



Department
for Education

Transforming Children and Young People's Mental Health Implementation Programme

Data release

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Introduction and content

The Transforming Children and Young People's Mental Health Implementation Programme was a joint, collaborative programme led by the Department of Health and Social Care (DHSC), Department for Education (DfE) and NHS England (NHSE). This programme has now formally closed as scheduled on 31 March 2025.

This publication summarises the key achievements of the programme and provides the latest available data on the expansion of Mental Health Support Teams (MHSTs) working in state schools and colleges throughout England, and in relation to government funded senior mental health lead training for education staff. The expansion of MHSTs and the collaboration between education and health partners continues as part of delivering the government's [Plan for Change](#); specifically as part of our mission to break down barriers to opportunity.

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 services¹.

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

¹ 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](#)

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.

Mental Health Support Teams Coverage

Background

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 support on mental health and emotional wellbeing issues, such as mild to moderate anxiety and low mood. 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 early support for 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 9 and 10 but more teams are being introduced. A further 106 teams are currently training Education Mental Health Practitioners (EMHPs), which means around 700 MHSTs are expected to be up and running by April 2026.

Table 1: Number of MHSTs per wave

Wave	Number of teams*	Year EMHPs training began	Year teams become operational²
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: April 2024
Waves 9 & 10	109	Wave 9: September 2023 Wave 10: January- February 2024	Waves 9 & 10: April 2025
Waves 11 & 12	106	Wave 11: September 2024 Wave 12: January 2025	Waves 11 & 12: Expected April 2026

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 they support. This is linked to 2024 DfE data³ to report on the number and percentage of schools/ colleges and pupils/ learners⁴ covered MHSTs. The subsequent analysis relies on the quality of the data

² '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.

³ Lists of schools and colleges supported by an MHST, as provided by MHST teams have been linked to school and college information from 'Get information about schools,' pupil numbers from January 2024 school census and FE learner numbers from 2023/24 Individualised Learner Record.

⁴ MHSTs are intended to support all children and young people, however this analysis is based on pupils/ learners in schools/ colleges as a proxy due to availability of data.

received, therefore the numbers presented here are our best estimates using the latest available data.

Summary

National

There are 5.0 million pupils and learners who are covered by an MHST in 2024-25 based on schools and college lists returned from MHSTs, which equates to 52% coverage of pupils in schools and learners in FE in England.

There are 10,100 schools and colleges supported by an MHST in 2024-25 based on schools and college lists returned from MHSTs, which equates to 41% of schools and colleges in England receiving MHST support.

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

Delivery trajectory

Nationally, there are, on average, 8,300 pupils/ learners and 17 schools/ colleges per MHST, up to and including waves 9 & 10. There are 106 MHSTs that will become operational in waves 11 & 12 (with EMHPs who started training from autumn 2024 and due to become operational in 2025-26).

Assuming the average number of schools/ colleges and pupils/ learners per MHST remains constant, we estimate that, including waves 11 & 12, coverage could increase to 62% of pupils and learners and 48% of schools and colleges by 31 March 2026.

Coverage by region

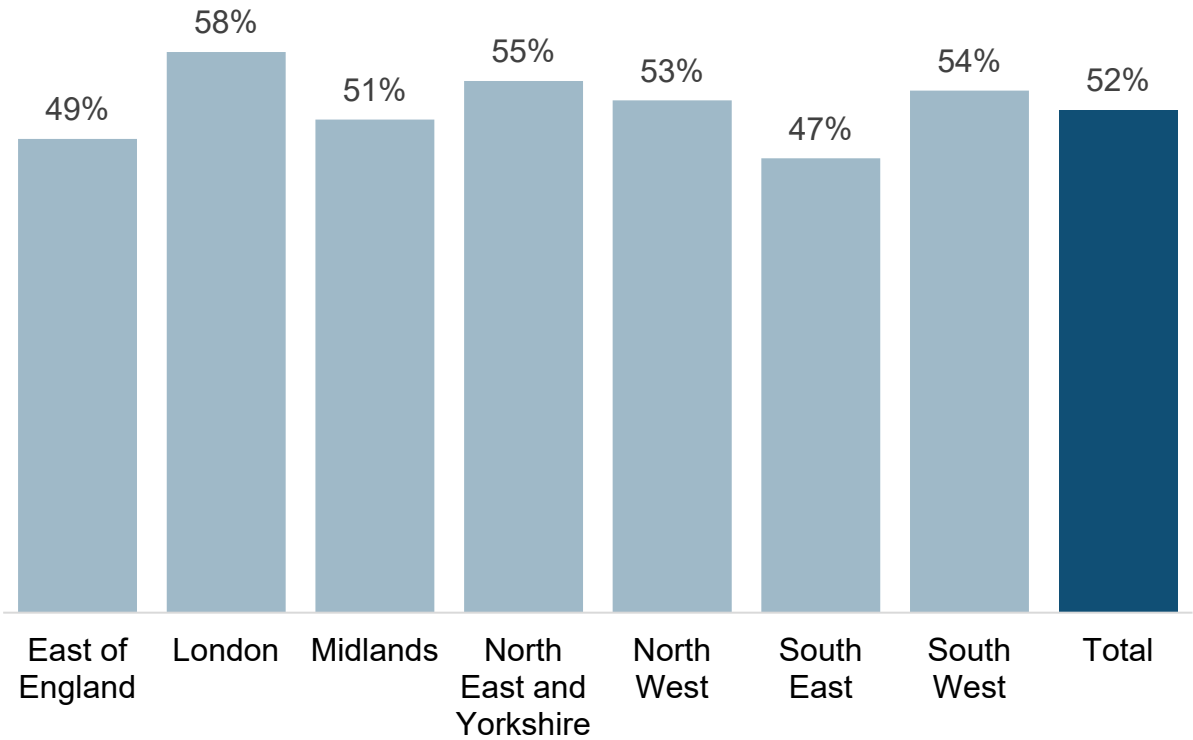
Coverage of pupils/ learners and schools/ colleges by MHSTs varies across the country. Here we present data for each NHSE region⁵. Note that these analyses represent a snapshot in time. Populations and numbers of pupils/ learners can also change between years and historic changes in regional and sub-regional boundaries may affect the overall regional proportions.

The decision on which education settings are covered by an MHST is 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 a key aim and the regional variation currently seen in coverage of pupils/ learners and in schools/ colleges is expected to reduce as further waves of MHSTs become operational.

⁵ [NHS England » Regional teams](#)

Regionally, the 52% coverage of pupils/ learners nationally varies between 47% (South East) and 58% (London) (Figure 1).

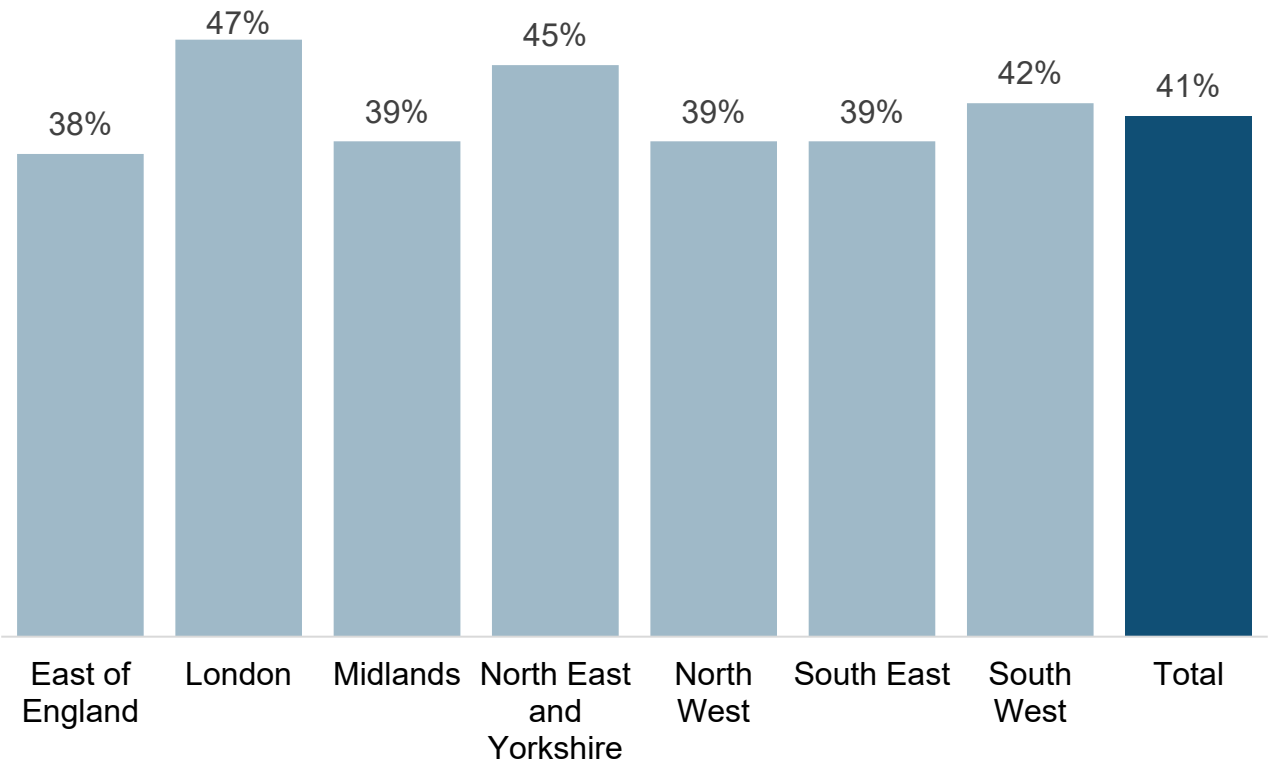
Figure 1: Percentage of pupils/ learners in settings supported by an MHST, by NHSE region (up to and including waves 9 & 10)



Source: Self-reported MHST settings list, linked to DfE data

The 41% national coverage of schools/ colleges varies between 38% (East of England) and 47% (London) (Figure 2).

Figure 2: Percentage of schools/ colleges supported by an MHST, by NHSE region (up to and including waves 9 & 10)

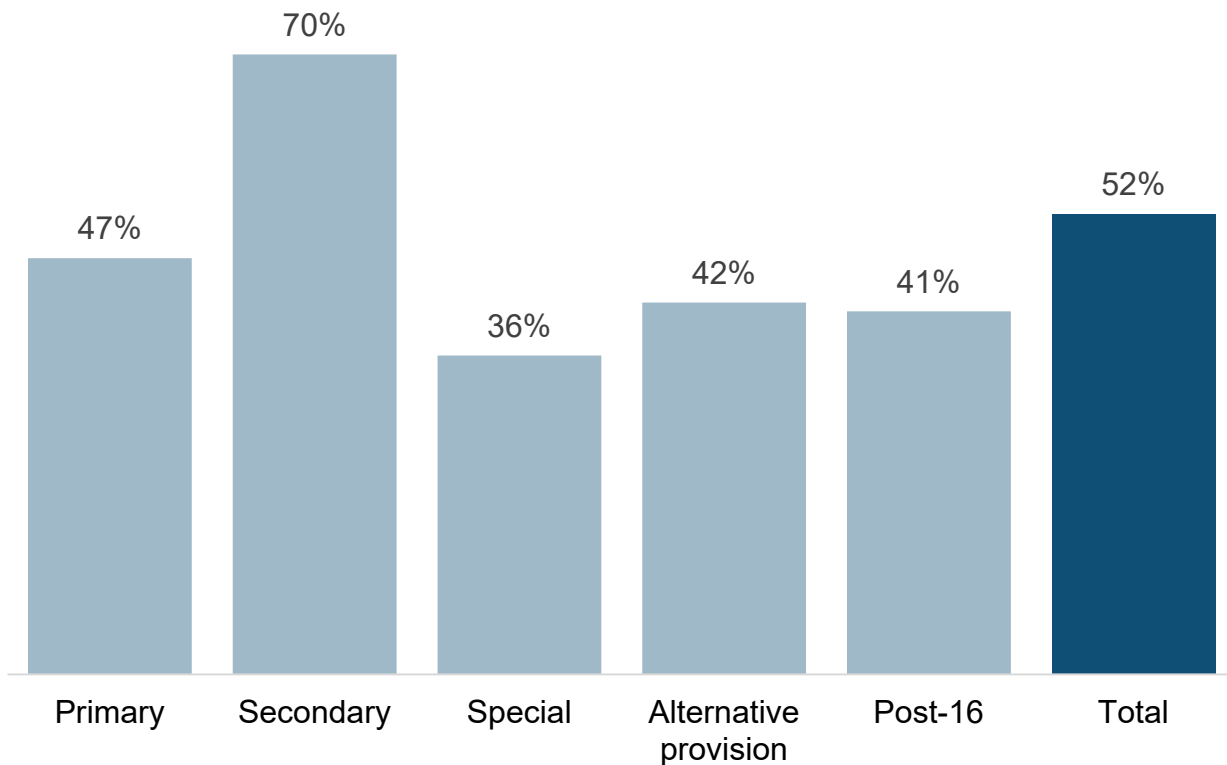


Source: Self-reported MHST settings list, linked to DfE data

Coverage by setting type

Across all setting types, 52% of pupils/ learners are in settings supported by an MHST. However, this varies between 36% (Special schools) and 70% (Secondary schools) (Figure 3).

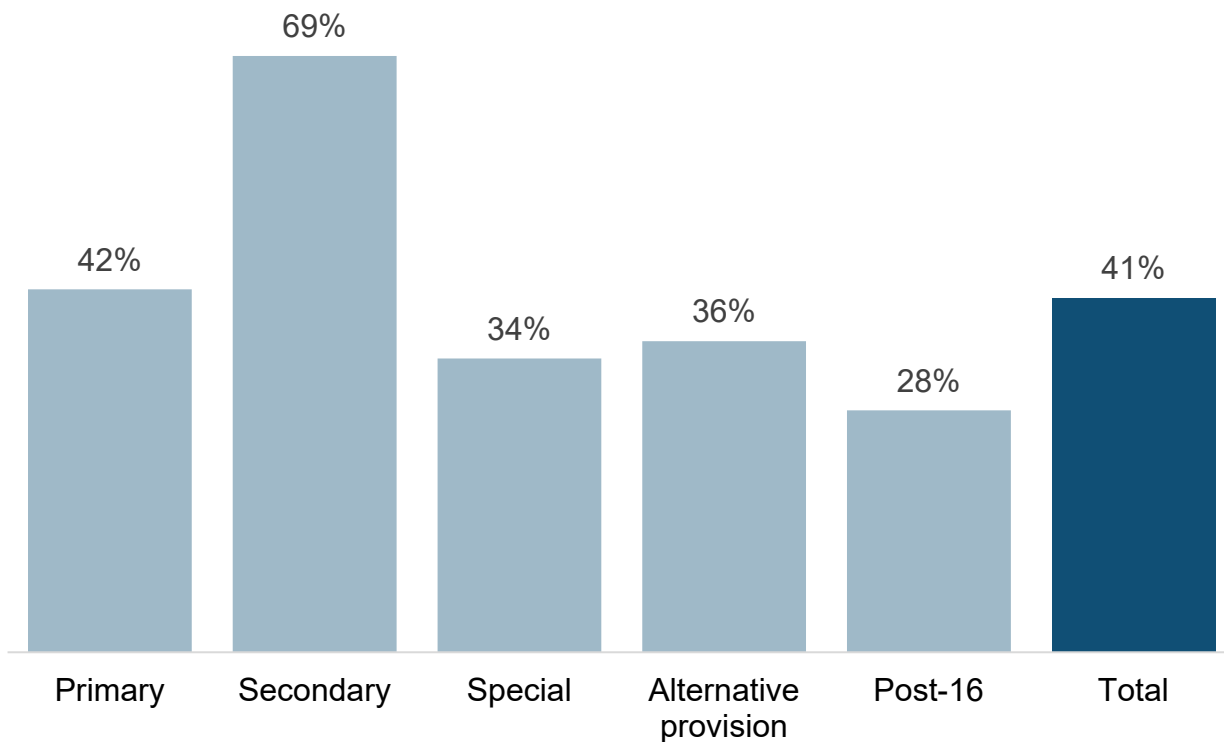
Figure 3: Percentage of pupils/ learners in settings supported by an MHST, by type of setting (up to and including waves 9 & 10)



Source: Self-reported MHST settings list, linked to DfE data

Nationally, 41% of schools/ colleges are supported by an MHST, ranging from 28% (Post-16) to 69% (Secondary schools) (Figure 4).

Figure 4: Percentage of schools/ colleges supported by an MHST, by type of setting (up to and including waves 9 & 10)



Source: Self-reported MHST settings list, linked to DfE data

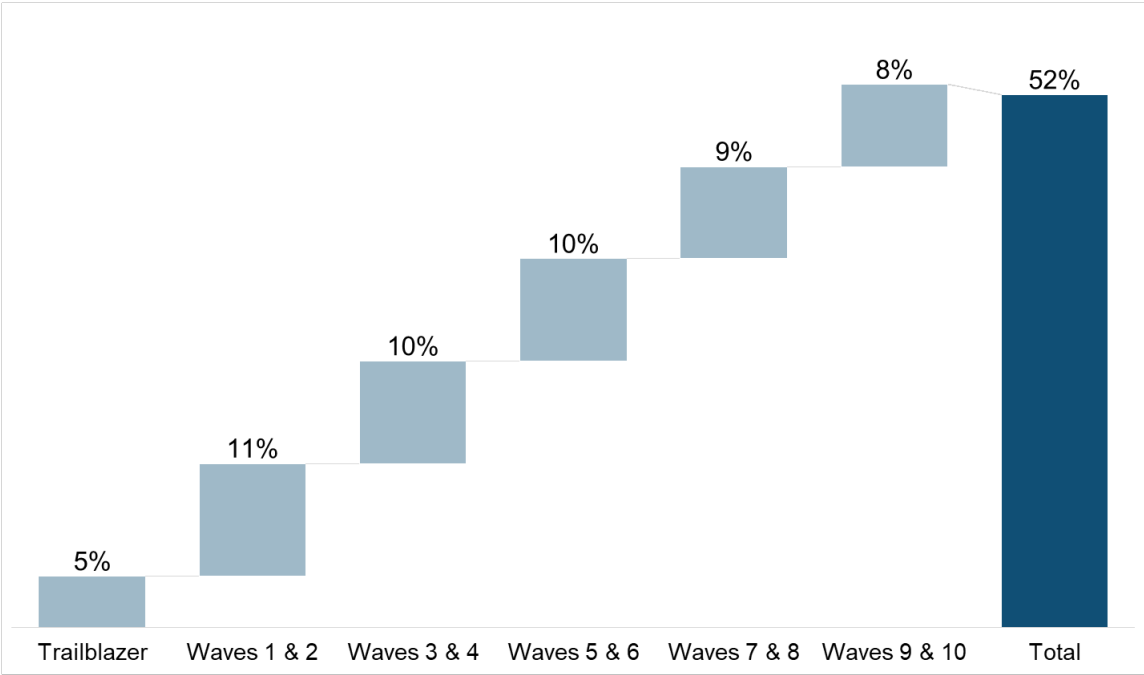
Support from an MHST also varies by governance status; 43% of LA maintained schools are supported by an MHST compared to 49% of academy/ free schools. Full details of the number of eligible settings and the number of settings that are supported by an MHST is available within the data tables for this publication.

Coverage by wave

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

- Trailblazer wave (operational c. 2019-20) covered 5% of pupils/ learners and 4% of schools/ colleges.
- Waves 1 & 2 (operational c. 2020-21) covered 11% of pupils/ learners and 9% of schools/ colleges.
- Waves 3 & 4 (operational c. 2021-22) covered 10% of pupils/ learners and 7% of schools/ colleges.
- Waves 5 & 6 (operational c. 2022-23) covered 10% of pupils/ learners and 8% of schools/ colleges.
- Waves 7 & 8 (operational c. 2023-24) covered 9% of pupils/ learners and 7% of schools/ colleges.
- Waves 9 & 10 (operational c. 2024-25) covered 8% of pupils/ learners and 6% of schools/ colleges⁶.

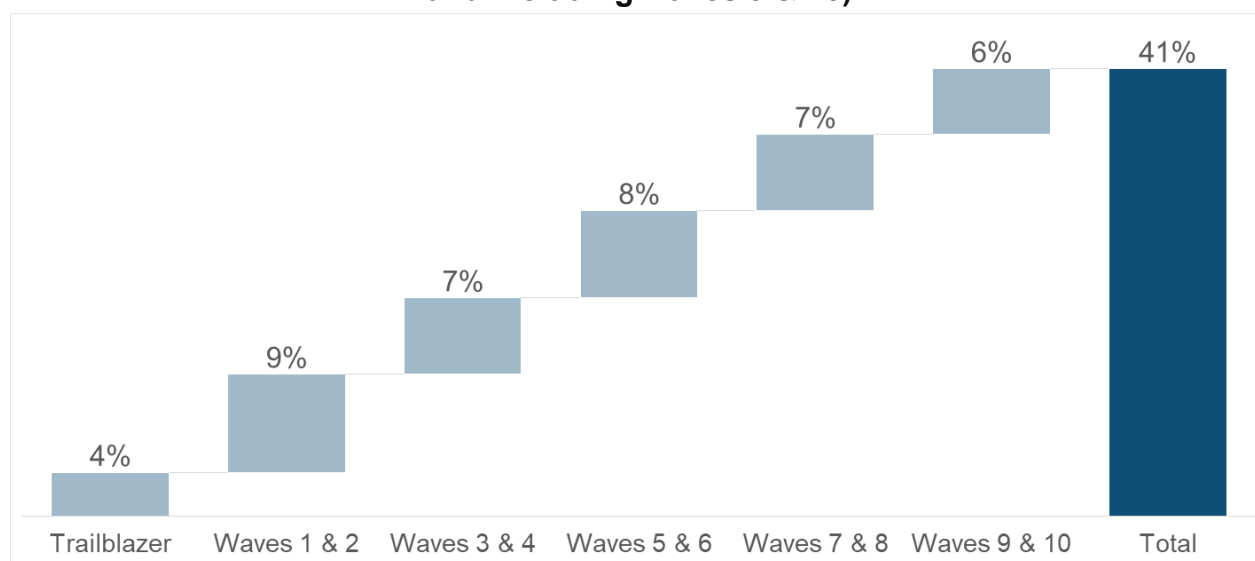
Figure 5: Percentage of pupils/ learners in settings supported by an MHST, by wave (up to and including waves 9 & 10)



Source: Self-reported MHST settings list, linked to DfE data

⁶ Waves 9 & 10 coverage includes schools/ colleges where information is not available about specifically when MHST support started, but where MHSTs are known to have been operational by the end of 2024-25.

Figure 6: Percentage of schools/ colleges supported by an MHST, by wave (up to and including waves 9 & 10)



Source: Self-reported MHST settings list, linked to DfE data

Projected coverage

It is projected that waves 11 & 12 (becoming operational c. 2025-26) could cover an additional 9% of pupils and learners and 7% of schools and colleges once operational, assuming numbers of pupils/ learners and schools/ colleges per team remain constant. This would take overall coverage from 52% to 62% of pupils and learners and from 41% to 48% of schools and colleges in 2025-26.

Mental health support teams school and college survey

Introduction

This section provides a summary of findings from the 2024 Department for Education (DfE) Mental Health Support Team (MHST) school and college survey. The survey asked about the experiences of schools and colleges working with MHSTs – including the support they received – as well as the perceived impact of working with the MHST on their school or college.

About the survey

The data presented is based on responses to an online survey issued to schools and colleges in Trailblazer-Wave 8 of the MHST programme between the 3 May 2024 and the 24 May 2024. Note that the survey period was curtailed due to the announcement of the general election which may have had an impact on the number of responses received.

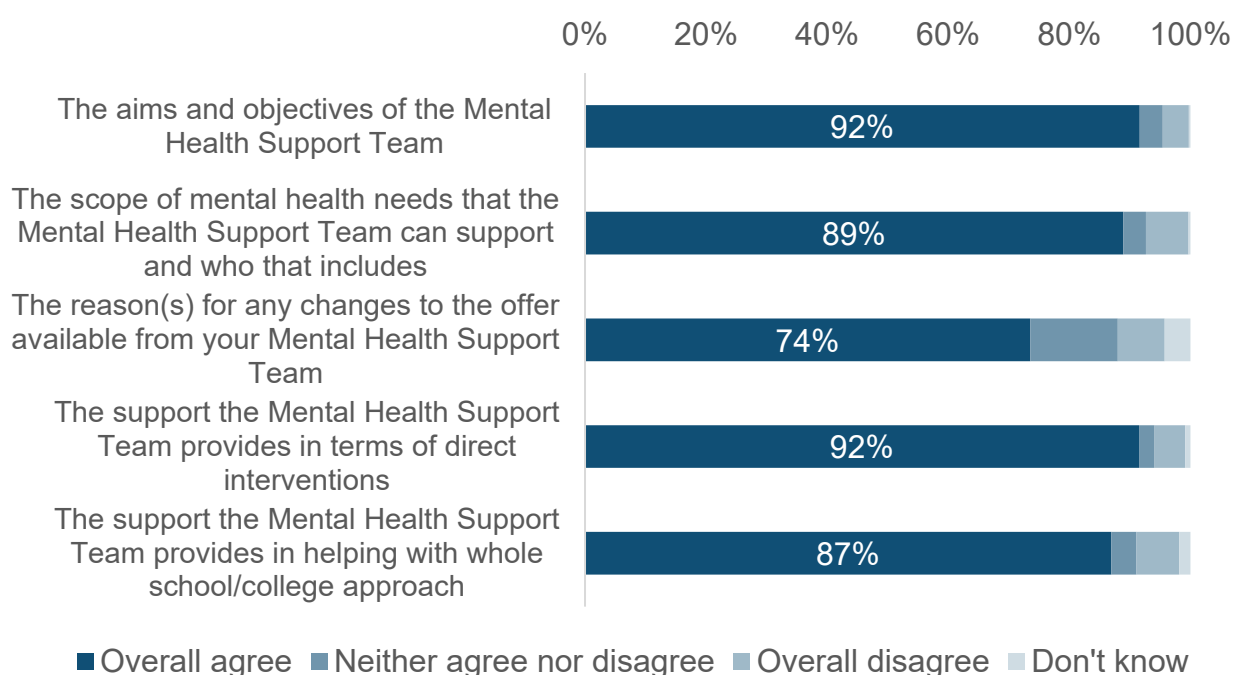
The survey was issued with the intent for the senior mental health lead to complete the survey, though we cannot guarantee that it was the senior mental health lead who completed the survey for every school or college.

The survey was issued to 7,612 schools and colleges. 1,526 responses were received, giving an overall response rate of 20%. Response rates by National Health Service England (NHSE) region, wave of the programme, and phase were similar and responses received were therefore considered representative at the national level of schools and colleges enrolled in the programme.

Understanding of the programme

Overall, survey respondents agreed that their school or college was clear on a range of aspects of the MHST programme. The findings are presented in Figure 7. More than nine in ten respondents (92%) agreed that they were clear on the aims and objectives of the programme and the support the Mental Health Support Team provides in terms of direct interventions, 89% of respondents agreed they were clear on the scope of mental health needs supported by the Mental Health Support Team, 87% of respondents agreed they were clear on the support the Mental Health Support Team provides in helping with whole school/college approach and, relatively fewer respondents agreed that their school or college was clear on the reason(s) for changes to the offer available to them from the MHST (74% agreed).

Figure 7: Levels of agreement that schools or colleges were clear on aspects of the MHST programme

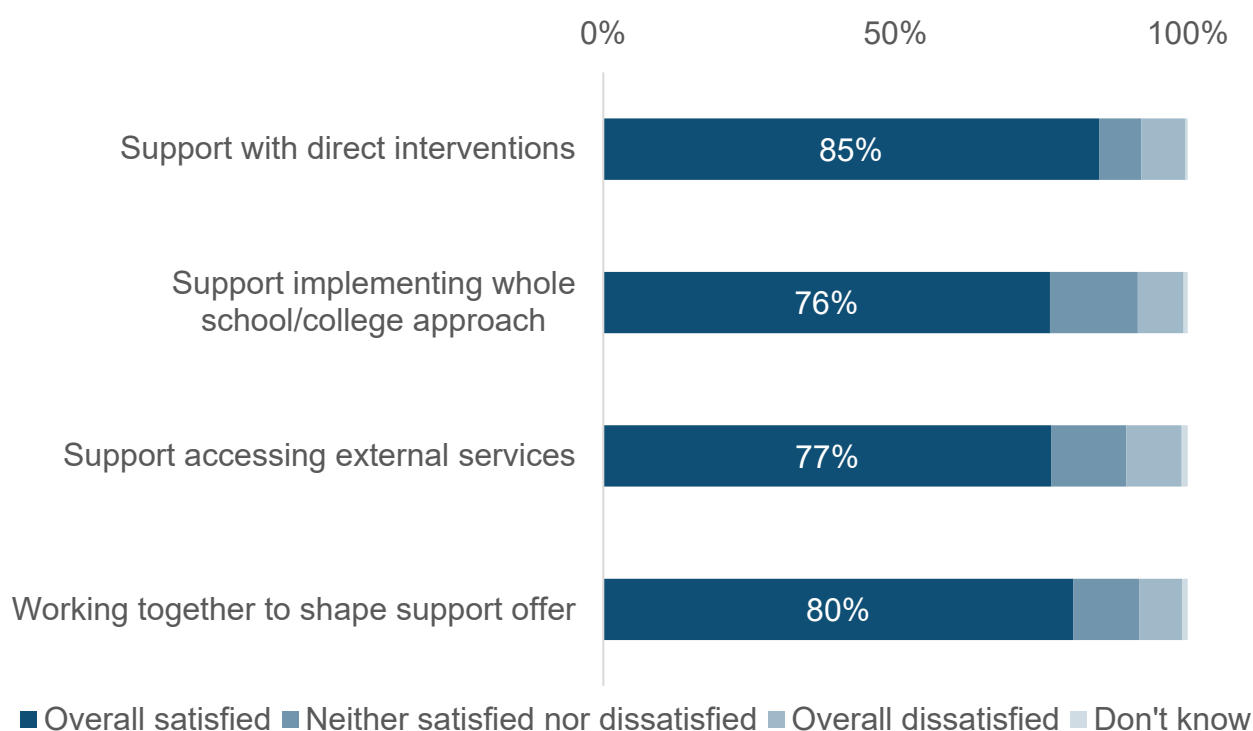


Source: DfE MHST school and college survey 2024, n = 1,526

Satisfaction with MHST provision

Schools and colleges were asked about their satisfaction with provision by the MHST for the three core functions of the programme. The findings are presented in Figure 8. Overall, a large majority of schools or colleges were satisfied with provision for each of the three core functions: 85% of respondents were satisfied with support with direct interventions, 76% of respondents were satisfied with support implementing whole school/college approach to mental health and wellbeing, 77% of respondents were satisfied with support accessing external services and 80% of respondents were satisfied with working together to shape the support offer.

Figure 8: Level of satisfaction with provision from the MHST for each of the three core functions



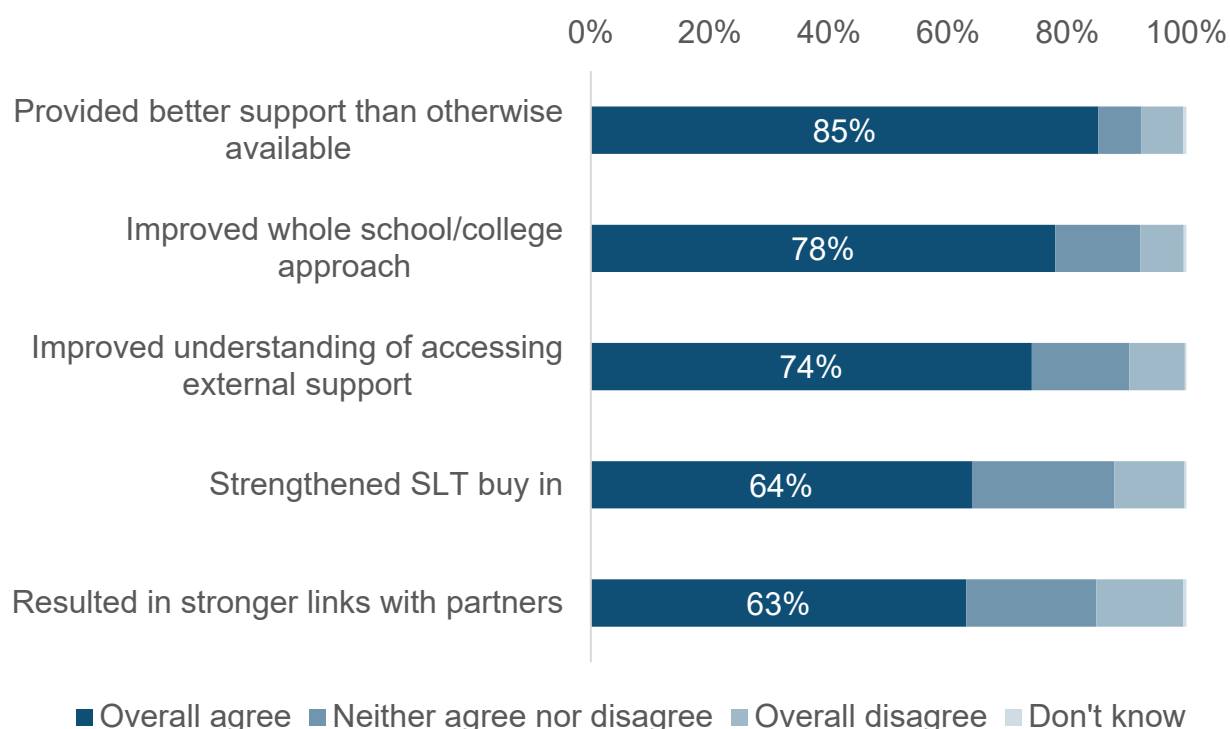
Source: DfE MHST school and college survey 2024, n = 1,526

Perceived impact of the programme

Overall, schools and colleges responded positively when asked to what extent they agreed that working with the MHST had had a perceived impact on each of the three functions, findings are presented in Figure 9.

Schools and colleges were most likely to agree that working with the MHST had provided better mental health and wellbeing support than would have been available otherwise (85% agreed). There was also a large percentage of respondents that agreed that working with the MHST had improved their whole school/college approach (78%) and that working with the MHST had improved understanding of accessing external support (74%). Agreement, while still high, was slightly lower that working with an MHST had resulted in stronger links with partners (63% agreed) and that working with an MHST had strengthened senior leadership's buy in to promoting mental health and wellbeing (64% agreed).

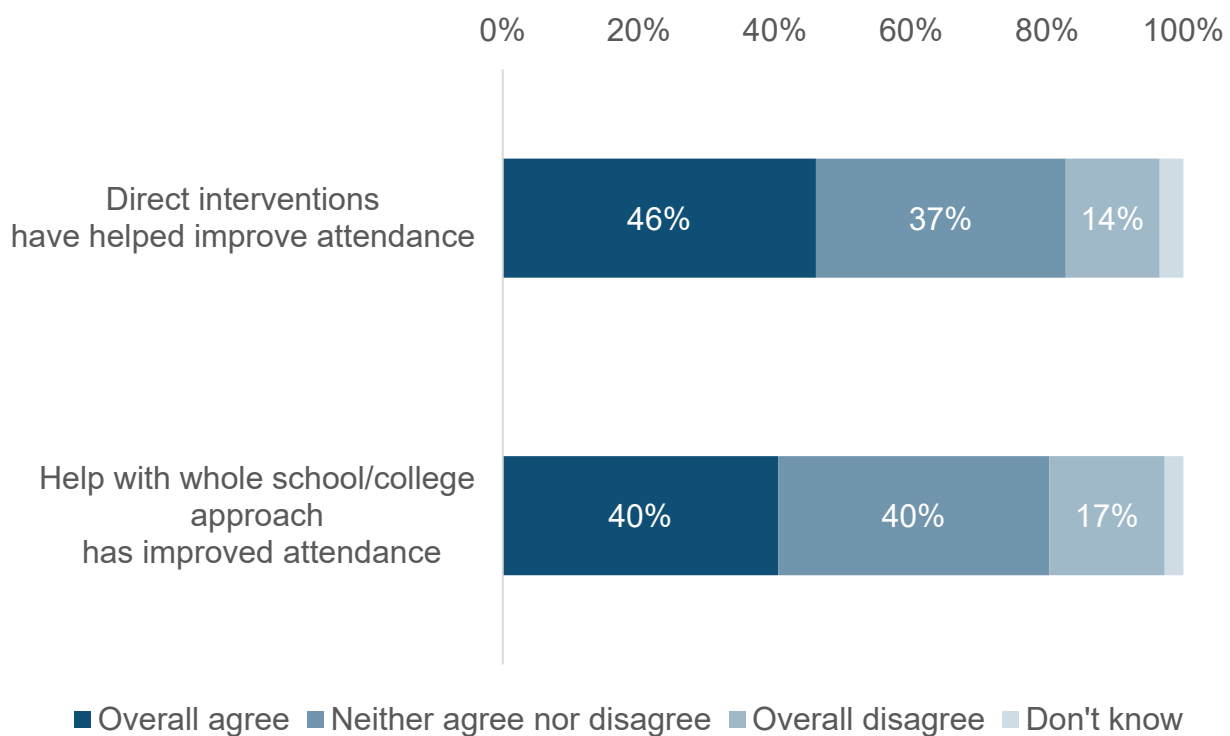
Figure 9: Level of agreement that working with the MHST had a perceived impact on each of the three core functions



Source: DfE MHST school and college survey 2024, n = 1,526

For the first time in 2024, respondents were asked about the perceived impact of working with the MHST on attendance in their school or college (Figure 10). Almost half of respondents agreed direct interventions from MHSTs had helped improve attendance (46%), with 4 out of 10 (40%) agreeing that help with the whole school or college approach had helped improve attendance. However, there was a large neither agree nor disagree response to this question. It should be noted that although these questions were added to the survey to reflect a key departmental priority at the time of the survey, we recognise that improving school attendance doesn't fall within the scope of the three core functions of the MHST.

Figure 10: Level of agreement that working with the MHST had a perceived impact on attendance



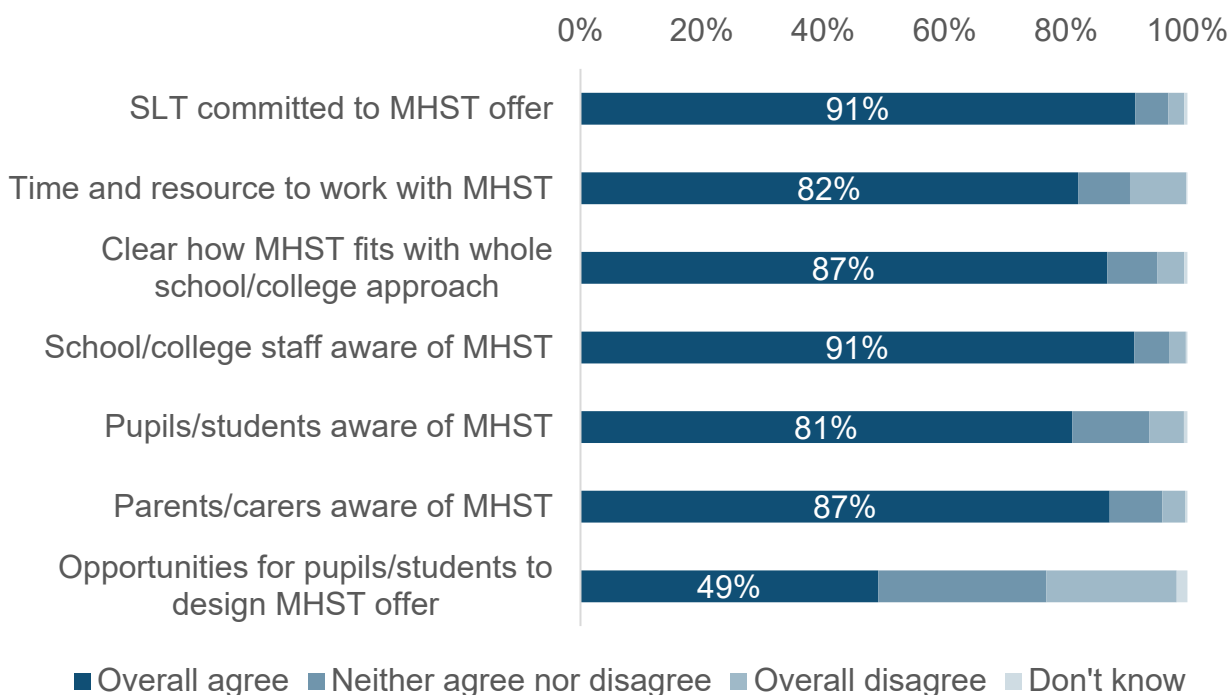
Source: DfE MHST school and college survey 2024, n= 1,526

School engagement

Schools and colleges were asked to what extent they agreed or disagreed that their school or college was engaged with the MHST programme through various means, findings are presented in Figure 11.

Overall, schools and colleges reported high levels of engagement with the programme with most schools and colleges agreeing that they had senior leaders committed to making full use of the support offer (91%), had made staff aware of the MHST support offer (91%), were clear on how the MHST fits into their whole school or college approach (87%) and parents/carers aware of MHST (87%). There was high levels of agreement with other aspects including schools having time and resource to work with the MHST (82%) and pupils/students aware of MHST (81%). However, schools and colleges were less likely to agree that their school or college had provided opportunities for pupils or students to design the MHST offer (49%).

Figure 11: School or college engagement with the MHST programme



Source: DfE MHST school and college survey 2024, n = 1,526

Feedback

Respondents were asked about how responsive their MHST was to feedback from their school or college. Most respondents agreed that MHSTs were responsive to feedback from their school or college (86%), 8% neither agreed nor disagreed and 5% disagreed.

Senior mental health lead training

Overview

Schools and colleges were 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 was intended to cover (or contribute to) the cost of attending training and could also be used to fund staff cover whilst leads were engaged in learning.

Eligible settings claimed a grant through the DfE's digital grant application service, confirming their eligibility and providing evidence of their booking on a quality assured course. Management information from the grant application service was 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 DfE-funded senior mental health lead training grant and up to the end of the programme on 31 January 2025, 17,995 state-funded schools and colleges had successfully claimed a grant. The 17,995 settings that claimed a grant represent 81% of the total number of state-funded schools and colleges that were eligible to apply and means that DfE spent £21.6m in grants.

From 8 October 2023, schools and colleges were entitled to claim a second grant to train a new senior mental health lead where a trained senior mental health lead had left their setting since completing their training. Up to 31 January 2025, 2,800 schools and colleges had claimed a second grant which means that DfE spent £3.4m in second grants.

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 approach⁷ to promote and support children and young people's mental health and wellbeing.

⁷ [Promoting children and young people's mental health and wellbeing - GOV.UK](#)

Take-up by region

Figure 12 shows that, nationally, more than eight in ten state-funded schools and colleges (81%) had completed their application for a senior mental health lead training grant by 31st January 2025. Take-up of the training grant varies by region with 77% of state-funded schools and colleges in London having completed an application for the grant compared to 85% of state-funded schools and colleges in the North East.

Figure 12: Percentage of state-funded schools and colleges who had completed their application for a senior mental health leads training grant, by government office region, applications up to 31st January 2025



Source: DfE digital service grant application forms, n=17,990

Take-up by local authority

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.

Table 2 shows that in 60 local authorities (39%), between 60% and 80% of their state-funded schools and colleges had applied for the senior mental health lead training grant

and in 92 local authorities (60%), 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 31st January 2025

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%	0	0%
60% to less than 80%	60	39%
80% to 100%	92	60%

Note that the local authority with 0% to less than 20% of schools and colleges that had completed an application is City of London which only has one eligible school/college.

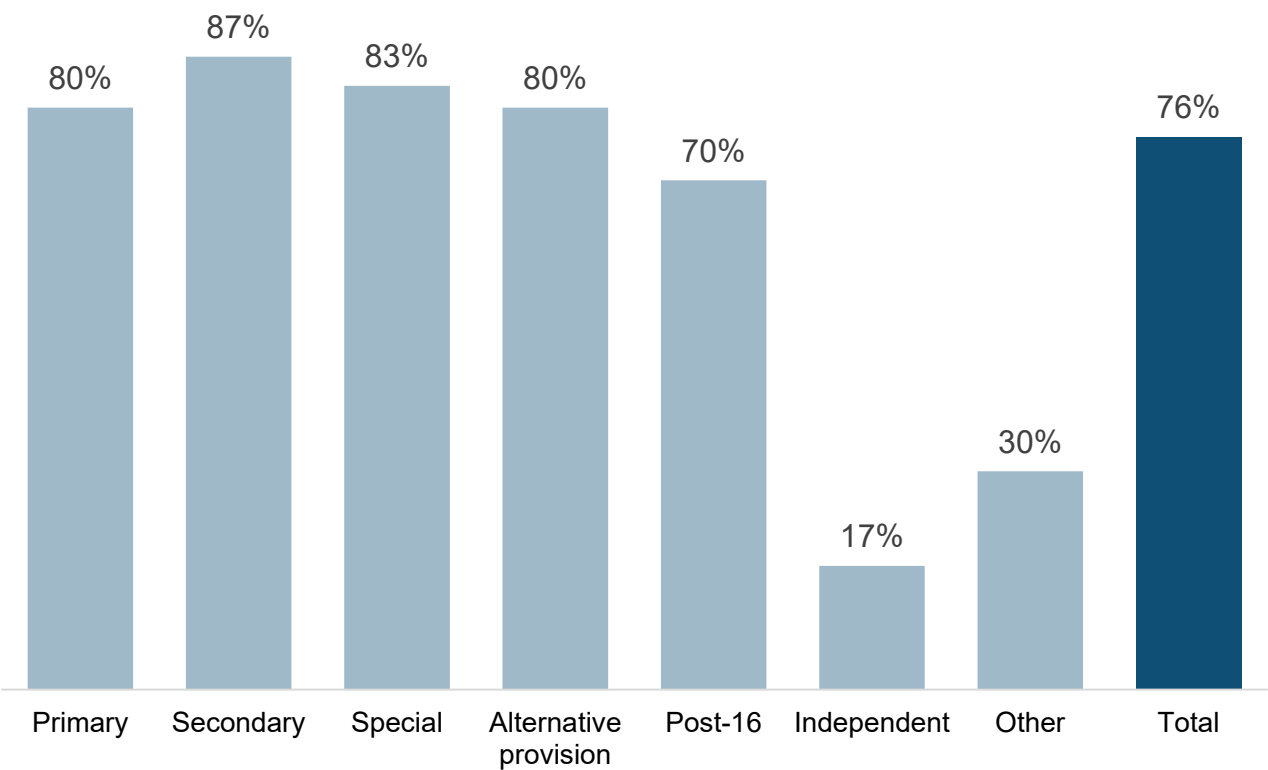
Role of the local authority

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

In addition to state-funded schools and colleges, some independent schools, and other settings (such as independent training providers or higher education institutions with 16-19 programme funded learners) were also eligible for the training grant. Overall, 24,000 settings were eligible for the training grant and 18,300 (76%) had successfully claimed a grant by the end of the programme. However, as shown in Figure 13, take-up of the training grant varies by setting type. Almost nine in ten state-funded secondary schools (87%) completed their grant application by 31st January 2025 compared to seven in ten Post-16 settings (70%).

Figure 13: Percentage of all eligible settings who had completed their application for a senior mental health leads training grant, by setting type, applications up to 31st January 2025



Source: DfE digital service grant application forms, n=18,300

Take-up also varies by governance status; 80% of eligible LA maintained schools had completed a grant application by 31st January 2025 compared to 83% of eligible academy/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.

Senior mental health lead follow-up survey

Introduction

This section provides a summary of findings from the follow-up survey issued to senior mental health leads who applied for their training grant during 2023-24, the third year of the programme. The survey was issued to senior mental health leads after completion of their training, to understand their experiences of the training and actions taken following the training.

About the survey

The survey was issued to senior mental health leads during the first half of the summer term of 2023/24. The survey was issued to 1,139 senior mental health leads and 516 responses were received, giving an overall response rate of 45%. However, of these respondents there were a number where course details/dates were not correct who did not complete the remainder of the survey; this left 441 responses for analysis purposes.

Comparison with survey findings from Year 1 and 2 applicants

In May 2024 we published findings from our follow-up survey with senior mental health leads who applied for their training grant in the second year of the programme, 2022-23. The findings presented here are for applicants from the third year of the programme which are broadly similar to those presented for the surveys from previous years.

Background

As per the DfE guidance⁸, schools and colleges can decide themselves who is best placed to take on the role of senior mental health lead in their school/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/ college. The senior mental health lead role could be a new role identified upon commencement of the training, or it could be

⁸ [Senior mental health lead training guidance](#)

the training is undertaken by a member of staff with existing responsibilities for mental health within their school/ college.

Role prior to training

Based on the responses to our survey, 66% of the senior mental health leads participating in training were members of the senior leadership team within their school/ college and 65% had a lead role around mental health in their school/ 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/ college prior to applying for the senior mental health lead training grant, 52% had been in that role for 1 year or less, 35% had been in that role for 2-4 years and 13% had been in that role for 5 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 outcomes⁹ for senior mental health leads following the training. Of the respondents who answered this question, 66% agreed that their role had changed as a result of applying for the training grant. Additionally, 73% of survey respondents stated that they have increased strategic oversight/ 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, 87% 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.

Time spent on role

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

- 50% of respondents said they spend up to half a day per week
- 12% of respondents said they spend half to one day per week
- 11% of respondents said they spend more than one day per week
- 28% said the time they spend on this role varies too much to say.

⁹ [Learning outcomes for senior mental health leads](#)

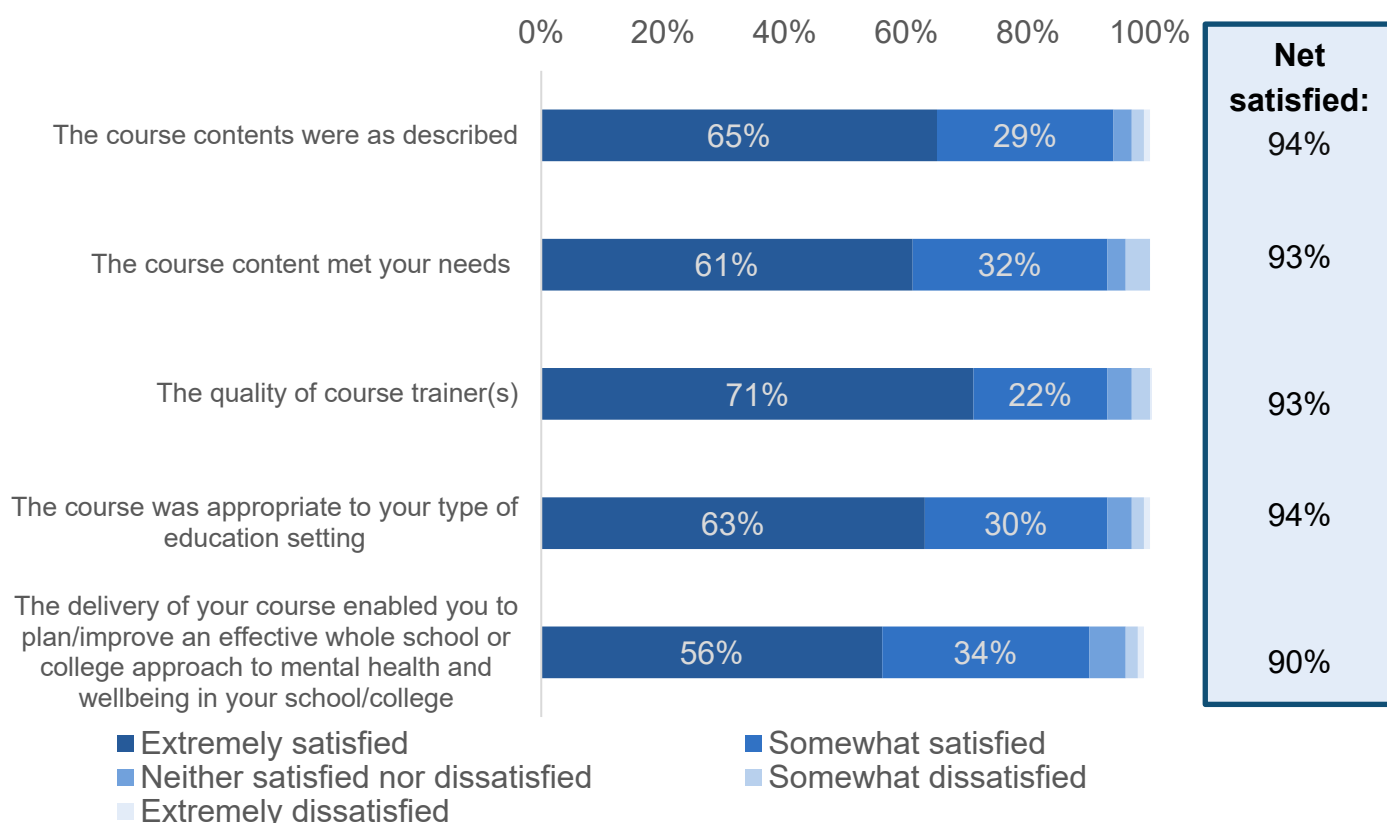
Respondents were also asked whether they agree they currently have enough time in this role to achieve their goals; 37% of respondents agreed or strongly agreed that they did have enough time and 43% of respondents disagreed or strongly disagreed.

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, 87% 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 14. More than nine in ten respondents (94%) were satisfied that the course contents were as described and that the course was appropriate to their education setting, a similar percentage (93%) were satisfied that the course content met their needs and with the quality of the course trainer and a slightly lower percentage (90%) were satisfied that the delivery of their course enabled them to plan or improve an effective whole school or college approach to mental health and wellbeing in their school or college.

Figure 14: Level of satisfaction with different elements of training course, percentage of respondents



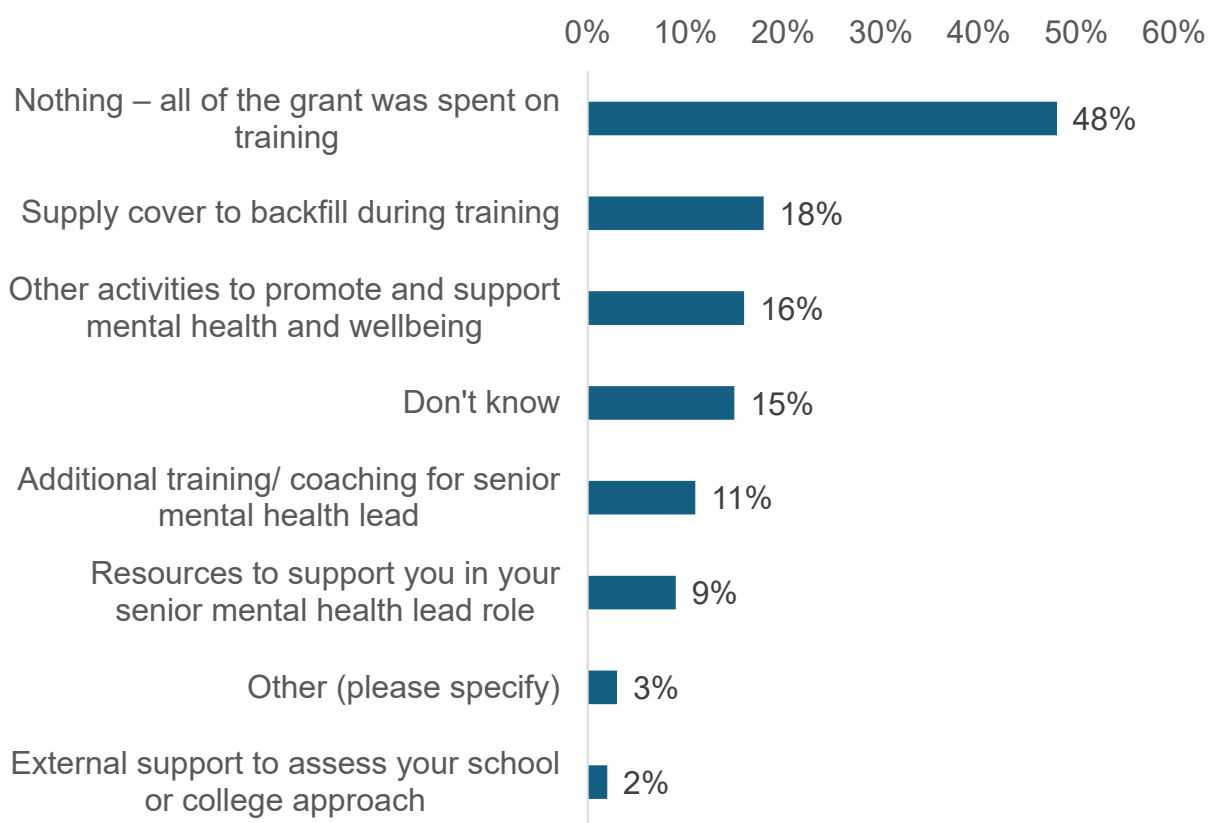
Source: DfE Senior mental health lead training follow-up survey, 2023-24 applicants, n=517

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/ colleges each receive a training grant of £1,200 to cover (or contribute to) the cost of attending a quality assured training course and 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/ college spent their grant funding on. The most common response was that all of the grant funding was spent on training (48% of respondents), 18% of respondents stated they spent remaining grant funding on supply cover to backfill during training, 16% of respondents spent grant funding of other activities to promote and support mental health and wellbeing within their school or college, 11% of respondents and 9% of respondents spent grant funding on resources to support them in their senior mental health lead role. (see Figure 15).

Figure 15: Percentage of respondents who stated what their school/ college spent grant funding on, in addition to their training course¹⁰



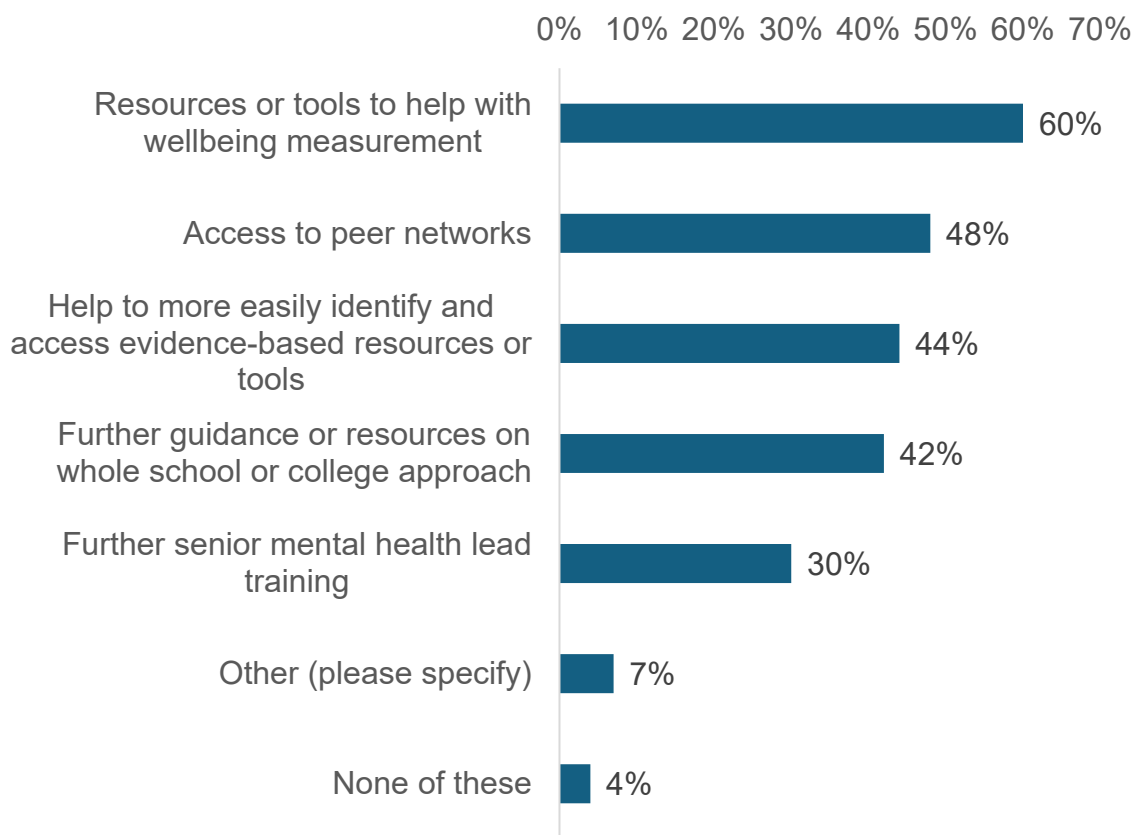
Source: DfE Senior mental health lead training follow-up survey, 2023-24 applicants, n=517

Further resources

Respondents were asked what further practical resources and support would be helpful to bring about effective change in their school/ 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 'Access to peer networks to share good practice and work through problems' (48% of respondents), help to more easily identify and access evidence-based resources or tools (44%), further guidance or resources on whole school or college approach to mental health and wellbeing (42%) and further senior mental health lead training (30%) (see Figure 16).

¹⁰ For this question, respondents could select more than one option, therefore percentages do not sum to 100%

Figure 16: Percentage of respondents who stated which further resources or support would help to bring about effective change in their school/college to promote and support mental health and wellbeing



Source: DfE Senior mental health lead training follow-up survey, 2023-24 applicants, n=517

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 principles¹¹ of a whole school/college approach to mental health and wellbeing. 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 18.

¹¹ [Promoting children and young people's mental health and wellbeing: A whole school or college approach](#)

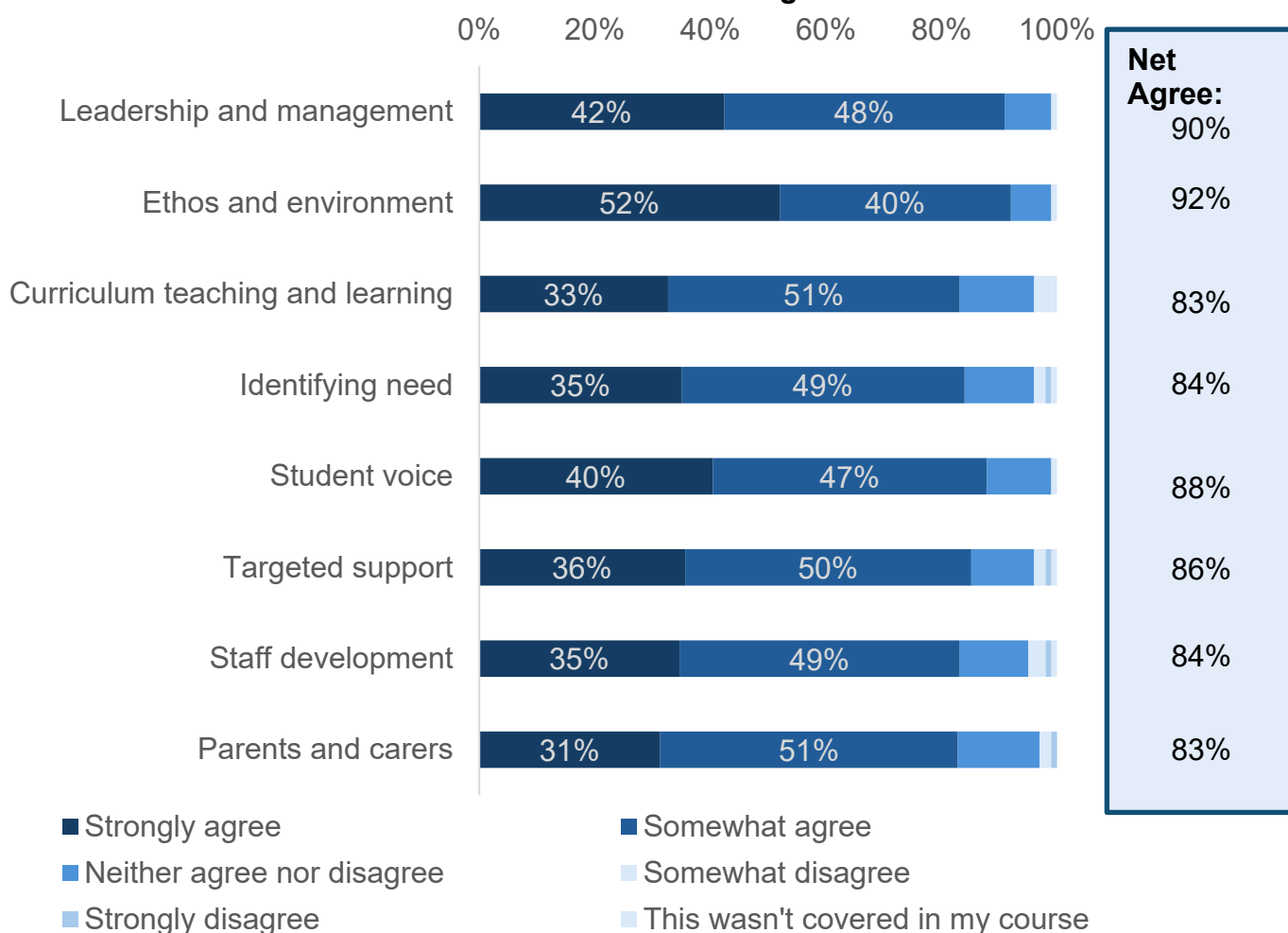
- 92% of respondents agreed that following their training they were better able to act on an **ethos and environment** that promotes respect and values diversity.
- 90% of respondents agreed that following their training they were better able to act on **leadership and management** that supports and champions efforts to promote emotional health and wellbeing.
- 87% of respondents agreed that following their training they were better able to act on enabling **student voice** to influence decisions.
- 86% of respondents agreed that following their training they were better able to act **targeted support** and appropriate referrals.
- 84% of respondents agreed that following their training they were better able to act **curriculum teaching and learning** to promote resilience and support social and emotional learning.
- 84% of respondents agreed that following their training they were better able to act **identifying need** and monitoring impact of interventions.
- 84% of respondents agreed that following their training they were better able to act on **staff development** to support their own wellbeing and that of students.
- 82% of respondents agreed that following their training they were better able to act on working with **parents and carers**.

Figure 17: Eight principles to promoting a whole school or college approach to mental health and wellbeing¹²



¹² Source: [Promoting children and young people's mental health and wellbeing \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/).

Figure 18: Levels of agreement that following their training course trainees were better able to act on each principle of the Whole School/ College Approach to Mental Health and Wellbeing



Source: DfE Senior mental health lead training follow-up survey, 2023-24 applicants, n=517

Note some net agree values don't match constituent parts due to rounding

Respondents were also asked about action taken against each of the principles since completing the training. 68% of respondents said they had either created a new plan (43%) to develop, implement and sustain a whole school or college approach to mental health or wellbeing, tailored to their school/ college's needs, or had revised an existing plan (24%), since completing their training. 23% 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 7% said current capacity meant they have prioritised other actions for now.



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