024
Waves 9 & 10	109	Wave 9: September 2023 Wave 10: January 2024	Waves 9 & 10: March 2025

Source: \* [NHS England » Mental health support in schools and colleges and faster access to NHS care.](#)

N.B. Future dates are indicative.

## Data sources

The analysis presented in this publication on the coverage of MHSTs uses self-reported information from MHSTs on the schools and colleges participating in the programme. This is linked to 2023 DfE data<sup>4</sup> to report on the number and percentage of schools or colleges and pupils or learners<sup>5</sup> covered by the programme. The subsequent analysis relies on the quality of the data received, therefore the numbers presented here are our best estimates using the latest available data.

<sup>3</sup> 'Operational' is defined as the Education Mental Health Practitioners having successfully completed their training with assurance provided through NHSE regional teams. Training of Education Mental Health Practitioners takes around 12 months to complete.

<sup>4</sup> Lists of schools and colleges participating in the MHST programme, as provided by MHST teams have been linked to school and college information from 'Get information about schools', pupil numbers from January 2023 school census and FE learner numbers from 2022/23 Individualised Learner Record.

<sup>5</sup> The programme covers all children and young people however this analysis is based on pupils or learners in schools or colleges as a proxy due to availability of data.

## Summary

### National

There are 4.2 million pupils or learners who are covered by an MHST in 2023-24 based on schools and college lists returned from MHSTs, which equates to 44% coverage of pupils in schools and learners in FE in England.

There are nearly 8,500 schools and colleges participating in the MHST programme in 2023-24 based on schools and college lists returned from MHSTs, which equates to 34% of schools and colleges in England who are part of the MHST programme.

Coverage of MHSTs at school or college level is lower than coverage at pupil or learner level due to variation in setting size and MHSTs currently working with larger education settings.

### Delivery trajectory

Nationally, there are, on average, 8,400 pupils or learners and 17 schools or colleges per MHST, up to and including waves 7 & 8. There are 109 MHSTs that will become part of the programme in waves 9 & 10 (with EMHPs who started training from autumn 2023 and due to become operational in 2024-25).

Assuming the average number of schools or colleges and pupils or learners per MHST remains constant, we estimate that, including waves 9 & 10, coverage would increase to 54% of pupils or learners and 42% of schools or colleges by the end of 2024-25, that is, by March 2025.

## Coverage by region

Coverage of pupils or learners and schools or colleges by MHSTs varies across the country. Here we present data for each NHSE region<sup>6</sup> to reflect the lead delivery partner for MHSTs and the organisational structure of the programme. Note that these analyses represent a snapshot in time. Populations and numbers of pupils or learners can also change between years and historic changes in regional and sub-regional boundaries may affect the overall regional proportions.

The decision on which education settings were covered by an MHST was for local determination. Individual education settings can vary significantly in size, and this can affect analysis. For example, regions where MHSTs cover fewer, but larger, settings would have different coverage statistics to those with more, smaller settings. Ensuring equitable population coverage across all regions is part of the programme's aim and the regional variation currently seen in coverage of pupils or learners and in settings is expected to reduce as further waves of MHSTs become operational.

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<sup>6</sup> [NHS England » Regional teams](#)



Regionally, the 44% coverage of pupils or learners nationally varies between 37% (Midlands) and 50% (London) (Figure 1).

**Figure 1: Percentage of pupils or learners in schools or colleges participating in the Mental Health Support Teams programme, by NHSE region (up to and including waves 7 & 8)**



Source: Self-reported MHST school or college list, linked to DfE data

The 34% national coverage of schools or colleges varies between 29% (Midlands) and 40% (London) (Figure 2).

**Figure 2: Percentage of schools or colleges participating in Mental Health Support Teams programme, by NHSE region (up to and including waves 7 & 8)**

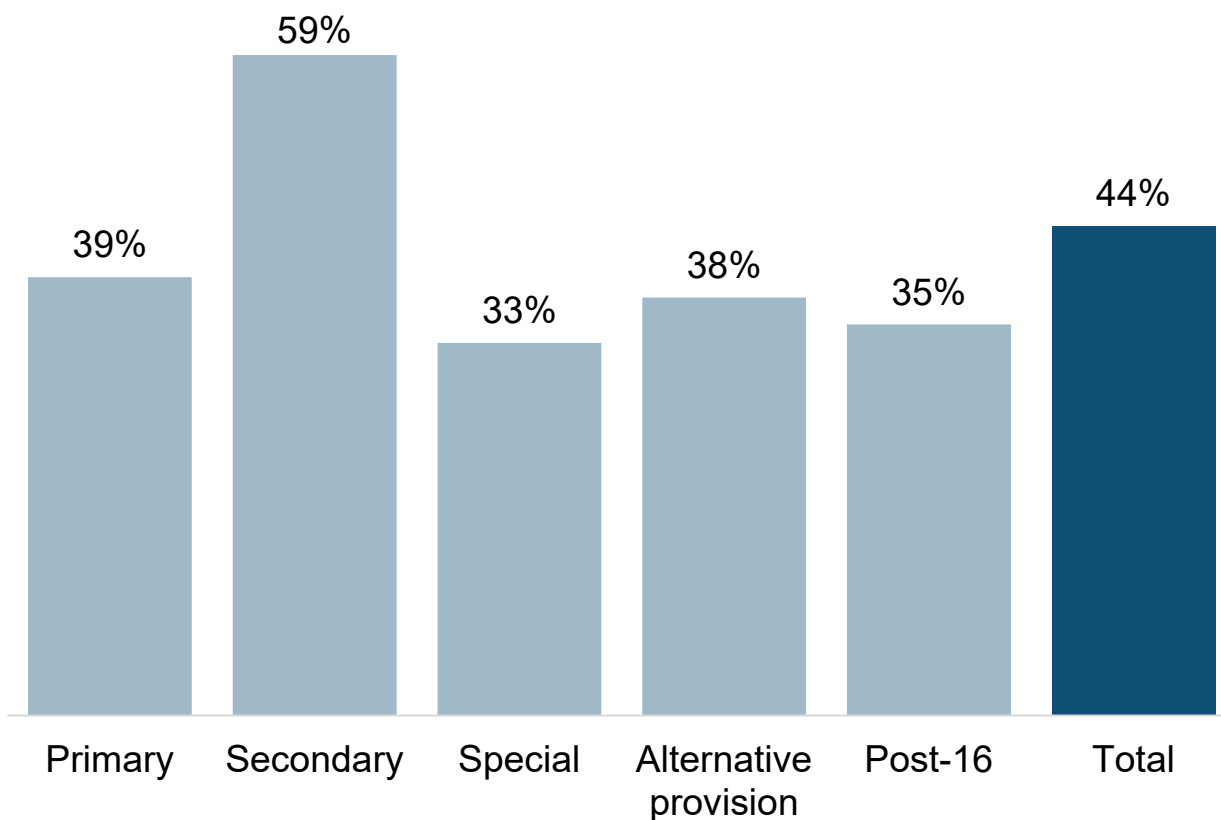


Source: Self-reported MHST school or college list, linked to DfE data

## Coverage by setting type

Across all setting types, 44% of pupils or learners are in settings participating in the MHST programme. However, this varies between 33% (Special schools) and 59% (Secondary schools) (Figure 3).

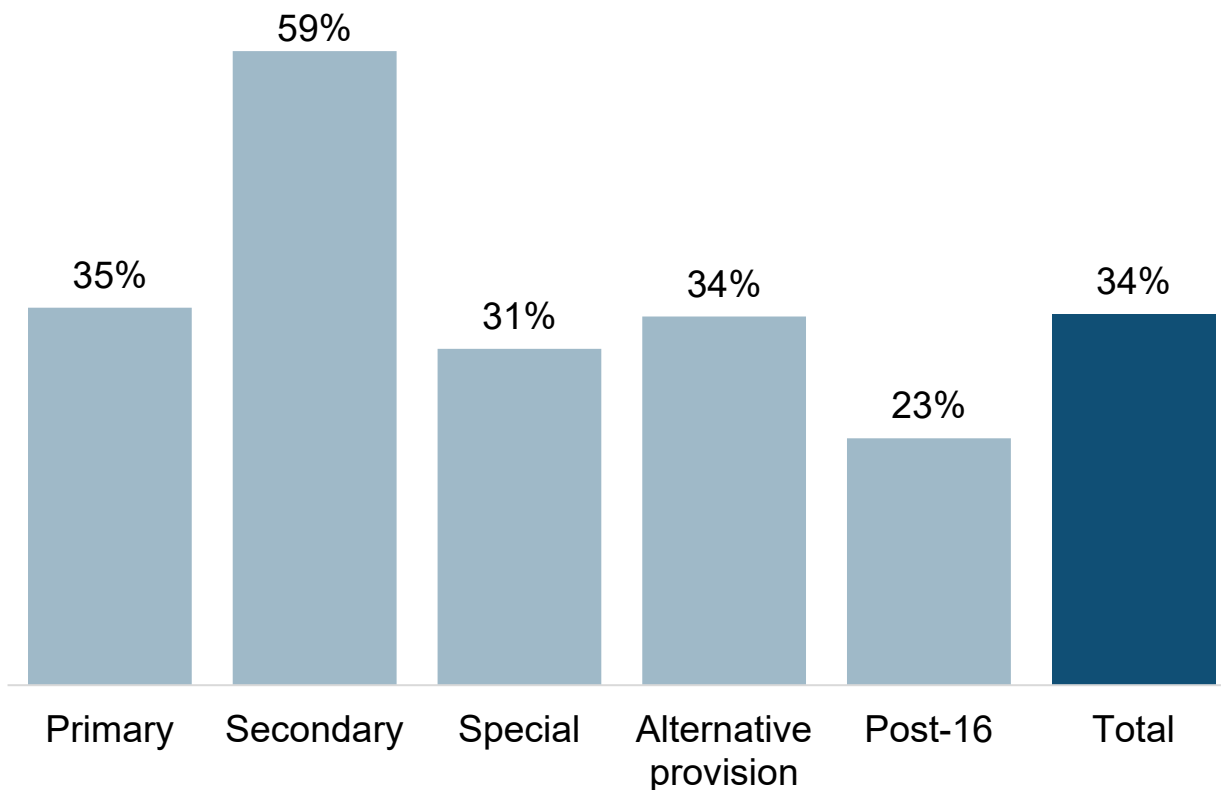
**Figure 3: Percentage of pupils or learners in schools or colleges participating in Mental Health Support Teams programme, by type of setting (up to and including waves 7 & 8)**



Source: Self-reported MHST school or college list, linked to DfE data

Nationally, 34% of schools or colleges are participating in the MHST programme ranging from 23% (Post-16) to 59% (Secondary schools) (Figure 4).

**Figure 4: Percentage of schools or colleges participating in Mental Health Support Teams programme, by type of setting (up to and including waves 7 & 8)**



Source: Self-reported MHST school or college list, linked to DfE data

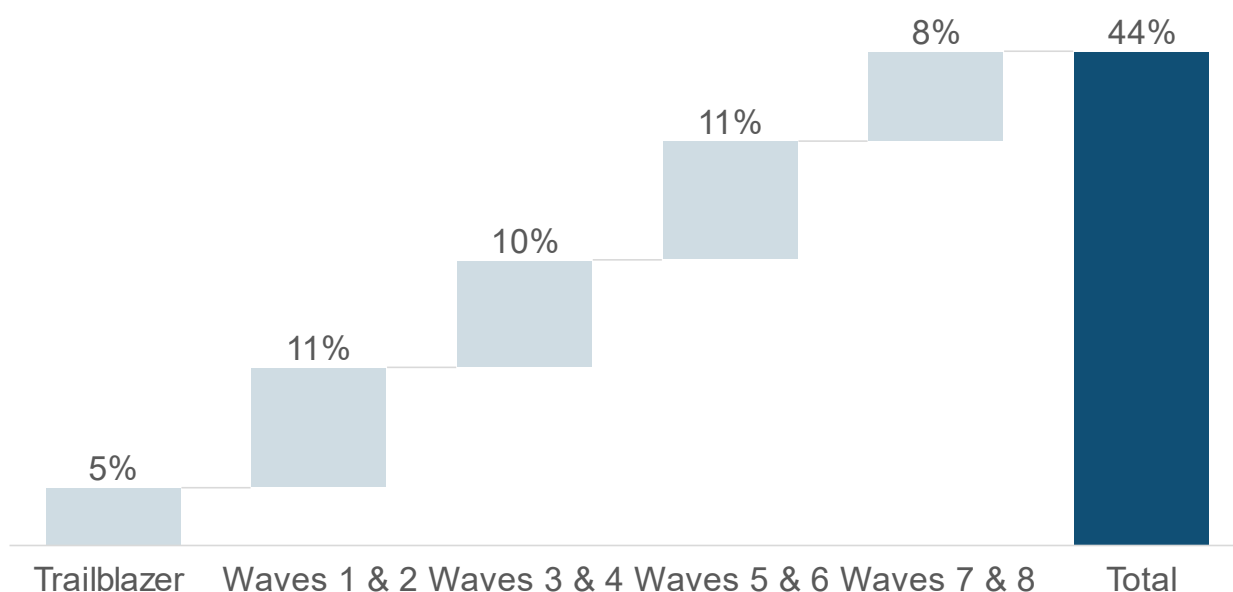
Participation in the MHST programme also varies by governance status; 36% of LA maintained schools are participating in the MHST programme compared to 41% of academy/free schools. Full details of the number of eligible settings and the number of settings that are participating in the MHST programme is available within the data tables for this publication.

## Coverage by wave

Figures 5 and 6 show how the MHST programme has grown over time.

- Trailblazer wave (operational by March 2020) covered 5% of pupils or learners and 4% of schools or colleges.
- Waves 1 & 2 (operational by March 2021) covered 11% of pupils or learners and 9% of schools or colleges.
- Waves 3 & 4 (operational by March 2022) covered 10% of pupils or learners and 7% of schools or colleges.
- Waves 5 & 6 (operational by March 2023) covered 11% of pupils or learners and 8% of schools or colleges.
- Waves 7 & 8 (operational by March 2024) covered 8% of pupils or learners and 6% of schools or colleges<sup>7</sup>.

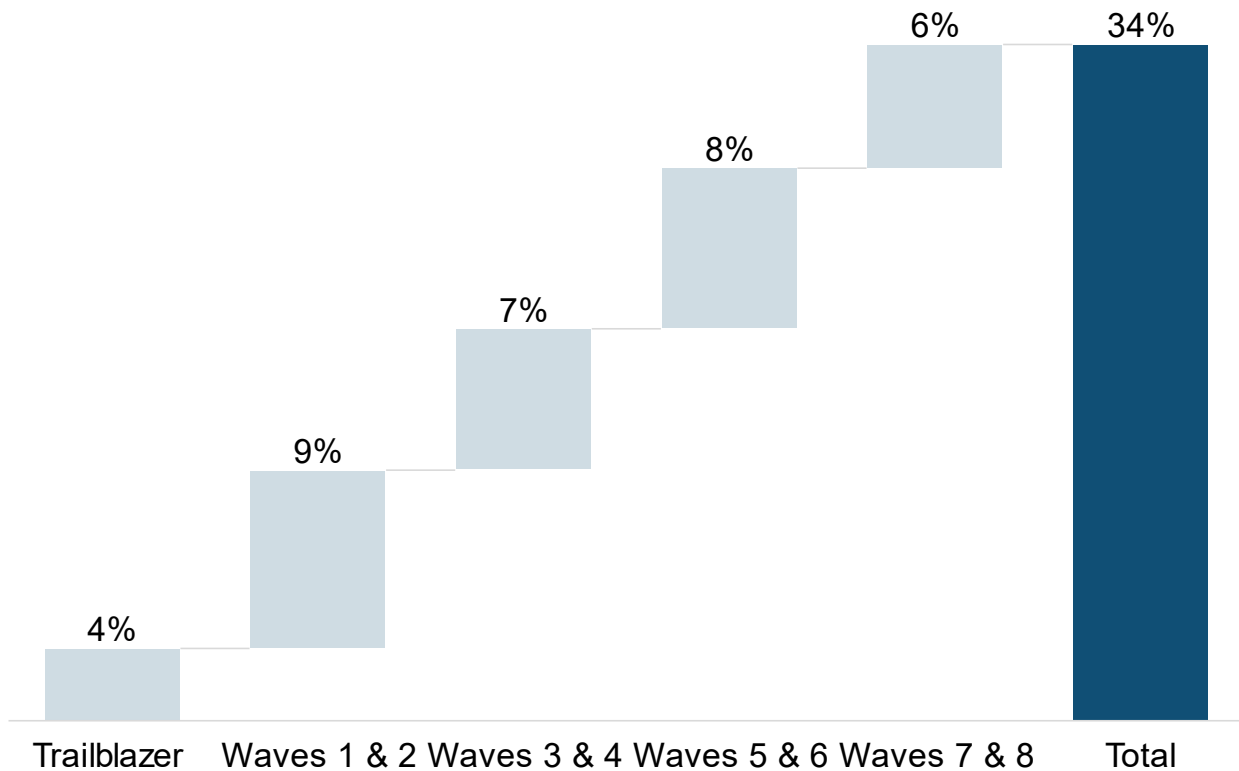
**Figure 5: Percentage of pupils or learners in schools or colleges participating in Mental Health Support Teams programme, by wave (up to and including waves 7 & 8)**



Source: Self-reported MHST school or college list, linked to DfE data

<sup>7</sup> Waves 7 & 8 coverage includes schools or colleges where information about when they joined the programme are not available but are known to have been operational by the end of 2023-24.

**Figure 6: Percentage of schools or colleges participating in Mental Health Support Teams programme, by wave (up to and including waves 7 & 8)**



Source: Self-reported MHST school or college list, linked to DfE data

**Projected coverage**

It is projected that waves 9 & 10 (becoming operational c. 2024-25) could cover an additional 10% of pupils or learners and 8% of schools or colleges once operational, assuming numbers of schools or colleges and pupils or learners per team remain constant. This would take overall coverage from 44% to 54% of pupils or learners and from 34% to 42% of schools or colleges in 2024-25.

# Senior mental health lead training

## Overview

Schools and colleges are offered a £1,200 grant for a senior member of education staff to access DfE quality assured training to implement an effective whole school or college approach to mental health and wellbeing in their setting. The grant is intended to cover (or contribute to) the cost of attending training and may also be used to hire supply staff to provide cover whilst leads are engaged in learning<sup>8</sup>.

Eligible settings claim a grant through the DfE's digital grant application service, confirming their eligibility and providing evidence of their booking on a DfE quality assured course, which they can choose based on their learning needs, preferences and level of experience. Management information from the grant application service is used to monitor take up of the training offer by schools and colleges.

## Summary

From 11 October 2021, schools and colleges were invited to apply for a senior mental health lead training grant and up to 31 March 2024, 16,700 schools and colleges had successfully claimed a grant. The 16,700 settings that have claimed a grant represent 70% of the total number of settings that were eligible to apply and means that DfE has spent £20.0m in grants.

From 8 October 2023, schools and colleges where a trained senior mental health lead had left their setting since completing their training were entitled to claim a second grant to train a new senior mental health lead. Up to 31 March 2024, 1,410 schools and colleges had claimed a second grant.

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<sup>8</sup> [Senior mental health lead training - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

## Who are senior mental health leads?

A senior mental health lead is a strategic role in a school or college responsible for overseeing the setting's holistic whole school or college approach<sup>9</sup> to promote and support children and young people's mental health and wellbeing.

## Take up by region

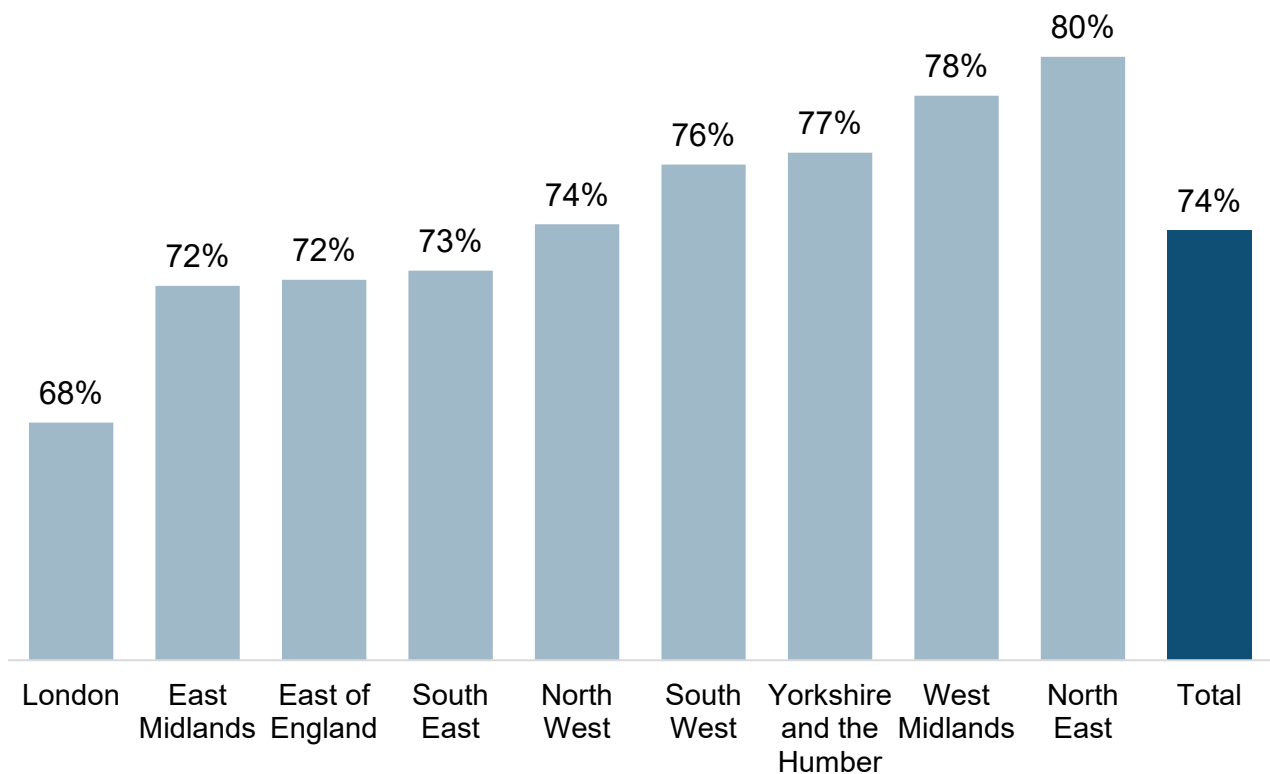
Figure 7 shows that, nationally, more than seven in ten state-funded schools and colleges (74%) had completed their application for a senior mental health lead training grant by 31<sup>st</sup> March 2024. Take up of the training grant varies by region with 68% of state-funded schools and colleges in London having completed an application for the grant compared to 80% of state-funded schools and colleges in the North East.

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<sup>9</sup> <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>



**Figure 7: Percentage of state-funded schools who had completed their application for a senior mental health leads training grant, by government office region, applications up to 31<sup>st</sup> March 2024, state-funded schools and colleges only**



Source: DfE digital service grant application forms, n=16,400

## Take up by local authority

The percentage of state-funded schools that had completed application for senior mental health lead grant by 31st March 2024 varies by local authority. Table 2 shows that in 10 local authorities (7%), between 40% and 60% of state-funded schools and colleges had completed their applications for the senior mental health lead training grant by 31<sup>st</sup> March 2024. In two thirds of local authorities (65%), between 60% and 80% of their state-funded schools and colleges had applied for the senior mental health lead training grant and in 43 local authorities (28%), 80%-100% of their state-funded schools and colleges had applied for the senior mental health lead training grant.

**Table 2: The number and percentage of local authorities by percentage of state-funded schools and colleges that had completed application for senior mental health lead grant by 31<sup>st</sup> March 2024**

Percentage of state-funded schools that have completed application for senior mental health lead grant	Number of local authorities	Percentage of local authorities
0% to less than 20%	1	1%
20% to less than 40%	0	0%
40% to less than 60%	10	7%
60% to less than 80%	99	65%
80% to 100%	43	28%

Data showing the number and percentage of state-funded schools and colleges that had completed their application for the senior mental health lead grant at local authority level is available within the data tables.

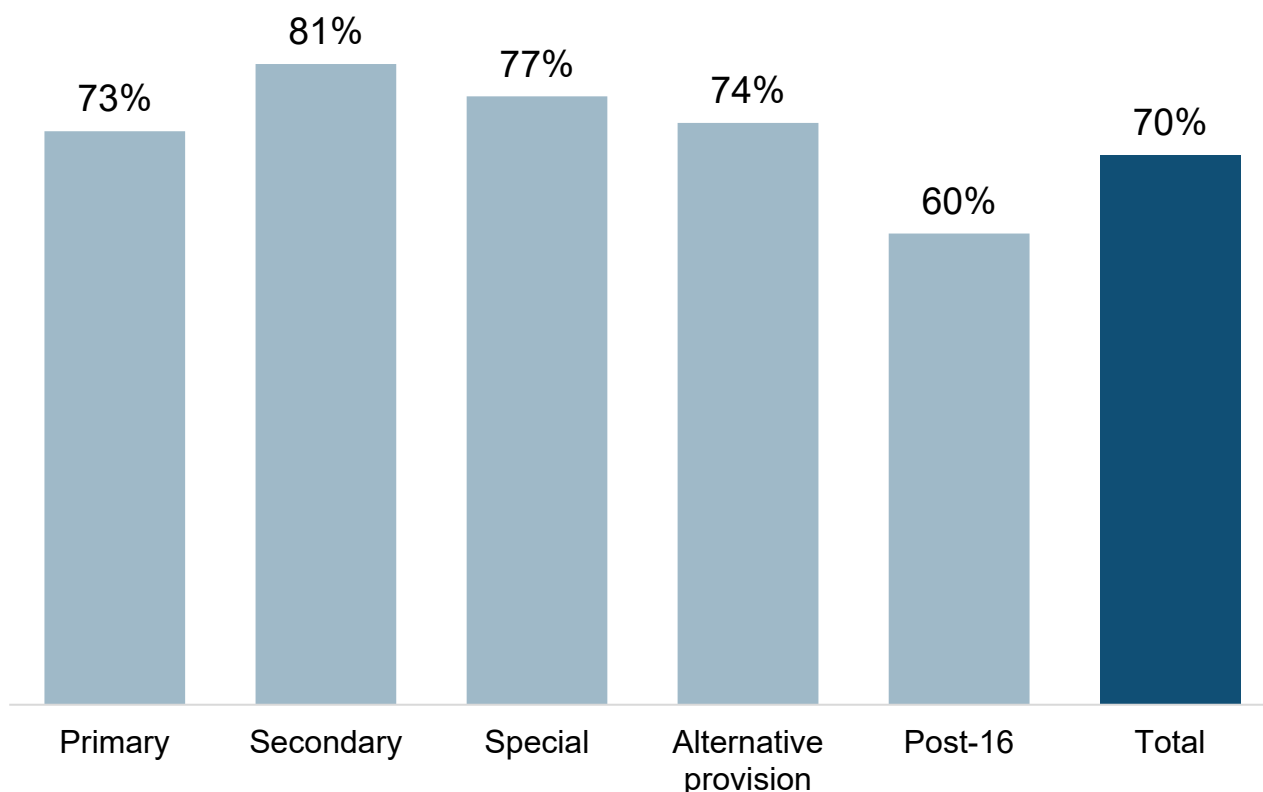
### **Role of the local authority**

Local authorities have an important role to play in promoting the take-up of senior mental health lead training, as part of the local mental health and wellbeing promotion and support offer to schools and colleges. Individual schools and colleges decide whether to take-up the offer of a grant to access training, and take-up within a local area can be impacted by multiple factors.

## Take up by setting type

As displayed in Figure 8, take up of the training grant varies by educational setting type. More than eight in ten state-funded secondary schools (81%) completed their grant application by 31<sup>st</sup> March 2024 compared to seven in ten state-funded primary schools (73%).

**Figure 8: Percentage of eligible settings who had completed their application for a senior mental health leads training grant, by setting type, applications up to 31<sup>st</sup> March 2024**



Source: DfE digital service grant application forms, n=16,700

Note: the total column shown here also includes “independent” and “other” settings

Take up also varies by governance status; 73% of eligible LA maintained schools had completed a grant application by 31<sup>st</sup> March 2024 compared to 76% of eligible academy or free schools. Full details of the number of eligible settings and number of settings that had completed grant applications, by setting type is available within the data tables.

## **Take up by Mental Health Support Team (MHST) schools or colleges**

Linking the senior mental health lead training grant application forms to the MHST data shows that schools or colleges that are participating in the MHST programme were more likely to have completed an application for a senior mental health lead training grant by 31<sup>st</sup> March 2024; 79% of settings that are currently participating in the MHST programme had completed a senior mental health lead training grant application compared to 65% of settings that are not currently participating in the MHST programme.

# Senior mental health lead follow-up survey

## Year 2 summary report

### Introduction

This report provides a summary of findings from the follow-up survey issued to senior mental health leads who applied for their training grant during 2022-23, the second year of the programme. The surveys were issued to senior mental health leads a term after completion of their training, to understand their experiences of the training and actions taken following the training.

### About the survey

The surveys were issued on a half-termly basis and there were eight waves in total which ran from November 2022 through to January 2024. These surveys were issued to senior mental health leads who completed their training between summer 2022 and winter 2023. These surveys were issued to 4,631 senior mental health leads and 2,253 responses were received, giving an overall response rate of 50%. However, of these respondents there were a number where course details or dates had changed since submitting their grant application form who then didn't complete the remainder of the survey; this left 1,976 responses for analysis purposes.

### Comparison with survey findings from Year 1 applicants

In May 2023 we published findings from our follow-up survey with senior mental health leads who applied for their training grant in 2021-22. The findings presented here for applicants from the second year of the programme are similar to those presented previously for the first year of the programme.

### Background

As per the DfE guidance<sup>10</sup>, schools and colleges can decide themselves who is best placed to take on the role of senior mental health lead in their school or college and undertake the training, depending on their circumstances. The senior mental health lead may already be a member of the senior leadership team or another member of staff with authority, capacity and support to influence strategic change in their school or college.

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<sup>10</sup> [Senior mental health lead training guidance](#)

The senior mental health lead role could be a new role identified upon commencement of the training or it could be the training is undertaken by a member of staff with existing responsibilities for mental health within their school or college.

Grants can only be claimed to attend DfE quality assured training courses. A range of courses are available, and schools and colleges can choose a course that meets their preferred format of delivery, learning needs and level (beginner, intermediate, advanced, expert and system leadership), educational setting type, location, and cost<sup>11</sup>.

### **Role prior to training**

Based on the responses to our survey, 71% of the senior mental health leads participating in training were members of the senior leadership team within their school or college and 72% had a lead role around mental health in their school or college prior to applying for the senior mental health lead training grant.

Of those who had a lead role around mental health in their school or college prior to applying for the senior mental health lead training grant, 36% had been in that role for one year or less, 39% had been in that role for two to four years and 25% had been in that role for five years or more.

### **Role after training**

Respondents were asked to think about the purpose and expectation of their role before and after the training and whether they have become more aligned with the learning outcomes<sup>12</sup> for senior mental health leads following the training. Of the respondents who answered this question, 71% agreed that their role had changed as a result of applying for the training grant. Additionally, 62% of survey respondents stated that they have increased strategic oversight or backing from the senior leadership team as a result of applying for the senior mental health lead training grant.

Although not all of the senior mental health leads that participated in training were a member of the senior leadership team, 86% of survey respondents reported that they agreed or strongly agreed they had adequate influence to act as a strategic lead in their school or college.

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<sup>11</sup> [Senior mental health lead guidance – find a senior mental health lead training course](#)

<sup>12</sup> [Learning outcomes for senior mental health leads](#)

## Time spent on role

Respondents were asked how much time they spend on the senior mental health lead role per week, on average:

- 46% of respondents said they spend up to half a day per week
- 10% of respondents said they spend half to one day per week
- 13% of respondents said they spend more than one day per week
- 31% said the time they spend on this role varies too much to say.

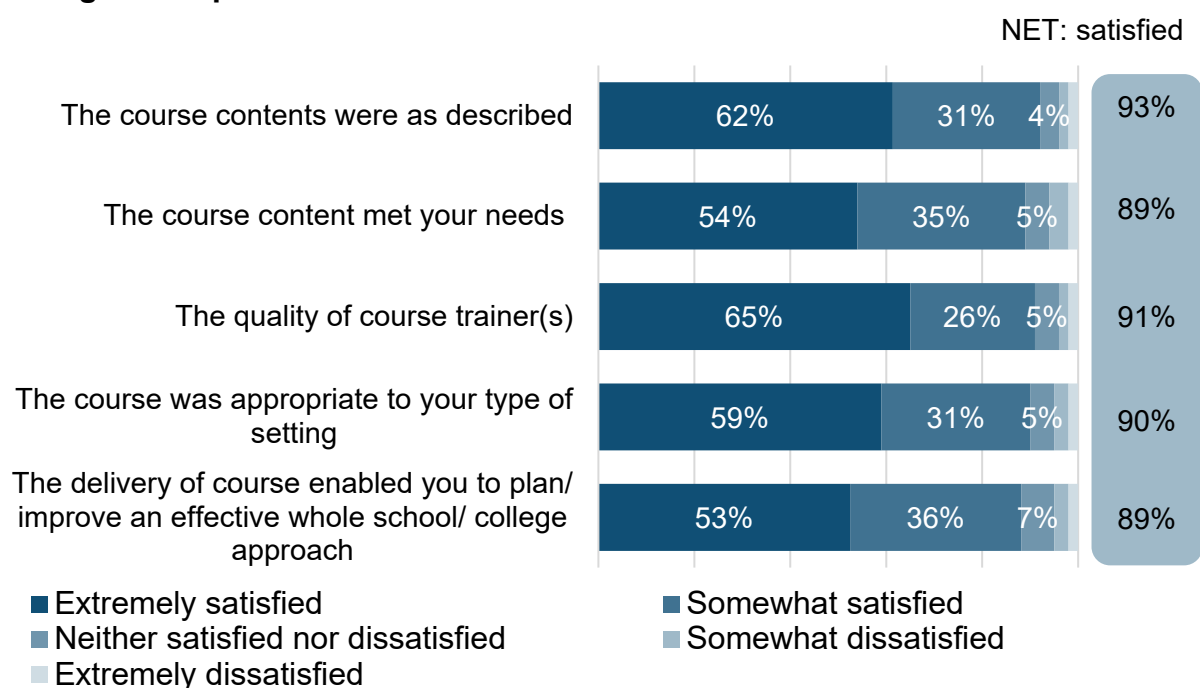
Respondents were also asked whether they agree they currently have enough time in this role to achieve their goals; 38% of respondents agreed or strongly agreed that they did have enough time and 47% of respondents disagreed or strongly disagreed.

## Effectiveness of delivery model

### Satisfaction

Survey respondents were asked about their satisfaction with a range of elements of the delivery of the training. In terms of choosing their course, 86% of respondents were extremely satisfied or somewhat satisfied with the process. There were also high levels of satisfaction with the various aspects of the course itself, as shown in Figure 9.

**Figure 9: Level of satisfaction with different elements of training course, percentage of respondents**



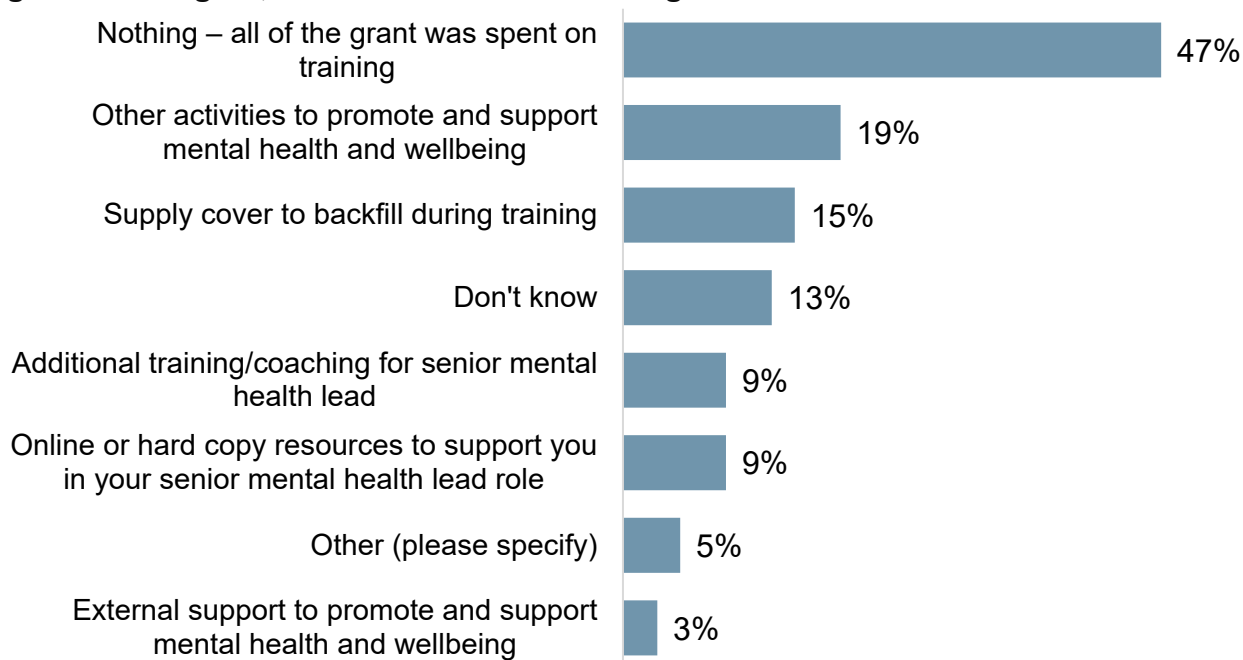
Source: DfE Senior mental health lead training follow-up survey, 2022-23 applicants, n=1,976

Survey respondents were asked how likely they would be to recommend their training course to someone else and 89% of respondents said they would be extremely likely or somewhat likely to.

### How training grant spent

Eligible schools or colleges each receive a training grant of £1,200 to cover (or contribute to) the cost of attending a quality assured training course and this may also be used to hire supply staff while senior mental health leads are engaged in training. In the follow-up survey, respondents were asked, in addition to their training course, what else (if anything) their school or college spent their grant funding on. The most common response was that all of the grant funding was spent on training (47% of respondents). 19% of respondents stated they spent remaining grant funding on other activities to promote and support mental health and wellbeing (see Figure 10).

**Figure 10: Percentage of respondents who stated what their school/ college spent grant funding on, in addition to their training course<sup>13</sup>**



Source: DfE Senior mental health lead training follow-up survey, 2022-23 applicants, n=1,976

<sup>13</sup> For this question, respondents could select more than one option, therefore percentages do not sum to 100%



## Further resources

Respondents were asked what further practical resources and support would be helpful to bring about effective change in their school or college to promote and support mental health and wellbeing. The most common response was 'Resources or tools specifically to help with wellbeing measurement' (60% of respondents). This was followed by 'Help to more easily identify and access evidence-based resources or tools that can be applied in your school or college' (47% of respondents) (see Figure 11).

**Figure 11: Percentage of respondents who stated which further resources or support would help to bring about effective change in their school or college to promote and support mental health and wellbeing**



Source: DfE Senior mental health lead training follow-up survey, 2022-23 applicants, n=1,976

## Impact of training

In order to understand the impact of the training courses, survey respondents were asked to what extent they agreed that following their training they were better able to act on each of the principles<sup>14</sup> of a whole school or college approach to mental health and wellbeing (Figure 12). Although not all courses cover all of the principles, there were high levels of agreement from survey recipients that the training enabled them to better act on all the principles, as shown in Figure 13.

**Figure 12: Eight principles to promoting a whole school or college approach to mental health and wellbeing<sup>15</sup>**

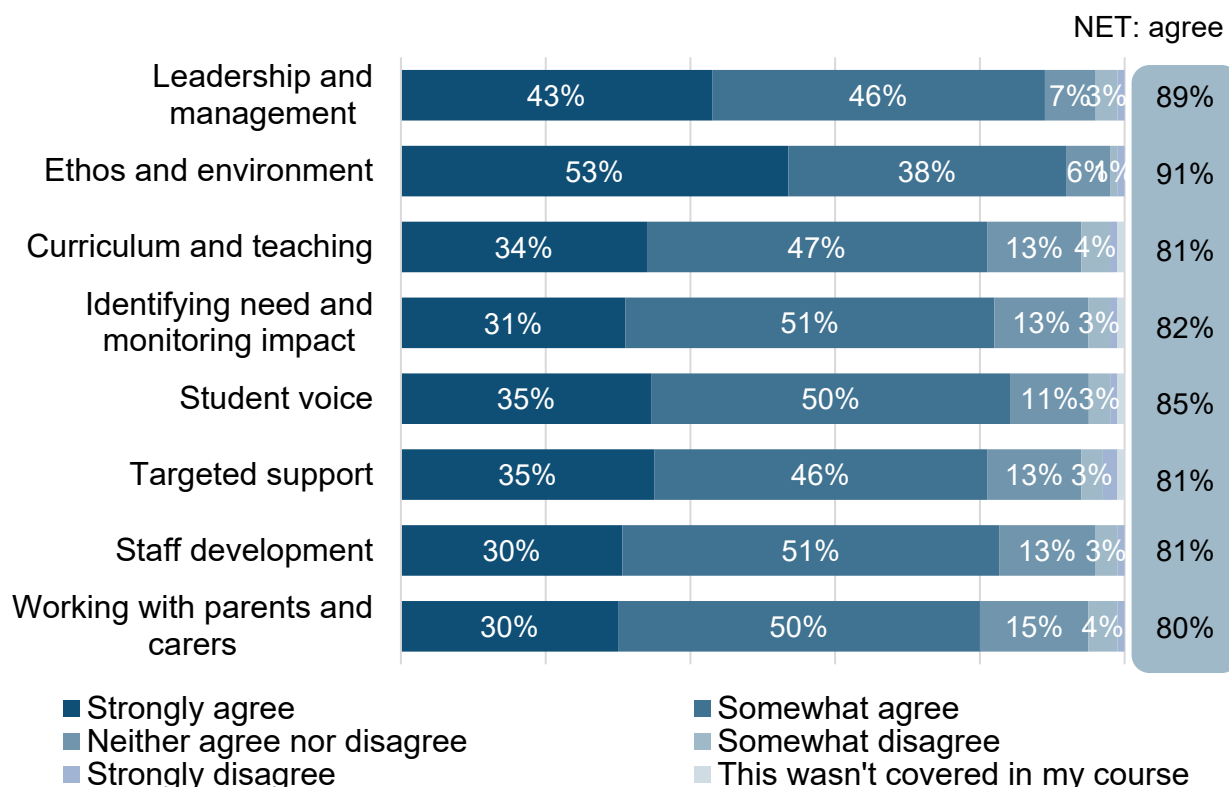


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<sup>14</sup> [Promoting children and young people's mental health and wellbeing: A whole school or college approach](#)

<sup>15</sup> Source: [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](#).

**Figure 13: Levels of agreement that following their training course trainees were better able to act on each principle of the Whole School or College Approach to Mental Health and Wellbeing**



Source: DfE Senior mental health lead training follow-up survey, 2022-23 applicants, n=1,976

Respondents were also asked about action taken against each of the principles since completing the training: 75% of respondents said they had either created a new plan (46%) to develop, implement and sustain a whole school or college approach to mental health or wellbeing, tailored to their school or college’s needs, or had revised an existing plan (30%), since completing their training; 19% of respondents said they plan to create or revise a plan in the near future; 2% said they had already made progress prior to undertaking training and 4% said current capacity meant they have prioritised other actions for now.



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