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for Education

Supporting Mental Health in Schools and Colleges

Quantitative Survey

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**Lydia Marshall, Robert Wishart, Allison
Dunatchik and Neil Smith**

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Social Science in Government

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National Children's Bureau (NCB) Research and Policy Team:

Clarissa White, Jo Lea, Jennifer Gibb, Cathy Street

Steering group membership:

Matthew Bawden: Assistant Headteacher overseeing Student and Staff Wellbeing [incl. Character Education] and Skills for Life at Queen Elizabeth's Grammar School Derbyshire

Nick Brook: National Association of Head Teachers (NAHT)

Alice Chicken: Department for Education – Character, PSHE and citizenship

Anna Cole: Association of School and College Leaders (ASCL)

Helen Duncan: Public Health England (PHE)

Eva Elks: Department for Education - Alternative provision and exclusions team

Dr Mina Fazel: University of Oxford

Prof. Alissa Goodman: Institute of Education, UCL

Nick Haisman-Smith: Family links

Dr Tom Harrison: Jubilee Centre for Character and Virtues, University of Birmingham

Andre Imich: Department for Education – Special educational needs policy team

Kathy James: National Association of Head Teachers (NAHT)

David Lockwood: NHS England

Margaret Oates: NHS England

Kathryn Pugh: NHS England

Claire Robson: Public Health England (PHE)

Anne Spence: Department of Health

Angela Walker: Department of Health

Advisory member:

Liz Maudslay: Association of Colleges

Department for Education:

Ade Alao: Character division

Kristi Beak: Department for Education - Schools research team

Matthew Hopkinson: Department for Education - Children and young people's mental health team

Elizabeth Jones: Department for Education - Schools research team

Viv McCotter: Department for Education - Children and young people's mental health team

Catherine Newsome: Strategic analysis and research

Vicky Petrie: Strategic analysis and research

Paul Trenell: Strategic analysis and research

Jamie Weatherhead: Character division

1 Executive summary

This report presents findings from the Department for Education's Survey of Mental Health Provision in Schools and Colleges. This survey forms part of a wider, mixed methods project exploring mental health and character education provision in schools and colleges across England. The survey of mental health provision was carried out by NatCen Social Research in the final term of the academic year 2015-16, and in the first two terms of the academic year 2016-17.

Overall, it is estimated that one in ten children and young people have a diagnosable mental disorder – the equivalent of three pupils in every classroom across the country¹. The Prime Minister recently stated that mental health is one of the “greatest social challenges of our time”², and for well over a decade the important role played by schools and colleges in promoting good mental health and wellbeing among children and young people has been a prominent theme of national UK policy.

This survey was commissioned in order to understand what schools, colleges and other educational institutions in England currently do to support the mental health and wellbeing of their pupils, and to explore their experiences of putting this provision into place. The DfE intend for this evidence to provide a basis for future work, including research into effective practice and gaps in provision.

Research aims

The aims of the mental health provision survey were to:

1. Derive robust national estimates on the activities and support used to:
 - a. promote positive mental health and wellbeing among all pupils
 - b. identify pupils with particular mental health needs
 - c. support these pupils with identified needs
2. Understand the institutional arrangements in place to support provision, including joint working with external services;
3. Provide specific examples of provision that institutions have found effective in supporting pupils' mental health
4. Identify key barriers and facilitators to provision

¹ Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2004) *Mental health of children and young people in Great Britain*, Basingstoke: Palgrave Macmillan.

² Prime Minister's Office, 10 Downing Street and The Rt Hon Theresa May MP (2017) 'The shared society: Prime Minister's speech at the Charity Commission annual meeting', 9 January 2017.

Methodology and response

The research entailed a mixed-mode survey of schools, which could be completed online or over the telephone. A pilot of the survey took place in May 2016. Mainstage fieldwork was conducted in two parts. The first survey involved a dual-topic survey of character education and mental health provision, which ran from 8th June to 1st August 2016. Following a three month hiatus the second single-topic survey of mental health provision in schools ran from 7th November 2016 to 6th February 2017.

Overall, 2,780 institutions completed the mental health provision survey. This included a census of all colleges, special schools and pupil referral units with the remaining sample being representative of the general distribution of school phases and types. The majority of participants completing the survey were senior leaders: head teachers or other members of the senior leadership team.

Key findings

What activities do schools and colleges use to promote positive mental health and wellbeing among their pupil?

Almost all (92%) institutions reported an ethos or environment that promoted mutual care and concern, and the majority (64%) felt that the promotion of positive mental health and wellbeing was integrated into the school day.

The most commonly used activities used to promote positive mental health and wellbeing included skills development sessions (73%) and taught sessions about particular mental health issues (53%).

Most institutions sought to engage parents and caregivers in promoting positive mental wellbeing, for instance offering face-to-face sessions to share information about supporting children's mental health (57%).

Many activities aimed at promoting positive mental health were institution-specific, particularly differing by the age of the pupils being provided for. For example, state-maintained secondary schools were more likely than state-maintained primary schools to offer information and/or signposting to external support (87% vs. 59%), to run sessions to reduce the stigma associated with mental health (50% vs. 16%) and to offer peer mentoring (78% vs. 49%). Conversely, primary schools were more likely to use worry boxes or drop-in sessions to promote positive mental health (75% vs. 55%).

How do schools and colleges identify pupils with particular needs?

There was a near universal (99%) attempt across all institutions to identify pupils with particular mental health needs.

Ad hoc identification by staff was by far the most common method of identification, used by 82% of institutions. Nevertheless, almost all (93%) institutions undertook more systematic activity to try and identify pupils with particular needs. This included making use of information from external services or previous schools (76%), and administrative data collected for other purposes such as attendance or attainment records (50%)

Identification of needs using mental health screening tools was less common. Just one-quarter (24%) of institutions conducted targeted screening of pupils, and only one in seven (15%) conducted universal screening of all pupils to pick up on those with particular issues. Both universal (46%) and targeted (31%) screening were more prevalent in alternative provision and pupil referral units than in mainstream schools.

What support do schools and colleges offer for pupils with identified needs?

The most common types of support offered for pupils with identified mental health needs were educational psychological support (61%) and counselling services (61%). More clinical forms of support, such as cognitive behavioural therapy (CBT) (18%) and clinical psychological support (14%) were much less commonplace.

Almost all of the institutions funded the provision that they offered internally at least in part from their own budgets. More than nine in ten (93%) providing counselling services and a similar proportion (91%) of those providing other support for pupils with identified mental health needs used their own budget to fund this provision.

The vast majority (94%) of institutions sought to monitor the impact of at least some of the support that they offered pupils with particular mental health needs.

How do schools and colleges staff mental health provision?

Nine in ten (90%) institutions offered at least some staff training about supporting pupils' mental health and wellbeing, and in most (68%) of these institutions, this training was compulsory for at least some staff.

Around half (49%) of institutions had a dedicated lead for mental health provision. The remit of these mental health leads was broad, encompassing internal coordination of activities and liaison with external services, as well as supporting pupils and training staff. Despite the breadth of this remit, leads in mainstream schools typically spent no more than five hours a week on the role.

Staffing of mental health provision was most comprehensive in colleges. Colleges were the most likely setting to have a mental health lead (69%), and all (100%) colleges offered at least some staff training.

Institutions with mental health leads reported wider provision for the promotion of positive mental health and for the support of pupils with identified needs. They were also more likely to adopt systematic approaches to identifying need.

What processes do schools have in place for mental health provision?

The majority of institutions had a plan or policy in place about supporting pupils with identified mental health needs (87%). Less common were plans and policies about promoting the mental health and wellbeing of all pupils, though more than half (58%) of institutions did have such a policy.

Institutions with policies aimed at promoting mental health and wellbeing and supporting pupils with needs were more likely to offer specific provision. For instance, one-third (32%) of institutions with a plan or policy about promoting positive mental health engaged in activities to reduce stigma surrounding mental health issues, compared to 13% of institutions without a plan or policy in place. Institutions with a policy about supporting pupils with identified mental health needs were twice as likely as those without such a policy to offer CBT (19% vs. 9%). In addition, institutions with policies in place were more likely to use a higher number of approaches and activities than institutions without.

How do schools and colleges work with external services to develop and deliver mental health provision?

There were a range of sources of information that institutions drew on when developing their mental health provision. Most commonly used were local public health teams and/or local authorities (74%), specialist mental health services (73%), DfE guidance (59%) and mental health organisations (57%).

Institutions also referred pupils to a number of specialist mental health services, including NHS or other specialised children and young people's mental health services (93%), GPs (73%) and other specialist voluntary or independent services (53%). Most (68%) institutions had a dedicated member of staff responsible for linking with these services, but fewer than one in five (19%) had a single point of contact in external services that could be accessed for help and advice. This lack of contact was especially common in mainstream schools.

Very few (6%) institutions reported a lack of priority towards joint working with external services. The biggest reported barrier to joint working was a lack of time and capacity within those external services (64%).

Satisfaction with NHS CAMHS was generally low, with most (64%) institutions indicating that they were not satisfied with how easy the service was to access, the amount of support available and the timeliness of support.

Which types of mental health provision do schools and colleges find most effective?

Individual counselling was by far the most recommended mental health provision across all institution types. Counselling was particularly recommended for older pupils, whilst primary schools also recommended creative therapies such as nurture groups and play and art therapy.

What challenges do schools and colleges face when implementing mental health provision?

The perceived major barriers to setting up mental health provision were difficulties in commissioning local services (74%) and a lack of funding (71%). Funding was a particular issue for mainstream schools.

A lack of knowledge and understanding about mental health within their institution (36%), and a lack of internal priority or policy for mental health (6%) were relatively uncommon barriers, but were associated with a lower level of provision for mental health.

Respondents whose institutions did not have a lead member of staff for mental health were more likely to report barriers to provision, and in particular to cite a lack of knowledge or capacity within their institution (43% vs. 30%).

Conclusions

This research into mental health provision in schools and colleges in England revealed a broad range of activities and approaches aimed at promoting positive mental health and wellbeing among all pupils, identifying those who might have particular mental health needs, and supporting those with identified needs.

There was a near universal attempt by all schools and colleges to identify mental health needs and to promote positive mental health via an ethos of mutual concern. Importantly, those institutions with policies aimed at supporting needs and promoting mental health were more likely to use a range of approaches and activities to deliver provision. In addition, they were also more likely to offer a greater number of activities than institutions without the appropriate policy.

Institutions drew on a range of support when developing their mental health offer. In particular, they called on local authority and local public health teams and specialist mental health services. The most significant challenges to joint working with external services were perceived to relate to the limited time and capacity of the staff within those services, rather than barriers such as a lack of expertise or priority within schools and colleges.

Therefore commitment to delivering mental health provision was strong, but it should be noted that the survey was unable to capture whether the provision was meeting the required needs or was of sufficient quality. This work provides a foundation for further investigation aimed at measuring why current provision is in place and for evaluating how effective provision may be in promoting mental health.

2 Introduction

The Prime Minister has stated that mental health is one of the “greatest social challenges of our time”¹. In 2016, almost a quarter of a million children and young people in England were in contact with mental health care services². Overall, it is estimated that one in ten children and young people (CYP) aged between 5-16 years have a diagnosable mental health disorder – the equivalent of three children in every classroom across the country³. This figure includes 8% of children of primary school age (5 to 10), and rises to 12% among young people of secondary school age (11 to 16). The majority of colleges report that the number of students aged 16 to 18 with disclosed mental health difficulties has significantly increased in the past three years⁴. Moreover, beyond the 10% with diagnosable disorders, approximately a further 15% of CYP are estimated to have less acute problems that increase their risk of developing poor mental health in the future⁵.

For well over a decade, the important role played by schools and colleges in promoting good mental health and wellbeing among children and young people has been a prominent theme of national UK policy. This has resulted in a variety of initiatives aimed at developing provision within schools, and to a lesser extent colleges, and supporting the development of a workforce with the skills and confidence to offer support to pupils and pupils who may be experiencing poor mental health.

The Department of Health Future in Mind report⁶ sets out the Government’s ambitious strategy for promoting, protecting and improving CYP’s mental health and wellbeing in coming years. It emphasises the role of schools and colleges, as “universal services”, in promoting positive mental health and improving identification of and early intervention for pupils with particular mental health needs.

Following the publication of Future in Mind, there have been a number of policy announcements and commitments from Government, including an additional £1.4 billion investment in young people’s mental health over the next five years⁷. The Department for Education (DfE) and Department of Health (DH) have produced guidance to support

¹ Prime Minister’s Office, 10 Downing Street and The Rt Hon Theresa May MP (2017) ‘The shared society: Prime Minister’s speech at the Charity Commission annual meeting’, 9 January 2017.

² NHS Digital (2017) Mental Health Services Monthly Statistics, Final November, Provisional December 2016.

³ Green, H., McGinnity, A., Meltzer, H., Ford, T., & Goodman, R. (2004) *Mental health of children and young people in Great Britain*, Basingstoke: Palgrave Macmillan.

⁴ Association of Colleges (2017) AoC survey on students with mental health conditions in Further Education.

⁵ Brown, E., Khan, L. and Parsonage, M. (2012) *A Chance to Change: Delivering effective parenting programmes to transform lives* London: Centre for Mental Health.

⁶ Department of Health (2015) *Future in Mind - Promoting, protecting and improving our children and young people’s mental health and wellbeing*. London: DH.

⁷ HM Treasury (2015) Budget 2015:documents

schools' engagement with mental health, including DfE non-statutory guidance for staff⁸. The new Ofsted Common Inspection Framework for schools, early years settings and further education has also been developed to include consideration of schools' contribution to children's emotional wellbeing and mental health.

Most recently, in January 2017, the Prime Minister set out her vision for the shared society, the government's role within it and how to transform mental health support¹. As part of this speech she announced a joint DH/DfE Green Paper on children and young people's mental health and a package of measures to transform the response to mental illness in young people.

The aim of this report is to describe what schools, colleges and other educational institutions in England currently do to promote positive mental health and wellbeing among all of their pupils, to identify and support pupils who might have particular mental health needs, and to explore their experiences of putting this provision into place. The DfE intend for this evidence to provide a basis for future work, including research into effective practice and gaps in provision. For instance, the DfE and NHS England have already jointly commissioned pilots of joined up working between schools and children and young people's mental health services (CYPMHS) (the Mental Health Services and Schools Link Pilots⁹), and a significant programme of large scale randomised trials examining the impact of different interventions aimed at promoting positive mental health and wellbeing among pupils in secondary schools.

2.1 Background to the research

NatCen Social Research (NatCen) and the National Children's Bureau (NCB) were contracted by the DfE in March 2016 to carry-out a mixed methods research project investigating mental health and character education provision in schools and colleges in England. NatCen is the lead contractor taking overall responsibility for the project.

The primary aim of the survey was to gain a representative profile of provision for mental health and character education within schools, colleges and other educational institutions, as well as providing an understanding of the issues that institutions face in delivering provision. The survey was carried out in the final term of the academic year 2015-16 and in the first two terms of the academic year 2016-17.

In order to extend learning from the survey, 26 case studies were carried out with a cross section of primary and secondary schools, special schools, colleges, alternative provision and pupil referral units. These were followed by a workshop at the DfE to consolidate the learning and further develop practice recommendations and conclusions from the

⁸ Department for Education (2016) Mental health and behaviour in schools: Departmental advice for school staff

⁹ Department for Education (2016) Mental Health Services and Schools Link Pilots: Evaluation report

research. The schools and colleges were purposively selected from the initial survey findings. The case studies and workshop were carried out by the Research and Policy Team at NCB between September 2016 and January 2017.

The findings from the case studies of mental health and character education are reported separately^{10 11}, alongside the quantitative survey of character education¹².

2.2 Research aims

This report presents the findings from the quantitative survey of the mental health provision in schools and colleges.

The aims of the mental health provision survey were to:

1. Derive robust national estimates on the activities and support provided to:
 - a. promote positive mental health and wellbeing among all pupils
 - b. identify pupils with particular mental health needs, and
 - c. support these pupils with identified needs
2. Understand the institutional arrangements that schools and colleges have in place to support mental health provision, including joint working with external services;
3. Provide examples of specific activities that institutions have found effective in supporting pupils' mental health; and
4. Identify key barriers and facilitators to provision.

2.3 Survey methodology

The survey was conducted in two parts. The first survey involved a dual-topic survey of character education and mental health provision. Following a three month hiatus the second single-topic survey of mental health provision in schools was carried out. A full description of the survey and the fieldwork process can be found in Appendix K. A brief summary of the survey sampling and recruitment and response is presented below.

¹⁰ White, C; Gibb, J; Lea, J; and Street, C. (2017) Supporting mental health in schools and colleges: Qualitative case studies.

¹¹ White, C; Gibb, J; Lea, J; and Street, C. (2017) Developing character skills in schools: Qualitative case studies.

¹² Marshall, L; Rooney, K; Dunatchik, A; and Smith, N. (2017) Developing character skills in schools: Quantitative survey

2.3.1 Sampling

This survey used two separate samples issued at different time points. The first sample consisted of 6,907 primary schools, secondary schools (with and without sixth forms), post-16 institutions (FE colleges and sixth form colleges) and other less common types of institutions (including Pupil Referral Units (PRUs), alternative provision and special schools) in England, drawn from the most up-to-date extract from Edubase (March 2016). There was an oversample of specific institutions, such as special schools, alternative provision, secondary schools and colleges due to the small number of these institutions within the sample frame.

The second sample included an additional 6,198 primary schools, secondary schools and independent schools. It was not possible to sample additional alternative providers, special schools or colleges as these institutions had been entirely sampled by the first survey.

Stratified random samples were drawn for both surveys to ensure representativeness with regards to educational institution type, local area characteristics, region and urban/rural location and institution size. Academy and Local Authority (LA) maintained schools were stratified by phase: primary and secondary. Independent schools, special schools and alternative provision/PRUs could not be stratified by phase due to the high proportion of these institutions operating on an “all-through” basis which combines primary and secondary age groups.

2.3.2 Fieldwork

A web-enabled telephone survey (web-CATI) was offered to a pilot and mainstage sample of educational institutions in England. This mixed-mode approach provided the option of completing the survey online using a web browser or taking part in an interview over the telephone. The pilot survey of 72 institutions was conducted between 9th May and 20th May 2016 and three respondents were followed up to gather qualitative feedback on the content of the questionnaire. Mainstage fieldwork for the first survey of character education and mental health provision involving 6,907 institutions started on 8th June 2016. The telephone survey closed on 22nd July 2016 and the web survey closed on 1st August 2016.

The second survey of mental health provision involving 6,198 schools was launched on 7th November 2016. The telephone survey closed on February 3rd 2017 and the web survey closed on 6th February 2017.

All institutions in the samples were sent an advance letter and an email explaining the research and containing a web link to the survey. Non-responders also received emails and telephone calls reminding them of the survey throughout the fieldwork period.

2.3.3 Response

The combined response rate across both surveys differed considerably by institution type. Alternative providers/PRUs (24.7%) and special schools (18.2%) were the most likely to respond to the survey, whereas response was lowest among LA maintained secondary schools (7.6%) and independent schools (9.0%).

In terms of staff responses, the majority were senior leaders; head teachers were most likely to complete the survey (49%) followed by another member of the Senior Leadership Team (32%). Regular teaching staff accounted for 3% of all completed surveys.

Table 2.1 Total achieved sample

Institution type	Population	Issued	Achieved	Response Rate %
Primary local authority	13,561	6,040	1,371	22.7
Primary academy	3,056	1,395	333	23.9
Secondary local authority	1,071	1,065	95	8.9
Secondary academy	2,076	1,542	350	22.7
Independent school	1,861	1,766	380	21.5
Special school	1,545	666	121	18.2
Alternative provision & PRU	339	291	72	24.7
College	346	340	58	17.1
Overall Total	23,855	13,105	2,780	21.2

Note: independent schools, special schools and alternative providers/PRUs are not reported by phase as the majority of these institutions operate across both primary and secondary phases.

2.4 Reporting conventions for survey data

Survey findings presented in this report use data that has been weighted to take account of technical issues such as sample design and non-response. The use of weights ensures that the data matches the overall population as closely as possible.

There are two types of tables and charts included in this report. For those with mutually exclusive responses (the single coded questions) percentages will generally sum to 100%; however, there may be some instances where percentages will not sum exactly as a result of rounding. Where the survey question allowed multiple responses (i.e. the 'select all that apply' questions), the percentages may sum to more than 100%.

It is important to note that not all institutions that completed the survey answered all questions (it was possible to use 'don't know' and 'refused' options to navigate around

the survey). The findings reported here are based on valid responses with unweighted base sizes shown in all tables.

Estimates have been suppressed due to low bases in a limited number of cases. Where base sizes allow, the weighted prevalence and the respective 95% confidence interval have been estimated for the following institutional groupings:

- All schools and colleges combined (referred to as “all institutions” throughout this report)
- Primary state maintained schools (LA maintained and academy)
- Secondary state maintained schools (LA maintained and academy)
- LA maintained schools
- Academy schools
- Independent schools
- Special schools
- Alternative provision/Pupil Referral Units (PRUs)
- Colleges

The report also includes a number of cross-tabulations that present the findings by key characteristics. The cross-tabulated differences cited in the text or presented in the charts are statistically significant at the $p < 0.05$ level (a significance level of 0.05 reflecting a 95% confidence interval). Statistical significance was tested using logistic regression and is denoted by the symbol *. The appendix includes all tables irrespective of whether the findings were significant. Findings from chapters 3 to 8 are presented in Appendix C to Appendix I, respectively. Appendix J includes a regional breakdown by key variables, though this has not been reported on in the text.

2.5 Limitations

The findings presented in this report reflect the range and diversity of views and experiences of those surveyed and interviewed. Though weighting can eliminate some element of non-response bias, it is important to recognise that schools with more active programmes may have been more inclined to agree to participate.

The two surveys were conducted during distinctly different periods of the academic year but it is unknown whether these period differences may have affected response rates. It is possible that the first survey issued during the exam season of the summer term may have led to increased non-response for secondary schools in particular.

2.6 Overview of the report

- Chapter 3 begins by outlining the approaches taken by institutions to promote positive mental health and wellbeing among all pupils.
- Chapters 4 and 5 examine how mental health needs are identified and responded to.
- Chapter 6 focusses attention towards the delivery of provision and explores the staffing arrangements in place across all institutions.
- Chapter 7 investigates in more detail the plans and policies relating to mental health that institutions have in place, and explores how these plans and policies relate to the promotion of positive mental health, the identification of mental health need, and the support available to pupils with particular needs.
- Chapter 8 describes the arrangements that institutions have for joint working between institutions and external mental health services, and explores institutions' experiences of these arrangements.
- Chapter 9 describes some of the key barriers and facilitators to the delivery of mental health provision in schools and colleges, and presents the activities that institutions have found effective in responding to mental health need and promoting positive mental wellbeing.
- Lastly, chapter 10 offers some conclusions from the research.

3 Promoting positive mental health and wellbeing

This chapter explores the activities and interventions that institutions use to promote positive mental health among all pupils. It analyses the proportion of institutions using certain institution-wide approaches, targeted sessions and parental/caregiver engagement strategies to promote mental health. It also explores the range of activities and interventions that institutions use.

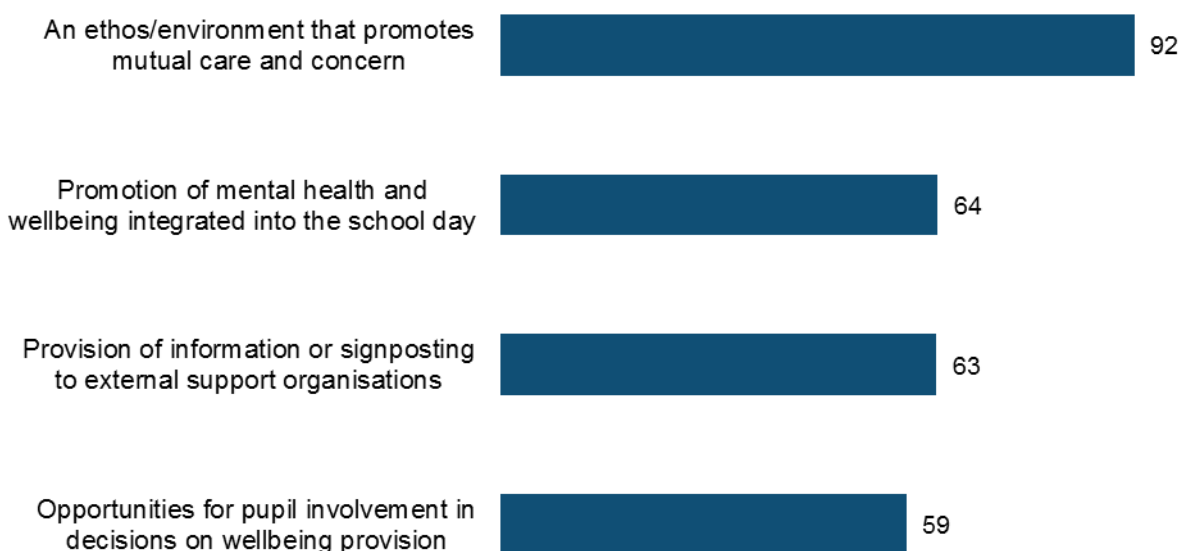
3.1 Institution-wide approaches

Almost all (92%) institutions reported having an ethos or environment that promoted mutual care and concern among staff and pupils (Figure 1; Table C.1). In addition, the majority (64%) felt that the promotion of positive mental health and wellbeing was integrated into the school day. Other common institution-wide approaches to promoting positive mental health and wellbeing included providing information or signposting to external support (63%), and providing opportunities for pupils to be involved in making decisions about wellbeing provision (59%).

Signposting to external support and activities appeared to be used more for older pupils. Almost nine in ten (87%) state maintained secondary schools and 95% of colleges offered information and/or signposting to external support, compared to less than two-thirds (59%) of state maintained primary schools (Table C.2 and Table C.3).

Figure 1 Institution-wide approaches to promoting positive mental health among all pupils

Base: All institutions; weighted %



3.2 Sessions and activities

In addition to these institution-wide approaches, institutions used a range of specific sessions, activities and programme to promote positive mental health and wellbeing among their pupils (Figure 2; Table C.4). These included skills development sessions (73%) and taught sessions about particular mental health issues (53%)¹³. Other activities used to promote positive mental health included support programmes for specific groups of pupils such as LGBTQ+ pupils (70%), worry boxes or drop-ins for advice and guidance (68%) and peer mentoring (53%). Less common were activities aimed at reducing the stigma surrounding mental health issues, which were used by less than a quarter (24%) of all institutions.

Figure 2 Sessions and activities to promote positive mental health among all pupils

Base: All institutions; weighted %

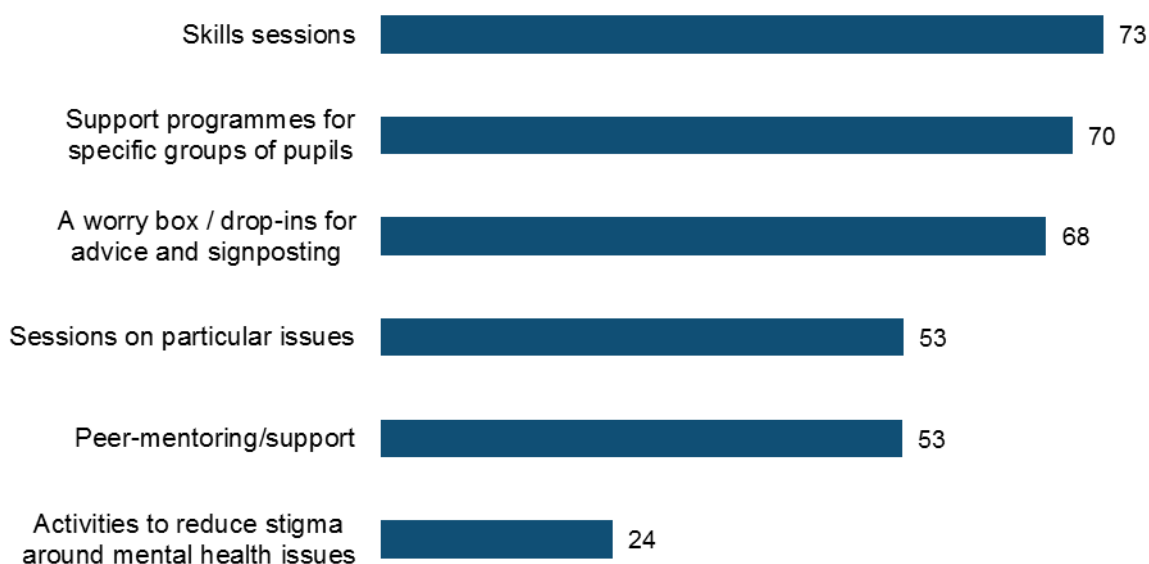


Table C.5 shows that, among state maintained schools, secondary schools were more likely than primary schools to use skills sessions (82% vs. 71%), sessions to reduce the stigma associated with mental health (50% vs. 16%) and sessions on specific issues such as body image or self-harm (87% vs. 42%) to promote positive mental health among all pupils. They were also more likely to make use of support programmes for specific groups of pupils¹⁴ (79% vs. 72%) and peer mentoring (78% vs. 49%). On the other hand, three-quarters (75%) of primary schools used worry boxes or drop-in sessions to promote positive mental health, compared to just over half (55%) of secondary schools.

¹³ The survey listed examples of skills development sessions (e.g. coping skills, problem-solving or mindfulness) or taught sessions (e.g. body image, eating disorders or self-harm) rather than institutions reporting these specific sessions unprompted.

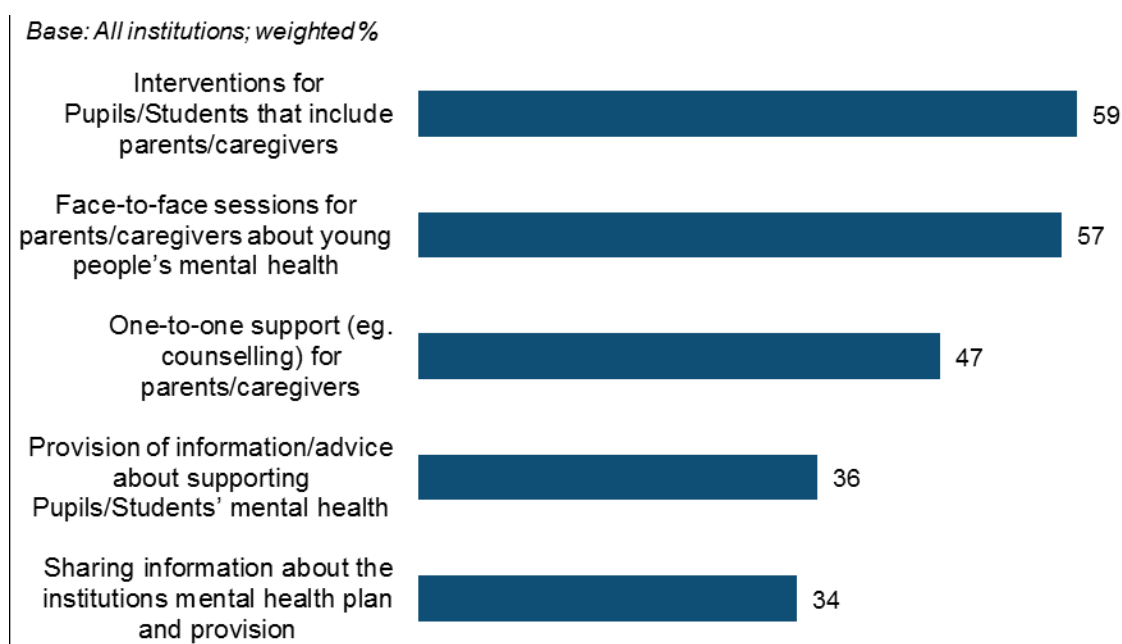
¹⁴ The survey listed examples of support groups for particular groups of pupils (e.g. cared for or adopted children, LGBTQ pupils, pupils with special educational needs or disabilities, victims of bullying).

Looking at differences between different institution types (Table C.6), alternative provision and pupil referral units were most likely to employ taught sessions on mental health issues to promote positive mental health. Although anti-stigma activities were uncommon overall, a majority (62%) of colleges reported using them. On the other hand, these institutions were less likely than other institutions to use worry boxes, drop-ins or peer mentoring.

3.3 Parental engagement

Most¹⁵ institutions sought to engage parents and caregivers in order to promote positive mental health and wellbeing among their pupils (Table C.7). More than half (59%) offered mental health interventions for pupils that included parents and caregivers, and a similar proportion (57%) organised face-to-face sessions to share information about supporting children and young people’s mental health. Almost half of institutions offered one-to-one support such as counselling for parents and caregivers themselves (47%) (Figure 3; Table C.7). Less commonly, around a third (36%) of institutions provided written information and advice about supporting children and young people’s (CYP’s) mental health and wellbeing, and a similar proportion (34%) provided information for parents and caregivers about the institution’s plan or provision for mental health.

Figure 3 Parental engagement in promoting positive mental health



In the state sector, secondary schools were more likely than primary schools to provide information for parents and caregivers about supporting CYP’s mental health (47% vs.

¹⁵ 89% of institutions indicated that they offered at least one of the parental engagement activities listed in the questionnaire. In addition, the 11% that indicated that they offered “none of these” may have employed parental engagement activities other than those listed.

33%), and about mental health provision in the school (40% vs. 31%) (Table C.8). They were also more likely to provide mental health support for pupils that included parents and caregivers (62% vs. 57%). In contrast, primary schools were more likely to offer one-to-one support such as counselling for parents and caregivers themselves (50% vs. 36%).

Colleges appeared less likely than other types of institution to seek to engage parents in promoting positive mental health. Around a fifth of colleges (18%) employed none of the above named parental engagement approaches (Table C.9). This is likely to be due to the older age of college pupils. However, this finding is indicative only, as colleges (and other institutions) may have sought to involve parents and caregivers in ways other than those listed in the questionnaire.

3.4 Range of activities

In order to understand the range of activities undertaken to promote positive mental health, the following analysis examines the proportion of institutions offering at least one of each of the types of activity considered, and the average number of listed activities. These figures are indicative of the range of activity used to promote positive mental health, but it is not possible to assess the quality or effectiveness of each approach. Moreover, it is not possible to quantify activities other than those listed in the questionnaire that institutions might use to promote positive mental health among their pupils.

The vast majority (87%) of institutions employed at least one institution-wide approach, one type of session or activity for pupils and one activity for parents and caregivers to promote positive mental health and wellbeing among their pupils (Table C.10). On average, institutions offered over half (8.5) of the 15 listed activities and approaches to promote positive mental health and wellbeing among their pupils (Table C.13). Among mainstream schools, secondary schools typically used a wider range of activities and approaches to promote positive mental health – an average of 9.7 compared to 8.2 among primary schools (Table C.14).

In addition to the activities listed in sections 3.1 to 3.3, 44% of institutions reported offering other activities to promote positive mental health among all pupils (Table C.16), including themed weeks, days or terms to promote positive mental health, sessions on yoga or meditation, and emotional literacy support (Table C.19). Among state maintained schools, primary schools were more likely to report other activities (46% vs 41%) (Table C.17).

Summary

The promotion of positive mental health and wellbeing appeared to be central to the daily activity that takes place in schools and colleges. Almost all institutions reported having an

ethos or environment that promoted mutual care and concern among staff and pupils, and the majority felt that the promotion of positive mental health and wellbeing was integrated into the school or college day. Moreover, the generally high prevalence of other activities including signposting to external services, skills sessions such as mindfulness, and pupil involvement in decisions about wellbeing, suggests that the promotion of positive mental health and wellbeing was embedded throughout institutional structures.

Provision was highly institution specific, with the types of activity used to promote positive mental health varying markedly by the phase of education. For instance, secondary schools were highly likely to provide sessions on specific issues or peer support, whereas primary schools tended to use worry boxes and drop-ins. Meanwhile the majority of colleges had adopted anti-stigma activities, but this was far lower for primary schools. Differences in provision are likely to be driven by the age appropriateness of each activity, suggesting that institutions generally have adopted strategic approaches to promoting positive mental health and wellbeing, as opposed to relying on generic approaches applicable to all phases and types of education.

4 Identifying mental health need

This chapter investigates whether institutions collect data to inform their mental health provision, and looks at the approaches and tools that institutions use to identify mental health needs among pupils.

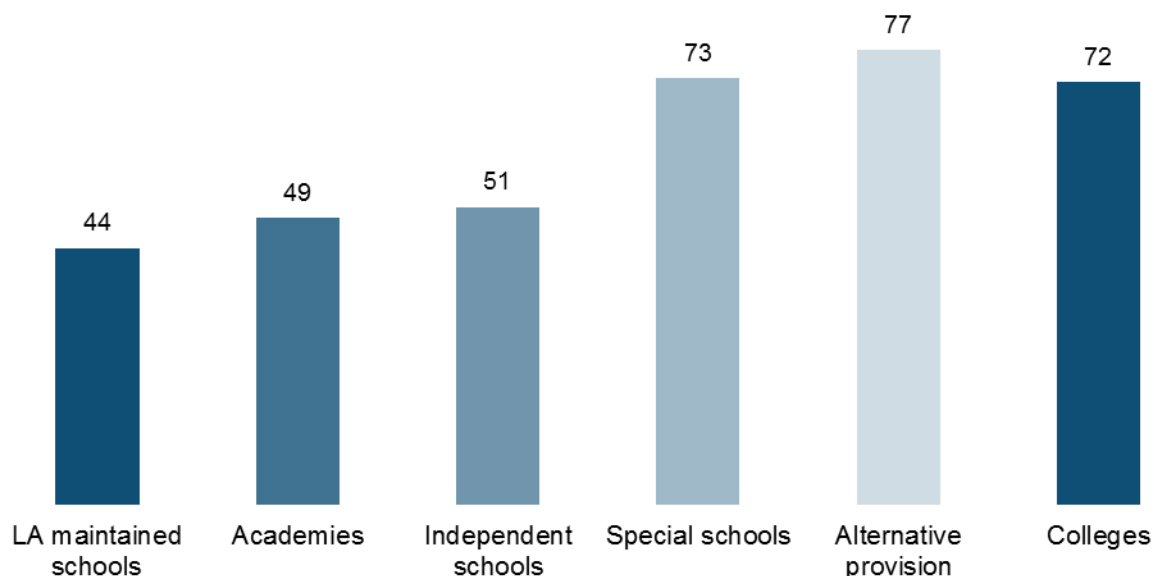
4.1 Universal data collection to inform provision

Just less than half (48%) of all institutions collected data about all pupils in order to inform their mental health and wellbeing provision (Table D.1)

Figure 4 shows that such universal data collection was most common in alternative provision and pupil referral units (77%), special schools (73%) and colleges (72%), and less common in mainstream state-maintained and independent schools (Table D.3). Among state-maintained schools, there was no significant difference between secondary schools and primary schools use of this approach (49% vs. 44%) (Table D.2).

Figure 4 Collecting data about all pupils to inform mental health provision

Base: All institutions; weighted %



4.2 Approaches to identifying pupils with particular mental health needs

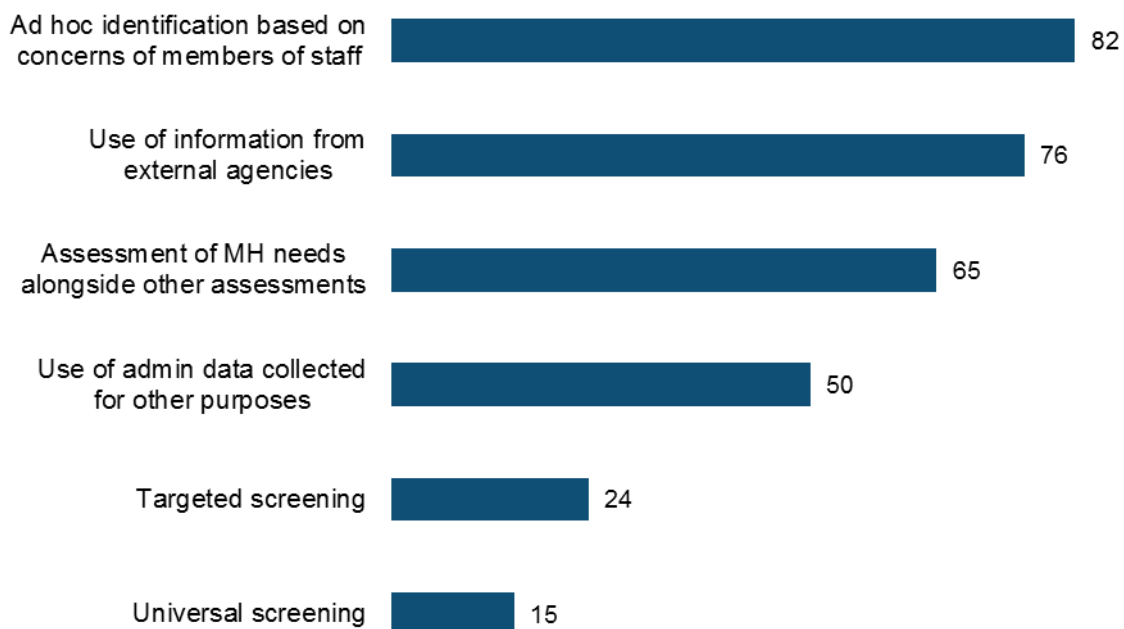
Seeking to identify pupils with mental health needs was almost universal – just 1% of institutions did not try to identify pupils who might have particular needs (Table D.4).

Figure 5 shows that the single most common approach that institutions adopted in order to identify pupils with particular mental health needs was ad hoc identification by members of staff (82%) (Table D.4). Nevertheless, 93% of institutions undertook more systematic activity to try and identify pupils with particular needs (Table D.7).

In addition to ad hoc identification based on staff concerns, the majority of institutions made use of information from external agencies such as local authority teams or pupils' previous schools (76%), and most assessed pupils' mental health needs alongside special educational needs (SEN) or other ongoing assessments (65%) (Figure 5; Table D.4). Half (50%) of all institutions made use of administrative data – for instance attendance records or pupil attainment data – to identify pupils who might be experiencing mental health difficulties. Almost one-quarter (24%) reported targeted screening of pupils to identify mental health needs, and one in seven (15%) conducted universal screening of all pupils to pick up on those with particular issues.

Figure 5 Approaches to identifying pupils with particular mental health needs

Base: All institutions; weighted %



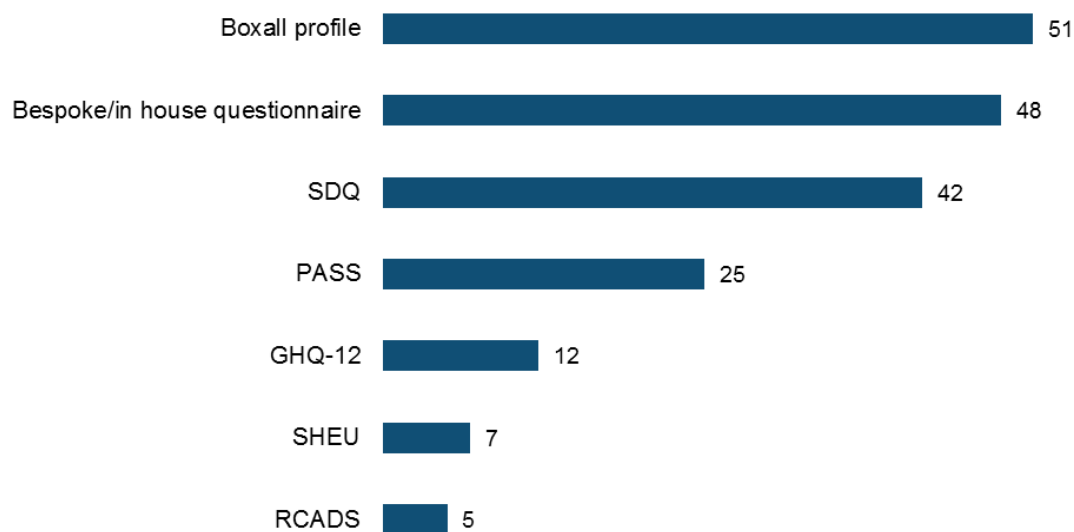
In the state sector, secondary schools were more likely than primary schools to seek to identify pupils with particular mental health needs in more systematic ways than ad hoc identification. Eight per cent of primary schools did not seek to identify pupils with particular needs or relied only on ad hoc identification based on the concerns of staff, compared to just 3% of secondary schools (Table D.8). In particular, secondary schools were more likely to conduct targeted screening (32% vs. 24%), and were also more likely to make use of administrative data (60% vs. 48%) and information from external agencies (85% vs. 75%) to identify pupils with particular mental health needs (Table D.5). Looking across the institution types, alternative provision and pupil referral units were most likely to conduct universal (46%) and targeted (31%) screening (Table D.6).

4.3 Tools used to identify pupils with particular mental health needs

Figure 6 shows the tools that institutions used for universal and/or targeted screening of mental health need (Table D.10). Half (51%) of institutions conducting universal and/or targeted screening used the Boxall profile, and a similar proportion (48%) used bespoke questionnaires. The Strengths and Difficulties Questionnaire (SDQ) was also commonly used (42%). Less commonly used were the General Health Questionnaire (GHQ-12, 12%), the Schools and Pupils Health Education Unit Survey (SHEU, 7%) and the Revised Children’s Anxiety and Depression Scale (RCADS, 5%).

Figure 6 Tools used to identify pupils with particular mental health needs

Base: All institutions conducting universal or targeted screening to identify pupil with particular mental health needs; weighted %



Among state maintained schools conducting targeted and/or universal screening, secondary schools were more likely than primary schools to use the Pupil Attitudes to Self and School assessment (PASS) (33% vs. 24%) and more likely to use the SHEU (11% vs. 6%) (Table D.11).

Summary

Overall, there was a near universal attempt to identify pupils requiring provision. Whilst identification was mostly carried out using ad hoc identification by staff, the majority of institutions also had systematic procedures in place for doing so.

Around a half of institutions used administrative data to identify those in need with this approach being considerably more commonplace among special schools, alternative providers and colleges. The use of information from external agencies was used in around three-quarters of cases with half of institutions using administrative data collected for other purposes. However, more specific data collection via targeted screening was less common. Those that did conduct universal or targeted screening tended to use a mixture of validated clinical tools as well as in-house bespoke questionnaires.

5 Supporting pupils with particular mental health needs

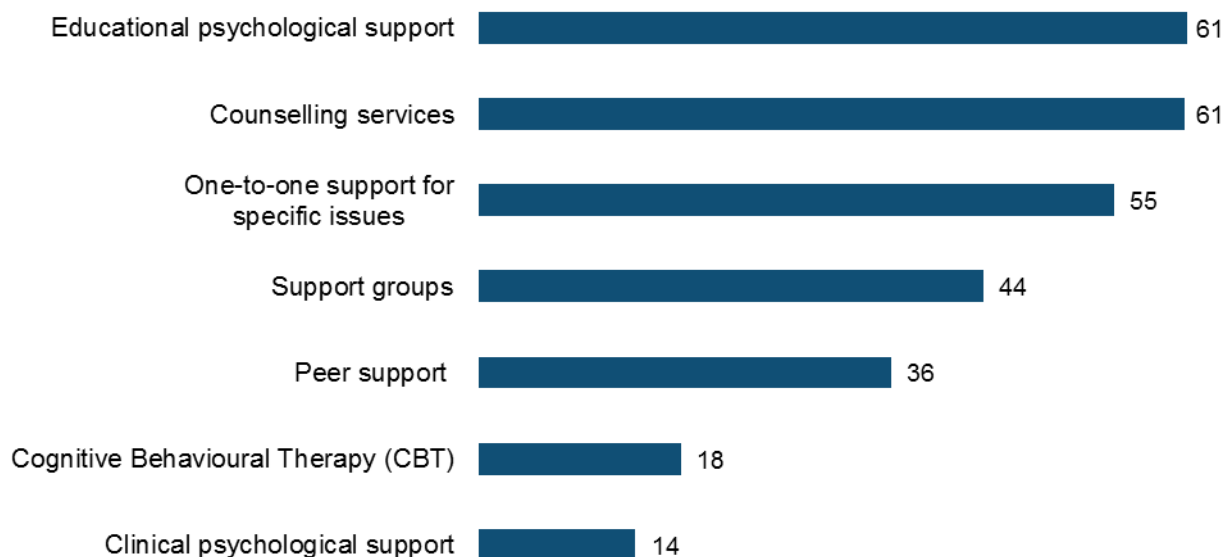
This chapter focuses on the activities that institutions use to support individual pupils' mental health. It explores the types of support offered (such as counselling services, clinical psychological services and peer support) and the funding mechanisms in place for such provision. Finally, it assesses the extent to which institutions monitor the impact of their mental health support activities.

5.1 Types of support offered

Three in five (61%) institutions offered their pupils educational psychological support, and a similar proportion (61%) offered counselling services (Figure 7; Table E.1). More than half (55%) of institutions offered other types of one-to-one support for pupils dealing with specific issues¹⁸. Support groups¹⁹ (44%) and peer support (36%) were each offered by a significant minority of schools. Fewer institutions offered more specialist support, with 18% offering cognitive behavioural therapy and 14% offering clinical psychological support.

Figure 7 Support available to pupils with particular mental health needs

Base: All institutions; weighted %

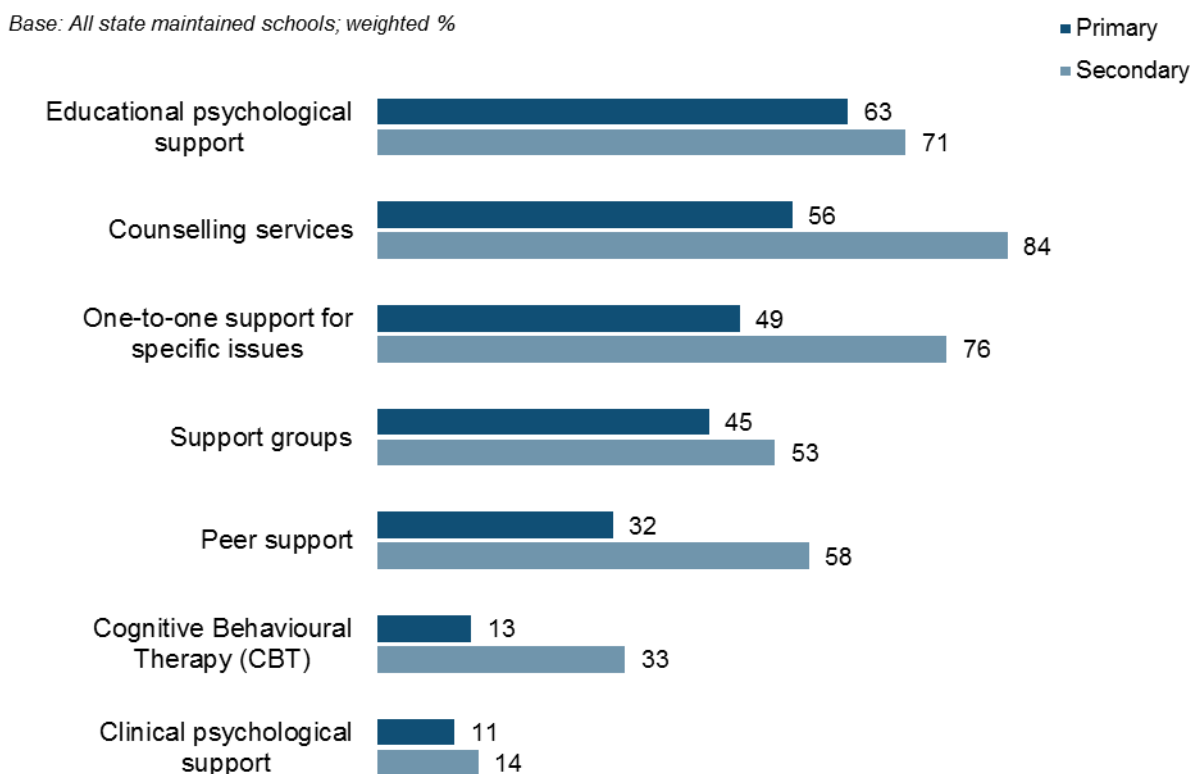


¹⁸ The survey listed examples of one-to-one support for specific issues (e.g. drug misuse or eating disorders) rather than institutions reporting these specific sessions unprompted.

¹⁹ The survey listed examples of support groups for pupils dealing with particular issues (e.g. anxiety or depression).

Figure 8 shows that, among state maintained schools, secondary schools were more likely to offer all of the above forms of support to pupils with identified need (Table E.2). For example, 84% of secondary schools offered counselling services, compared to 56% of primary schools. Indeed, primary schools were significantly more likely to offer none of the listed types of support (8% vs. less than 1%).

Figure 8 Support available to pupils with particular mental health needs in state maintained primary and secondary schools



Looking to the other institution types (Table E.3) special schools and alternative provision and pupil referral units were most likely to offer more specialist support such as cognitive behavioural therapy, and educational and clinical psychological support, whilst colleges were more likely than schools to offer individual counselling and other one-to-one support.

5.2 Counselling provision

As detailed above, three in five (61%) institutions offered counselling services (Table E.1).

Almost half of institutions offering counselling (47%) indicated that their counsellor(s) were registered with a professional body such as the British Association For Counselling & Psychotherapy (BACP) or the UK Council for Psychotherapy. Around four in ten (44%) indicated that their counsellor(s) held a diploma in counselling, and a similar proportion (40%) indicated that their counsellor(s) held other professional qualifications or

registrations (Figure 9; Table E.4). One in seven (15%) institutions offering counselling services indicated that the counsellor(s) working in the institution held no professional qualifications or registrations.

Figure 9 Qualifications and accreditations of counsellors working in schools

Base: All institutions offering counselling services; weighted %

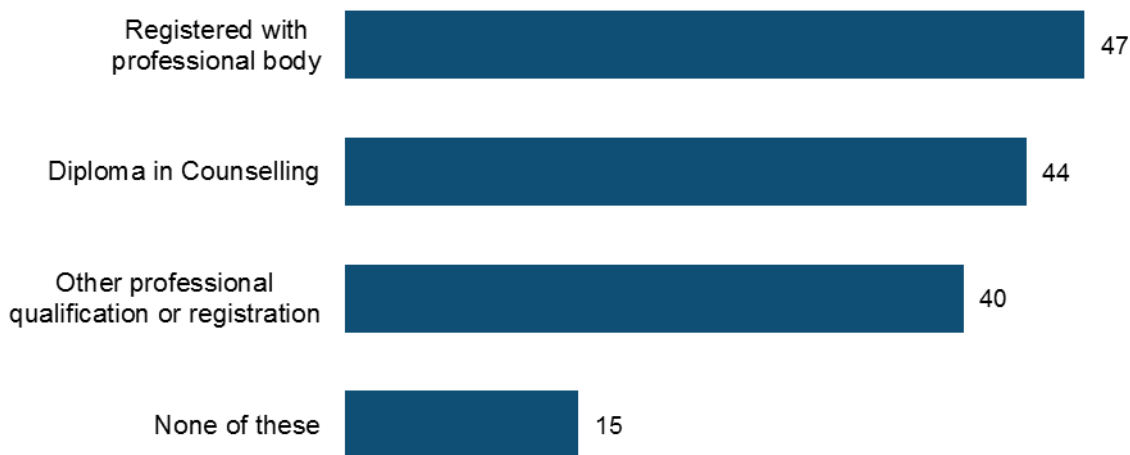
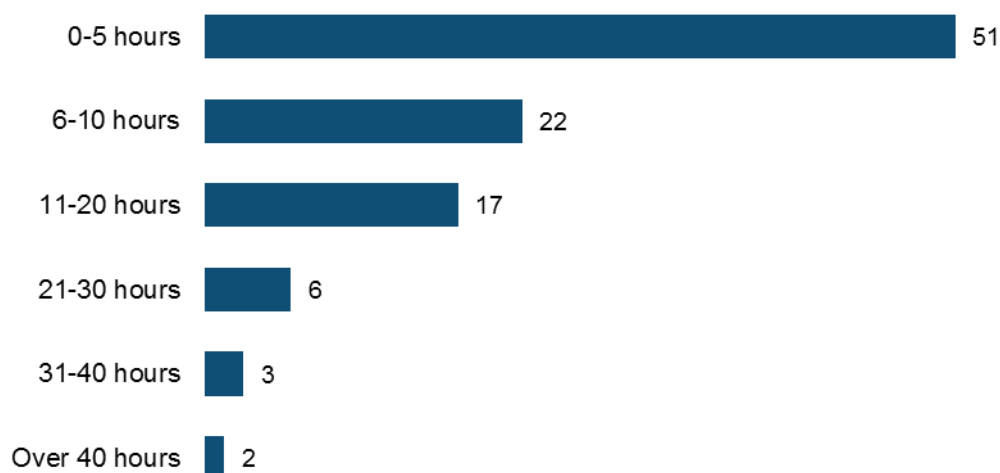


Figure 10 shows that half (51%) of institutions offering counselling had five hours or less of counselling available to their pupils per week (Table E.7). A further one in five (22%) had 6-10 hours of provision per week, and 17% offered 11 to 20 hours per week. The remaining one in ten (11%) institutions offering counselling offered over 20 hours per week.

Figure 10 Hours of counselling provision on offer

Base: All institutions offering counselling services; weighted %



In the state sector, counsellors working in secondary schools were more likely than those in primary schools to have professional qualifications or accreditations (Table E.5), and secondary schools offering counselling offered more hours of provision per week than

primary schools (Table E.8). Looking across the institution types, LA maintained schools offered the least hours of counselling, and were least likely to have qualified or accredited counsellors working in the school. Colleges offered the most provision, and were most likely to employ qualified or accredited counsellors (Table E.9, Table E.15).

5.3 Range of activities

In order to understand the range of support offered to pupils with identified mental health needs, the following analysis examines the number of listed support activities that institutions offered. As was the case for assessing the range of activities promoting positive mental health (section 3.4), figures are indicative of the range of support available to pupils. It is not possible to assess the quantity or quality of each approach provided, or the quality or effectiveness of that provision. Further to this, it is not possible to quantify any other support that institutions might offer to pupils with particular needs.

On average, institutions offered around three (2.9) of the seven different types of support for pupils with identified mental health needs discussed in section 5.1 (Table E.10). Among state maintained schools, primary schools offered an average of 2.7 types of support and secondary schools an average of 3.9 (Table E.11).

In addition to these listed activities, 38% of institutions reported offering other types of support for pupils with particular mental health needs (Table E.13). This included, for example, play therapy, group therapies such as group counselling and nurture groups, and emotional literacy support²⁰. Special schools (46%), alternative provision and pupil referral units (48%) and colleges (54%) were most likely to describe additional support (Table E.15).

5.4 Funding

Almost all of the institutions providing support for pupils with identified mental health needs funded this provision at least in part from their own budgets. More than nine in ten (93%) of the institutions providing counselling services used their own budget to fund this provision, and similarly 91% of institutions providing other types of support said that this was funded at least in part by the institution (Figure 11; Table E.17; Table E.20).

Around one in six (17%) of schools offering counselling received funding for this provision from NHS CAMHS and one in seven (14%) received funding from their local authority (Table E.17). Looking at schools offering other types support, a third (32%) received NHS

²⁰ Prevalence of individual activities is not reported due to the qualitative nature of the question and low prevalence for each response.

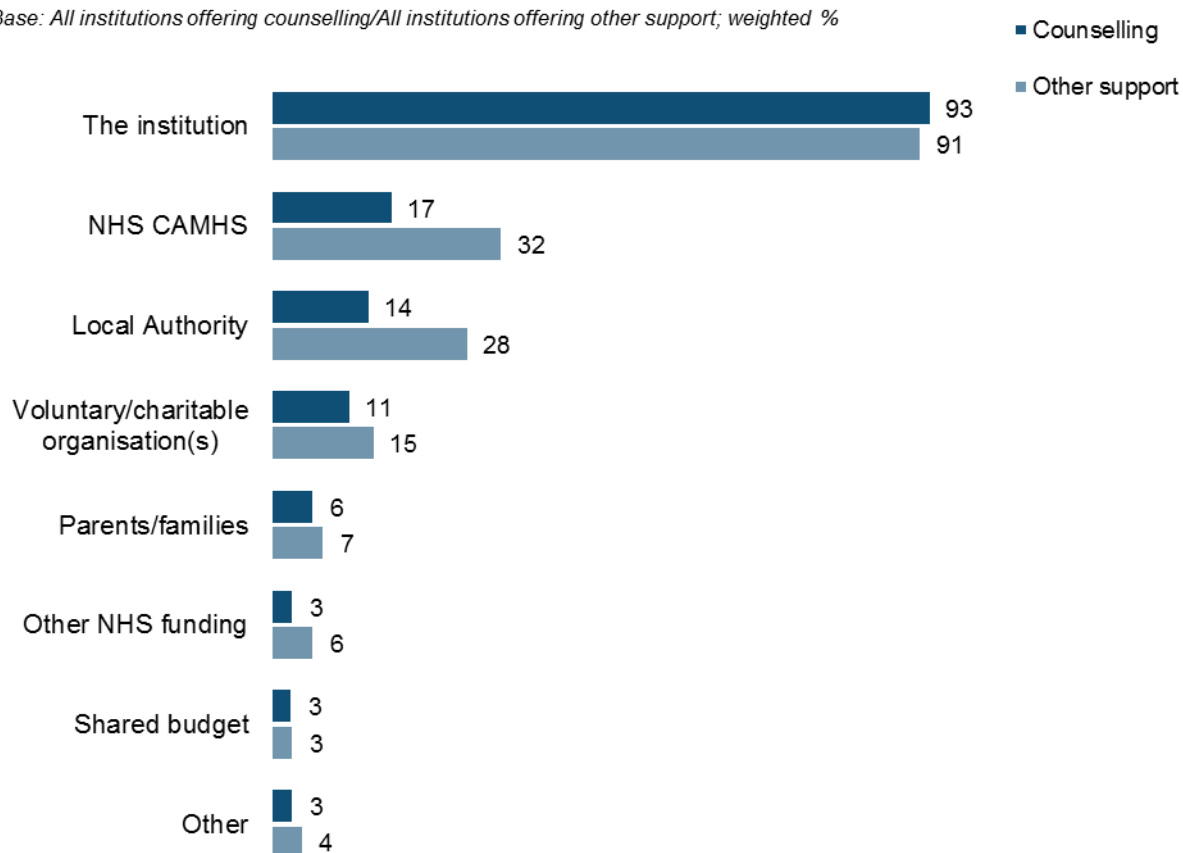
CAMHS for at least some of this provision, and 28% received money from their local authority (Table E.20).

Less common sources of funding were voluntary and charitable organisations (used by 11% of schools offering counselling and 15% of those offering other support), parents and families (6% and 7%), and NHS funding other than that coming through NHS CAMHS (3% and 6%) (Table E.17, Table E.20).

The funding that institutions received did not appear to vary according to the types of support they offered (Table E.23).

Figure 11 Funding support for pupils with identified mental health needs

Base: All institutions offering counselling/All institutions offering other support; weighted %



5.5 Monitoring impact

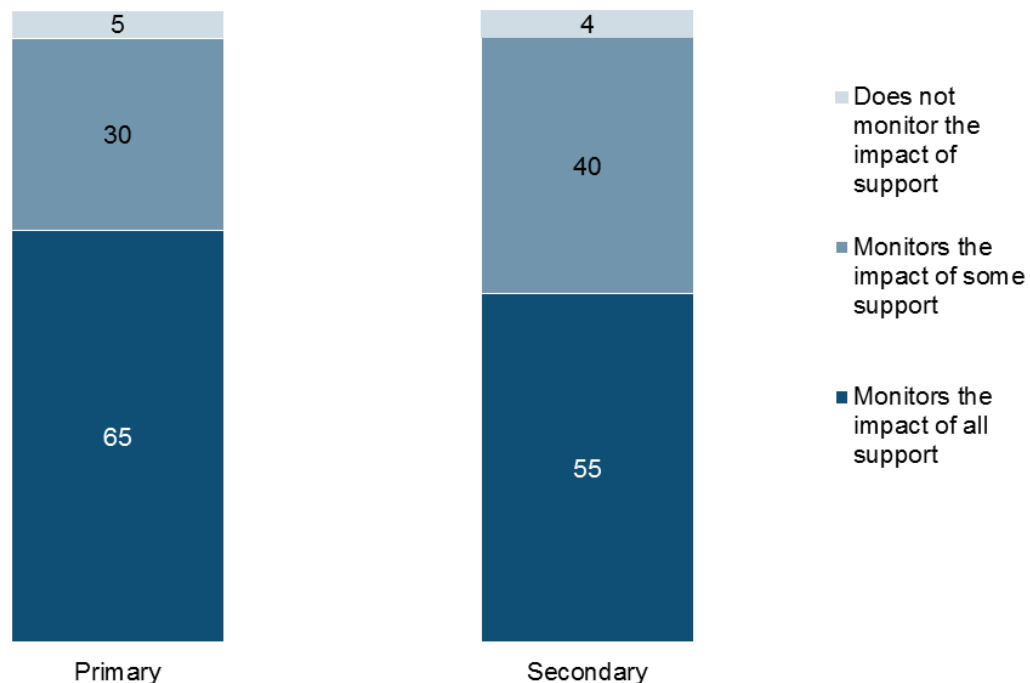
The vast majority (94%) institutions sought to monitor the impact of at least some of the support available to pupils with particular mental health needs (Table E.24). More than six in ten (63%) institutions offering any kind of support monitored the impact of all the support on offer, and a further three in ten (32%) monitored the impact of some support. Just six per cent of institutions offering support did not seek to monitor impact.

In the state sector, primary schools were more likely than secondary schools to monitor the impact of all of the mental health support that they offered (65% vs 55%), whilst

secondary schools were more likely to monitor the impact of only some support (40% vs 30%) (Figure 12; Table E.25). Neither was significantly more likely to say that they did not seek to monitor the impact of any mental health support.

Figure 12 Monitoring the impact of mental health support in state maintained schools

Base: All state maintained schools offering any support for pupils with identified needs; weighted %



Summary

While the identification of need was near universal (see Chapter 4), the support offered to pupils with identified needs was not consistent across institutions. Educational psychological support and counselling services were most commonplace, with each on offer in around three in five institutions. More clinical support, such as CBT or clinical psychological support was much less commonplace, being provided in less than a fifth of all institutions. However, whenever support was provided nearly all institutions reported monitoring its impact.

The overwhelming majority of respondents reported that support was funded by the institution, with around a third receiving an unspecified sum of funding from NHS CAMHS and local authorities. The relatively low prevalence of CBT may be related to this activity’s comparatively higher cost, though it should be noted that the relationship between provision and cost was not explored.

6 Staffing mental health provision

This chapter analyses staff involvement in mental health provision. It looks at the roles and responsibilities of designated mental health leads and support staff in delivering mental health provision as well as the training available to staff. It then goes on to explore whether institutions with dedicated mental health leads offer more provision.

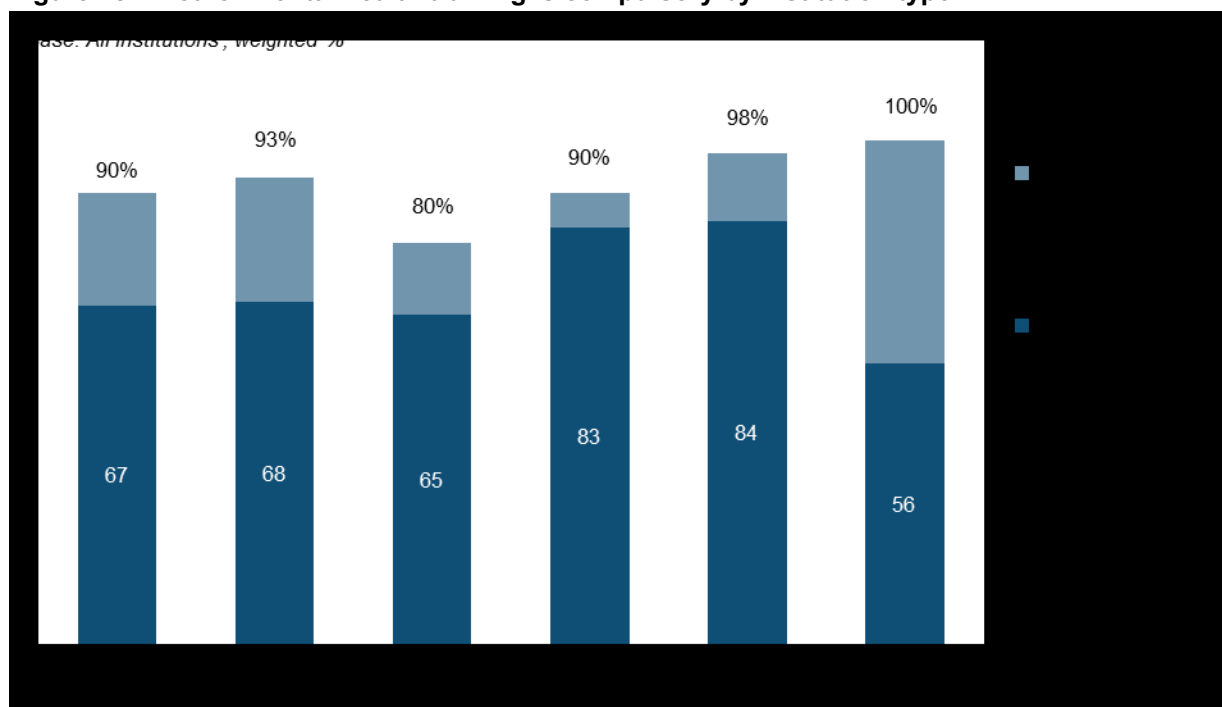
6.1 Staff training

Nine in ten (90%) institutions offered at least some staff training about how to support pupils' mental health and wellbeing (Table F.19). Almost half (47%) offered all staff training, and a further 43% offered selected staff training. The remaining one in ten (10%) institutions did not offer any staff training about how to support pupils' mental health and wellbeing.

In most cases, training about supporting pupils' mental health was compulsory for at least some staff (Table F.22). Four in ten (40%) schools offering training about mental health said that this was compulsory for all staff it was offered to, and a further 28% said that it was compulsory for some, although not all, staff. The remaining third (32%) indicated that training was offered on an entirely voluntary basis.

Figure 13 shows that alternative provision and pupil referral units were most likely to offer compulsory staff training about mental health (84% offered training that was compulsory for at least some staff) (Table F.24). Whilst colleges universally offered training about supporting pupils' mental health and wellbeing (100%), only 56% made training compulsory for any members of staff.

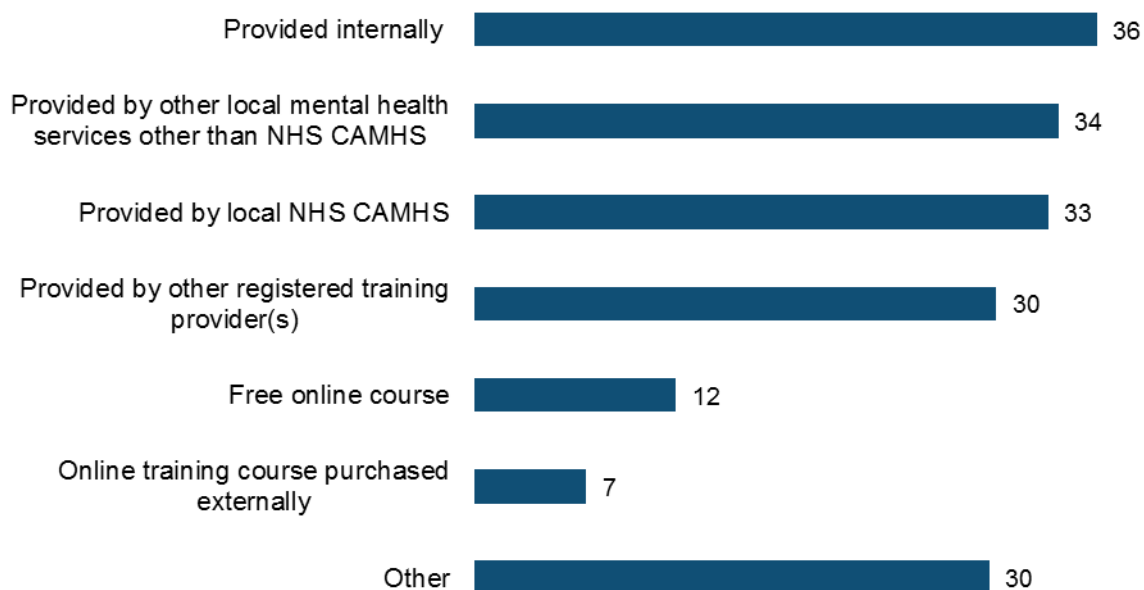
Figure 13 Whether mental health training is compulsory by institution type



Institutions made use of a range of training sources, most commonly relying on face-to-face (i.e. not online) training (Table F.25). Over one-third of institutions (36%) that had offered staff training about how to support pupils' mental health in the previous two years had used training provided internally by a mental health professional working in the institutions (Figure 14; Table F.25). Training provided by local NHS CAMHS (33%) and other local mental health services (33%) and other registered training providers (30%) had all been used by a similar proportion of institutions. In contrast, online courses, whether free (12%) or paid for (7%), had only been used by a minority of institutions.

Figure 14 Sources of mental health training

Base: All institutions offering staff training about supporting pupils' mental health in the previous two years; weighted %

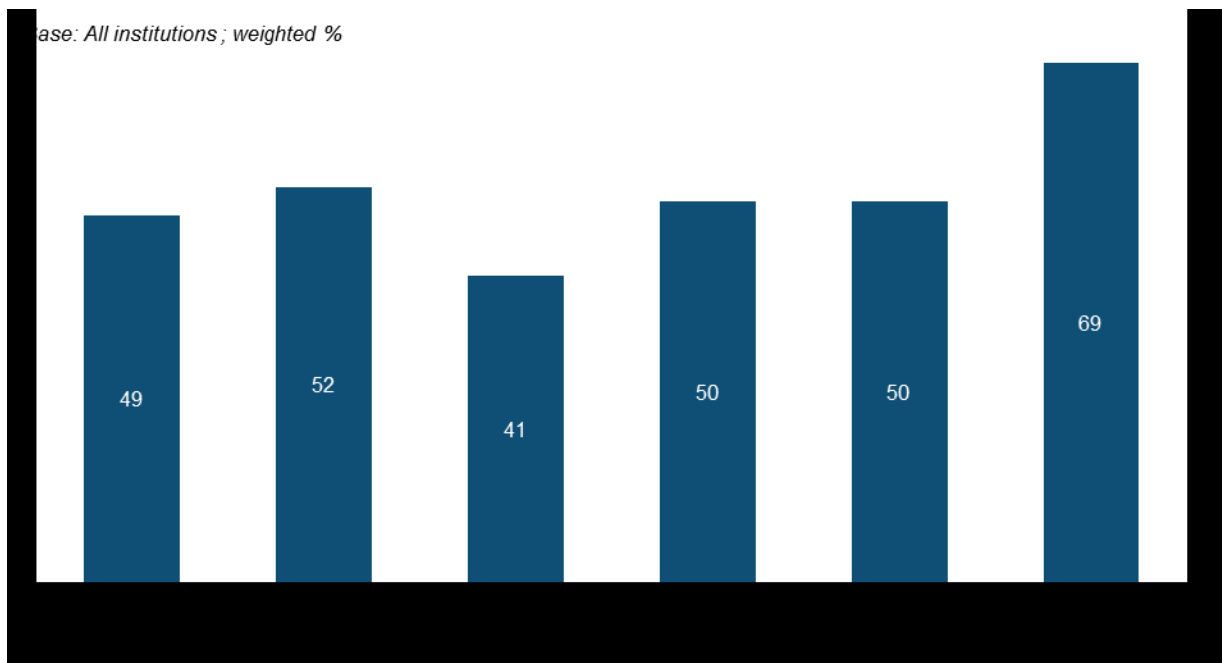


Among state maintained schools that had offered staff training in the last two years, secondary schools were more likely than primary schools to have used each of the named sources of training listed above (Table F.26). In contrast, primary schools were significantly more likely to have used an “other” source of training (33% vs. 22%). Special schools (58%), alternative provision and pupil referral units (55%) and colleges (53%) were most likely to offer training internally (Table F.27). Alternative provision and pupil referral units were also more likely than other institutions to have received training from NHS CAMHS (63%).

6.2 Staff with specific responsibility for mental health provision

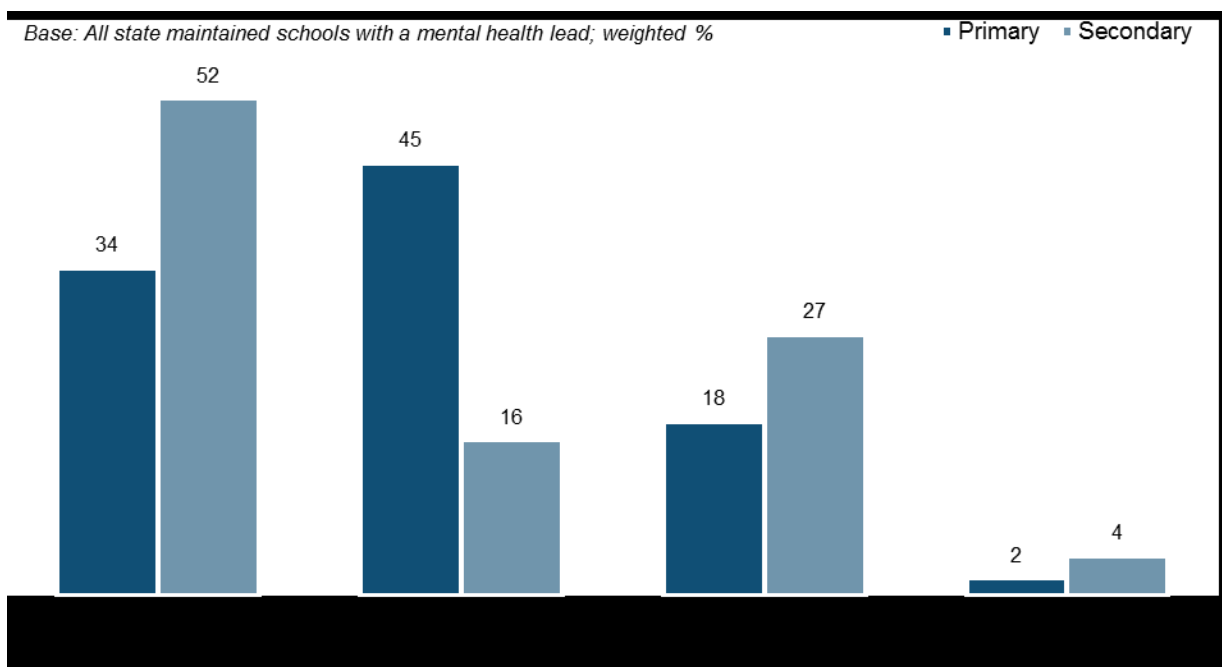
Almost half (49%) of all institutions reported that they had a dedicated lead for mental health (Table F.1). Among state maintained schools, secondary schools were more likely than primary schools to have a lead for mental health (59% vs. 48%) (Table F.2). Figure 15 shows that across the institution types, colleges were most likely to have a dedicated lead (69%), and independent schools were least likely (41%) (Table F.1).

Figure 15 Prevalence of dedicated mental health leads by institution type



Dedicated leads for mental health tended to be a member of the senior leadership team (SLT) (40%) or the SENCO or equivalent (36%) (Table F.4). In state maintained secondary schools, the lead was most commonly a member of SLT (52%), whilst in primary schools the lead was most often the SENCO (45%) (Figure 16; Table F.5).

Figure 16 Job roles of mental health leads in state maintained schools

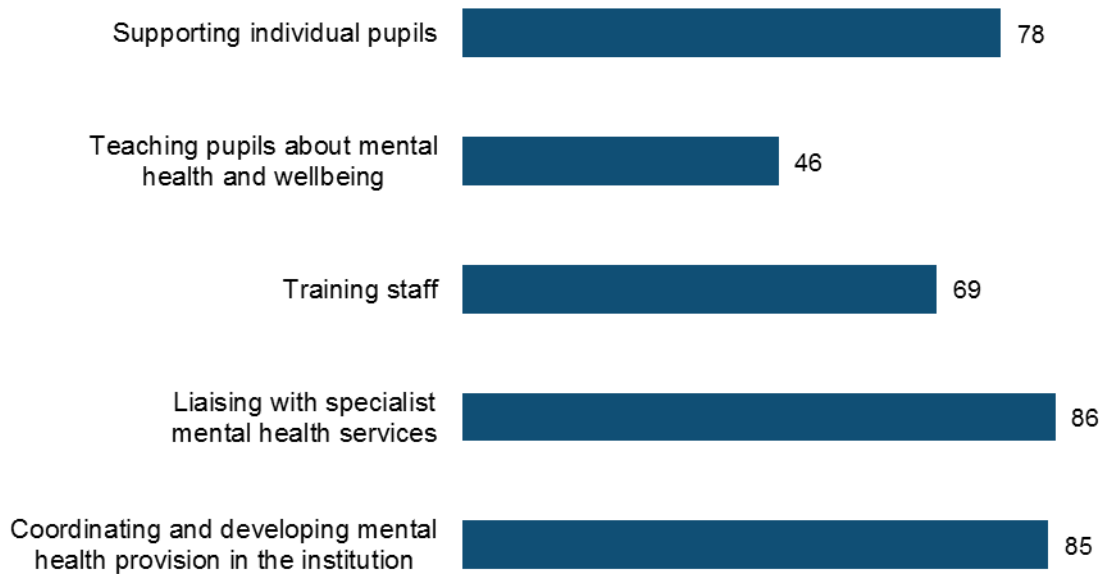


The majority (60%) of mental health leads spent fewer than five hours a week in this role (Table F.10), and yet the remit of mental health leads was wide reaching. Their common responsibilities included liaising with external services (86%), coordinating and developing provision within the institution (85%), supporting individual pupils (78%) and training other staff (69%). In addition, in just less than half (46%) of institutions with a

mental health lead this person was responsible for teaching pupils about mental health issues (Figure 17; Table F.7).

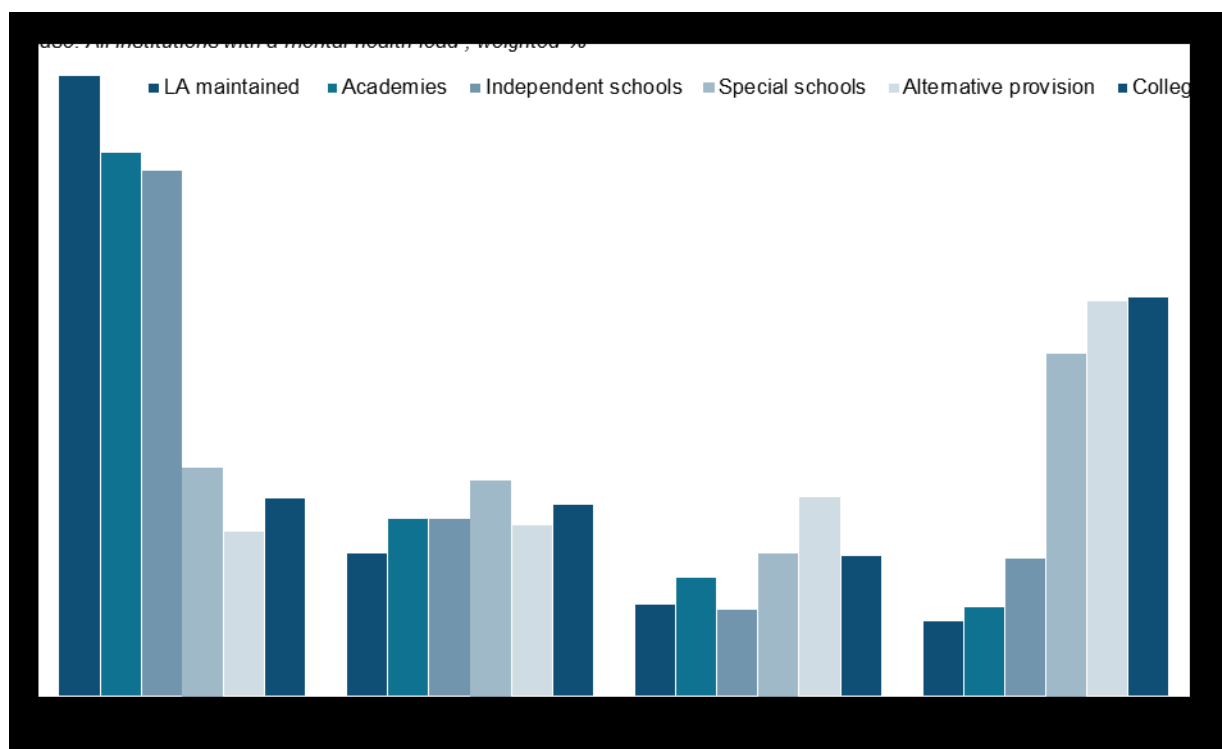
Figure 17 Remit of mental health leads

Base: All institutions with a mental health lead; weighted %



Among state maintained schools, the remits of mental health leads in primary and secondary schools were strikingly similar (Table F.8). Looking across the different types of institutions (Table F.9), mental health leads in independent schools (84%) and special schools (87%) were more likely to focus on supporting individual pupils, whilst those in colleges were more likely to be tasked with liaising with external services (93%). Mental health leads in colleges, special schools and alternative provision and pupil referral units typically spent more time on this role than those in independent and state maintained mainstream schools (Figure 18; Table F.12).

Figure 18 Time spent on mental health role by mental health lead by institution type



In addition to these designated leads for mental health, the majority (75%) of institutions also reported that other staff members had specific responsibilities relating to mental health (Table F.13). These members of staff included SENCOs, members of SLT and other members of staff, as well as specialists such as the school nurse, educational psychologists and other mental health specialists working in the institution (see Table F.16 to Table F.18)

6.3 Staffing and provision

There was a clear association between the staffing of mental health and the provision available to pupils.

First, institutions with a mental health lead employed a wider range of approaches and activities in order to promote positive mental health and wellbeing. Overall, institutions with a mental health lead used an average of the 9.7 of the 15 listed activities and approaches aimed at promoting positive mental health (see Chapter 3), compared to an average of 7.4 among institutions without a lead (Table F.28). More than nine in ten (93%) institutions with a mental health lead employed at least one institution-wide approach, one type of session or activity for pupils and one activity for parents and caregivers to promote positive mental health and wellbeing among their pupils, compared to eight in ten (81%) institutions without a lead (Table F.29).

Figure 19 to Figure 21 show that institutions with a mental health lead were more likely to offer each of the listed activities and approaches aimed at promoting positive mental health and wellbeing among their pupils (Table F.30; Table F.31; Table F.32). For

instance, 63% of institutions with a mental health lead ran sessions for pupils about particular issues such as body image or self-harm, compared to 44% of institutions without a lead (Figure 20; Table F.31). With regards to parental engagement, institutions with a lead were particularly more likely than those without to share information with parents and caregivers – either about supporting CYP’s mental health generally (45% vs. 27%), or about the school’s provision (46% vs. 22%) (Figure 21; Table F.32).

Figure 19 Institution-wide approaches to promoting positive mental health among all pupils by whether institution has a mental health lead

Base: All institutions; weighted %

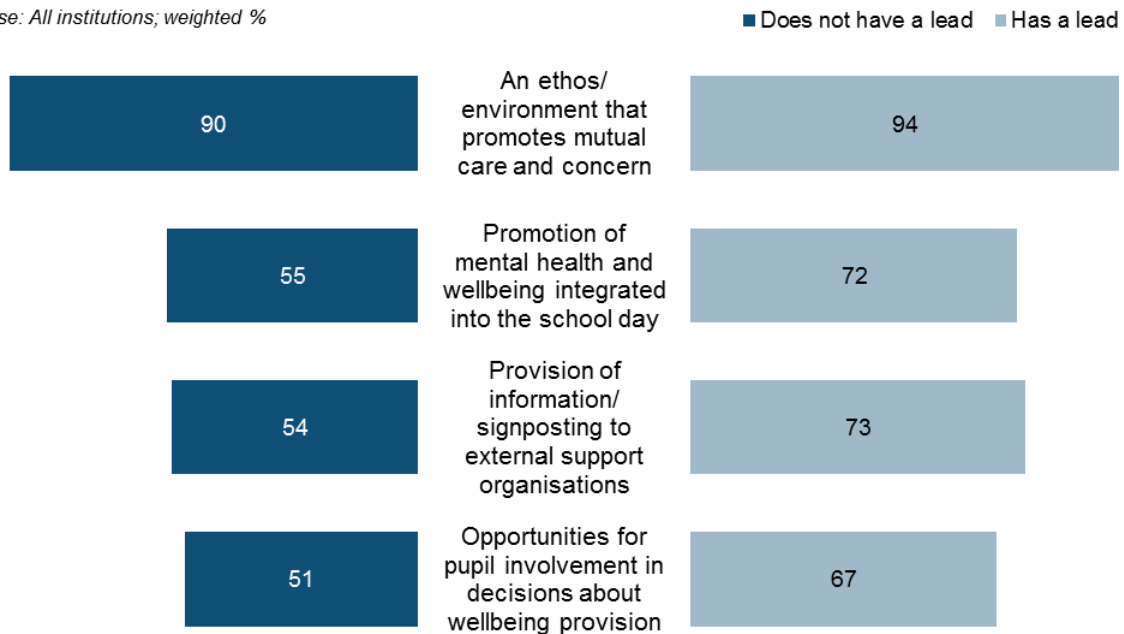


Figure 20 Activities, sessions and programmes to promote positive mental health among all pupils by whether institution has a mental health lead

Base: All institutions; weighted %

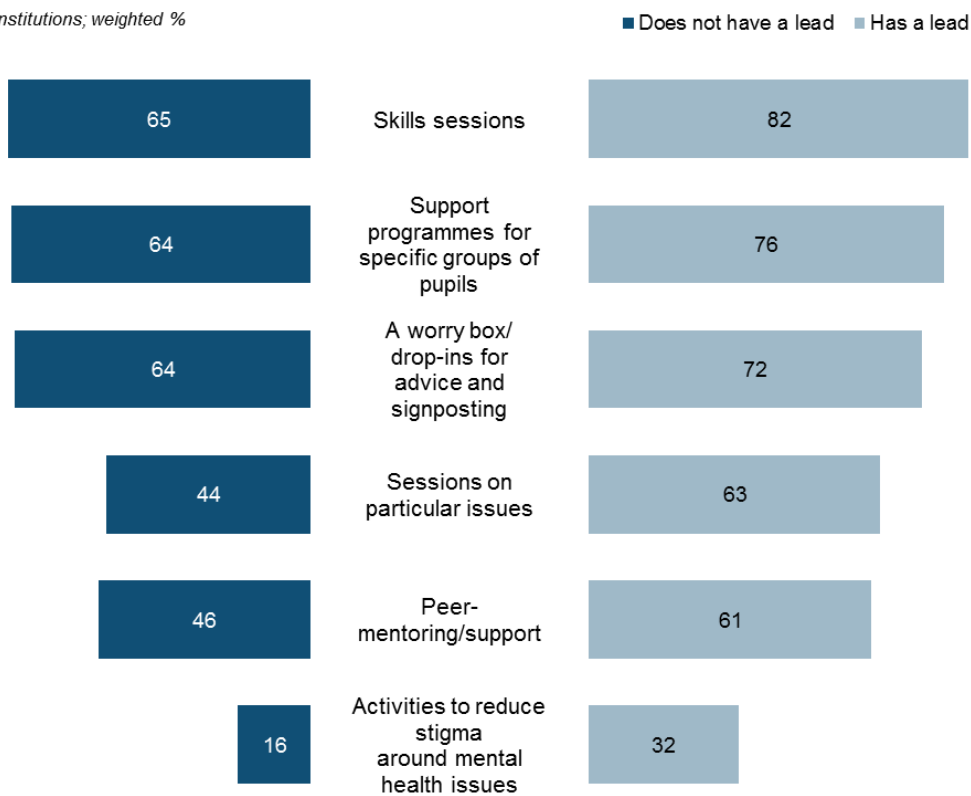
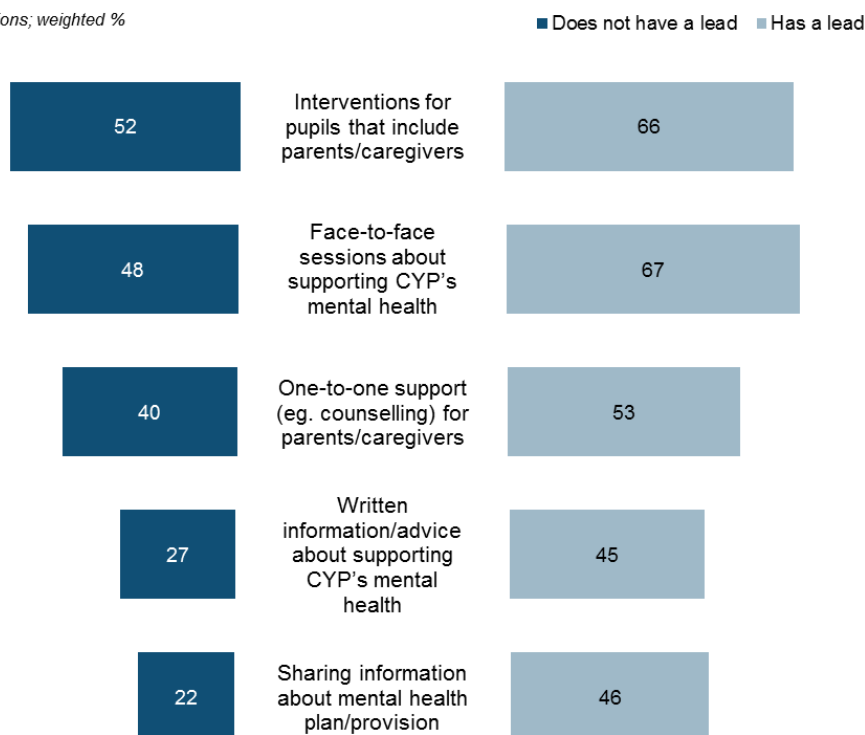


Figure 21 Parental engagement strategies to promote positive mental health among all pupils by whether institution has a mental health lead

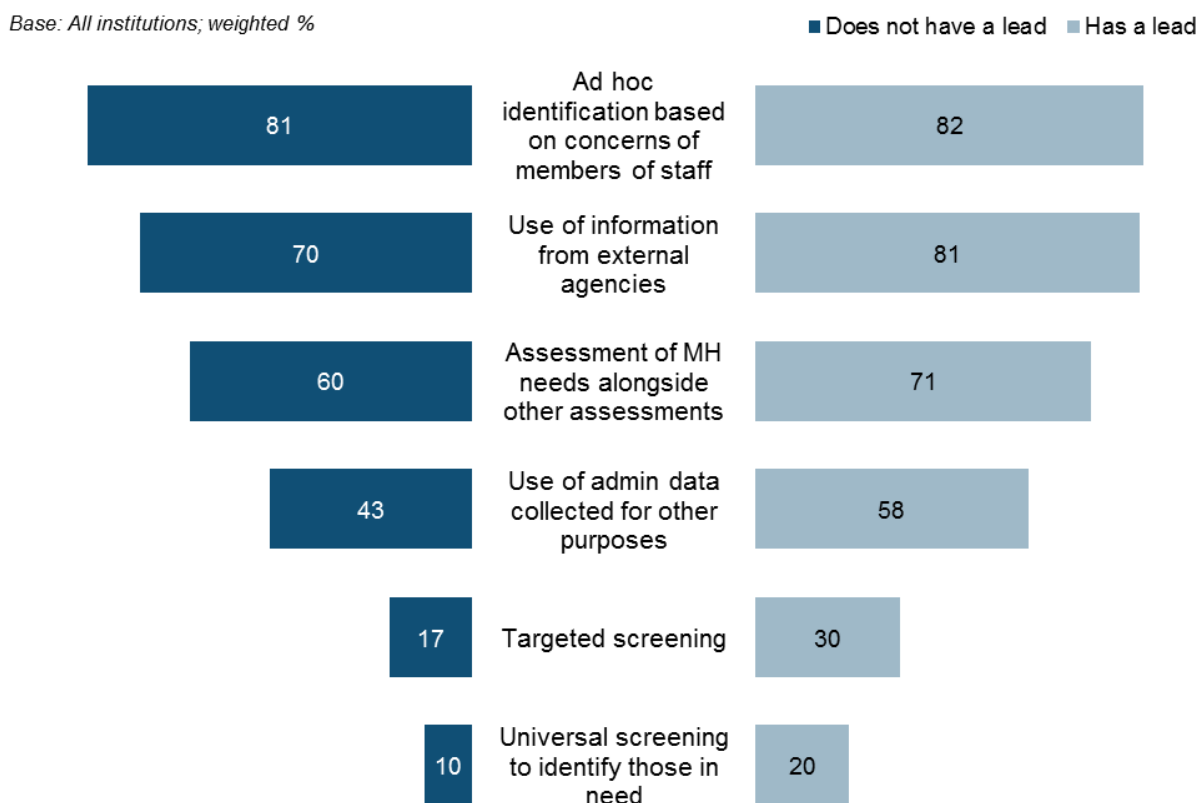
Base: All institutions; weighted %



Institutions with a dedicated mental health lead also reported more systematic approaches to the identification of need. First, 57% of institutions with a mental health lead used collected data about all pupils to inform their mental health and wellbeing provision, compared to 40% of institutions without a lead (Table F.33). Second, institutions with a mental health lead were more likely to engage with systematic approaches to identify pupils in need. In total, 96% of institutions with a mental health lead used approaches other than ad hoc identification to identify pupils that might have particular mental health needs, compared to 90% of institutions without a mental health lead (Table F.34).

Moreover, Figure 22 shows that institutions with a mental health lead were significantly more likely to employ all systematic methods of identifying pupils with particular mental health needs. In particular, they were more likely than institutions without a lead to use targeted (30% vs. 17%) and universal screening (20% vs. 10%) (Table F.35).

Figure 22 Identification of pupils with particular mental health needs by whether institution has a mental health lead

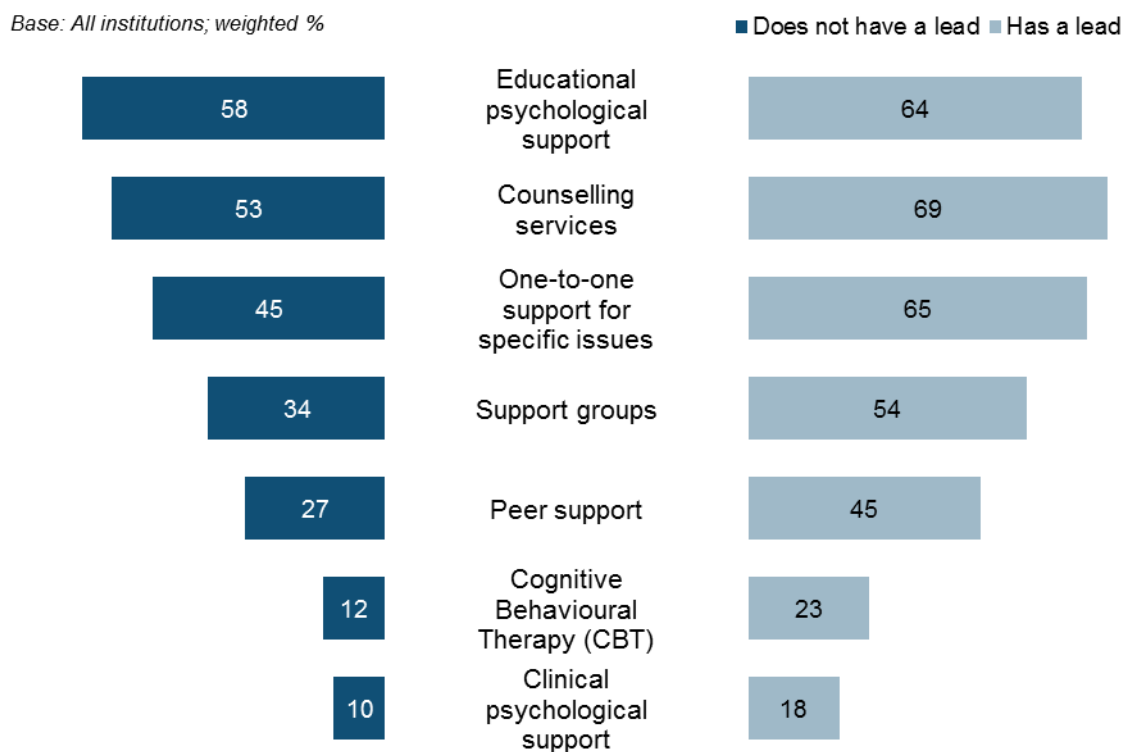


There was also a strong association between the presence of a mental health lead and the provision available for pupils with identified mental health needs (see Chapter 5). Institutions with a mental health lead typically offered more support activities than those without these institutional arrangements in place. On average, those with a lead offered 3.4 of the seven listed types of support, compared to an average of 2.4 for institutions without such a policy (Table F.36).

In addition, institutions with a dedicated mental health lead were more likely to offer all of the named types of support for pupils with identified mental health needs (Figure 23; Table F.37). For instance, over two thirds (69%) of institutions with a mental lead provided counselling services for pupils with an identified mental health need, compared to just over half (53%) of institutions without a mental health lead. Most strikingly, institutions with a mental health lead were almost twice as likely (23% v 12%) to offer cognitive behavioural therapy (CBT).

Finally, institutions with a mental health lead were more likely to monitor the impact of the support that they offered for pupils with identified mental health needs. 69% of institutions with a mental health lead monitored the impact of all of the support that they offered, compared to 57% of institutions without a lead (Table F.38).

Figure 23 Support available to pupils with identified mental health needs by whether institution has a mental health lead



Summary

Around half of all institutions had specific staffing arrangements in place to deliver mental health provision. Colleges were considerably more likely than all other institutions to offer a high level of staffing. They were the most likely institution to have a mental health lead, and they universally offered at least some staff the opportunity to train in mental health support. On the other hand, it should be noted that staff training was more likely to be offered on a voluntary basis in colleges than in schools. Special schools, and alternative provision and pupil referral units offered the most compulsory training as might be expected, with little difference between training provision for mainstream primary and secondary schools.

The work of mental health staff leads was broad, encompassing multiple duties such as liaising with external mental health services and coordinating internal provision, as well as supporting pupils and with training staff. Nevertheless, the majority of leads in mainstream schools only devoted between 0 and 5 hours to the task. Nearly half of colleges devoted considerably more time (21+ hours) to these duties, though it is not possible to determine whether that is because they were servicing greater need.

Institutions with a mental health lead reported wider provision both for the promotion of positive mental health and wellbeing and in terms of support for pupils with identified needs. They also had more structured approaches to the identification of mental health needs than those without a lead.

7 Policies and provision

This chapter explores the plans and policies for mental health provision that institutions have in place. It also investigates whether such plans and policies are associated with increased provision for mental health.

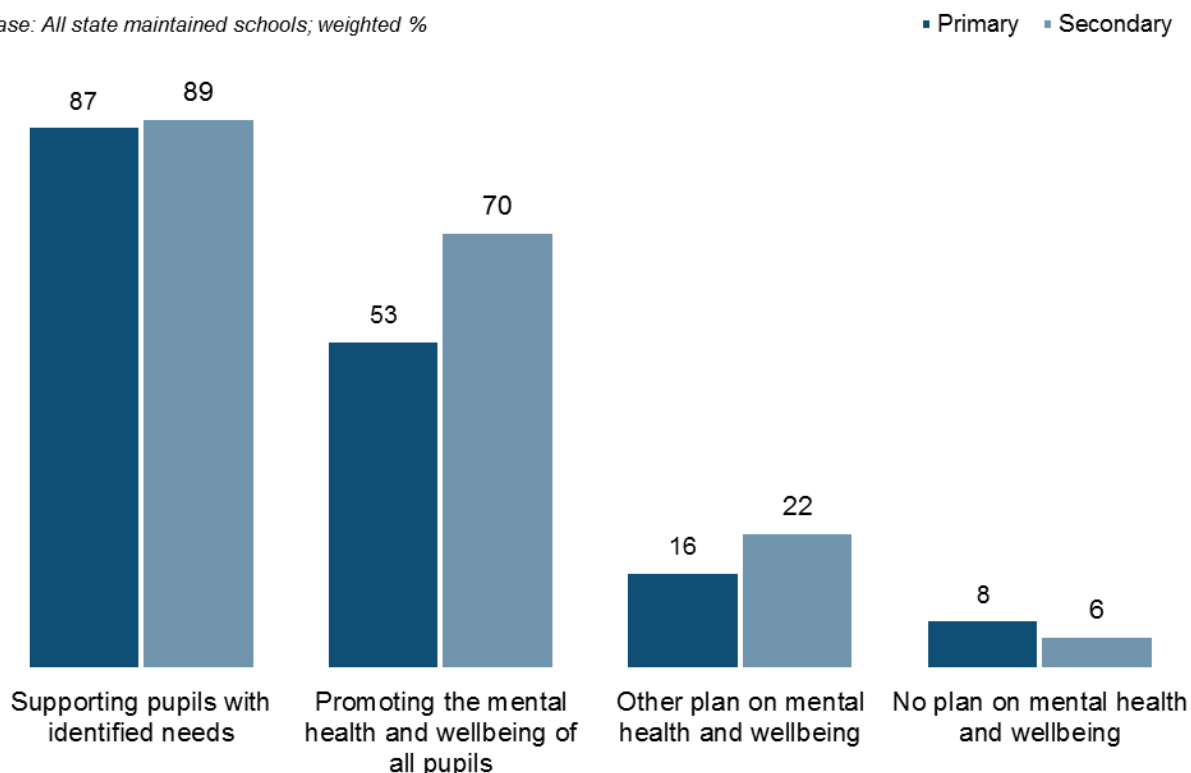
7.1 Institutional policies and staffing

More than nine in ten (92%) institutions had a plan or policy in place relating to mental health (Table G.1). The most common type was a plan or policy about supporting pupils with identified needs (87%). Institutions were less likely to have a plan or policy about promoting the mental health and wellbeing of all pupils, though more than half (58%) of institutions did have such a policy. Almost one-fifth of institutions (19%) had another type of plan or policy relating to mental health.

Among state maintained schools (Figure 24; Table G.2), primary and secondary schools were equally likely to have a plan or policy about supporting pupils with identified needs, but secondary schools were more likely to have a plan or policy about promoting the mental health and wellbeing of all pupils (70% vs. 53%). Looking across all institution types, colleges were most likely to have a plan or policy about supporting pupils with identified needs, whilst alternative provision and pupil referral units were most likely to have a plan or policy about promoting the mental health and wellbeing of all pupils (Table G.3).

Figure 24 Plans and policies about mental health in state maintained schools

Base: All state maintained schools; weighted %



Institutions with a mental health lead were significantly more likely to have a plan or policy in place about promoting the mental health and wellbeing of all pupils (71% vs. 45%) (Table G.4) and about supporting pupils with particular needs (91% vs. 83%) (Table G.5).

7.2 Policies and promoting positive mental health and wellbeing

Institutions with a plan or policy about promoting positive mental health employed a wider range of approaches and activities than those without such a policy.

Institutions with a plan or policy about promoting positive mental health among all pupils employed an average of 9.7 of the listed activities and approaches aimed at promoting positive mental health (see Chapter 3), compared to an average of 6.9 among institutions without such a policy (Table G.6). Moreover, 93% of institutions with a policy in place used at least one institution-wide approach, one type of session or activity for pupils and one activity for parents and caregivers to promote positive mental health and wellbeing, compared to 79% of those without (Table G.7).

Figure 25 to Figure 27 show that schools with such a plan or policy in place were more likely to have adopted each of the listed activities and approaches aimed at promoting positive mental health (Table G.8; Table G.9; Table G.10). For instance, one-third (32%) of institutions with a plan or policy about promoting positive mental health engaged in activities to reduce stigma surrounding mental health issues, compared to 13% of institutions without a plan or policy in place (Figure 26; Table G.9).

Figure 25 Institution-wide approaches to promoting positive mental health among all pupils by whether institution has a plan or policy about promoting positive mental health

Base: All institutions; weighted %

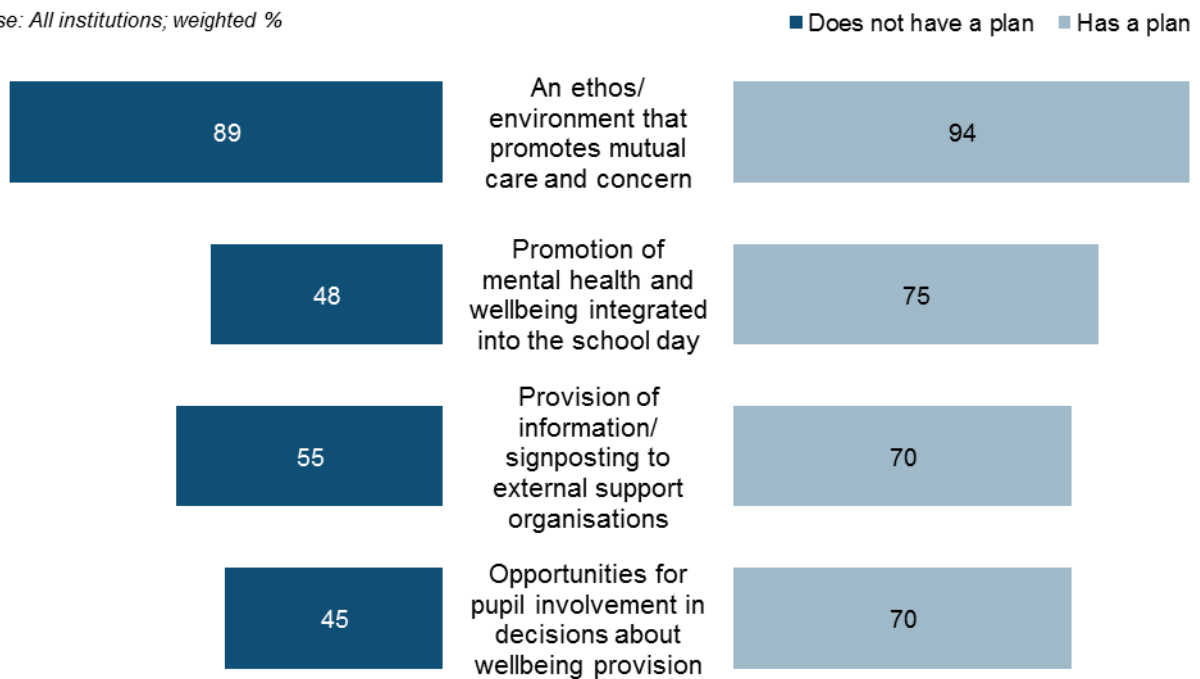


Figure 26 Activities, sessions and programmes to promote positive mental health among all pupils by whether institution has a plan or policy about promoting positive mental health

Base: All institutions; weighted %

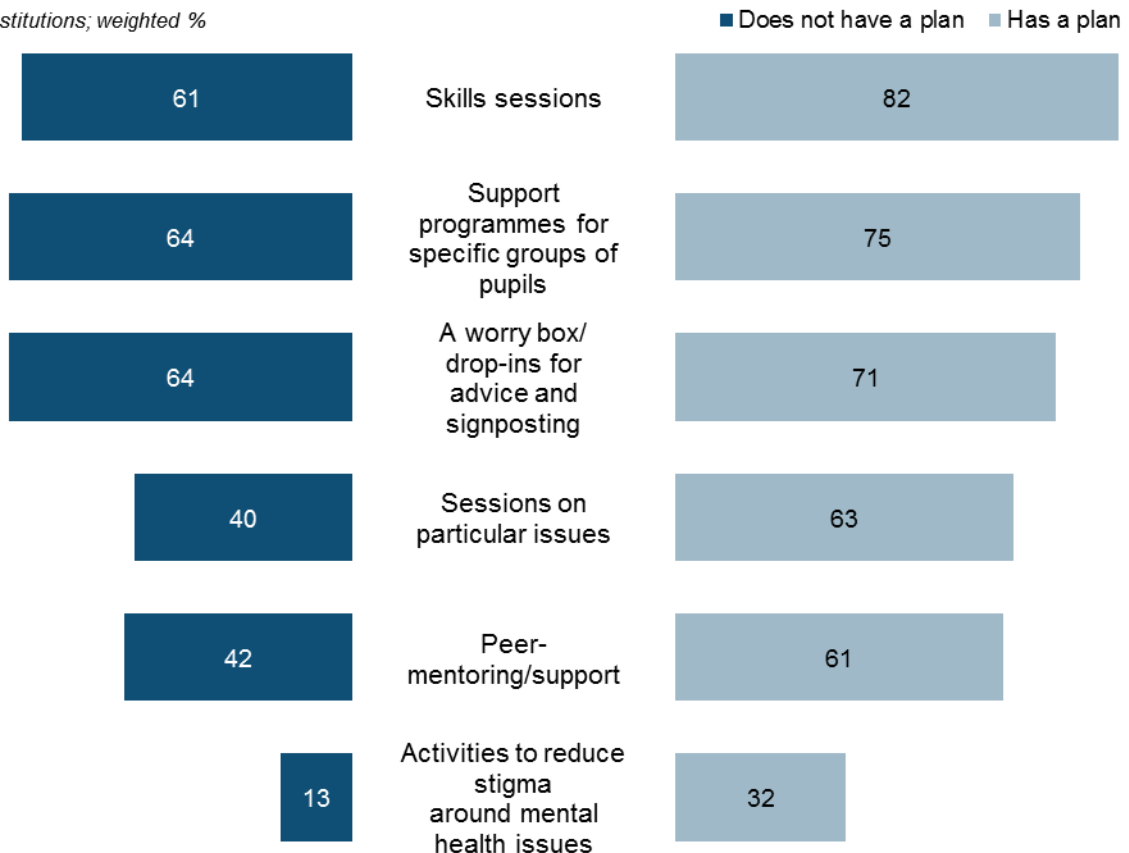
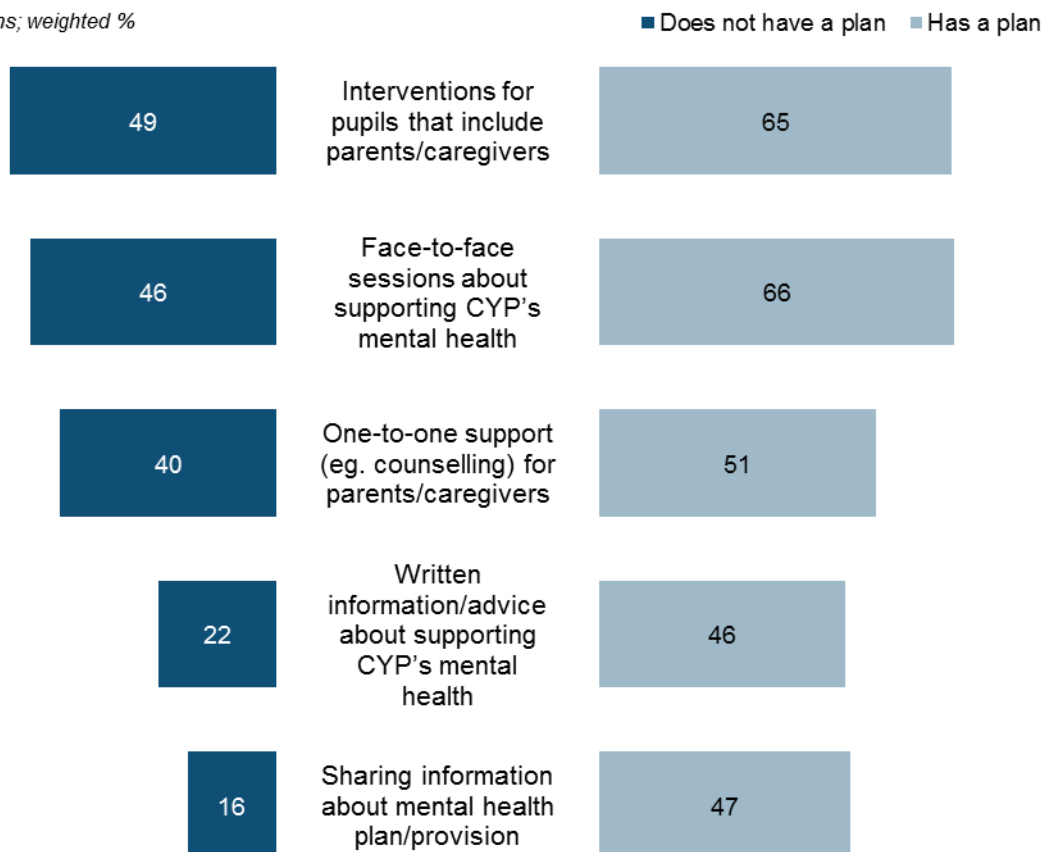


Figure 27 Parental engagement strategies to promote positive mental health among all pupils by whether institution has a plan or policy about promoting positive mental health

Base: All institutions; weighted %

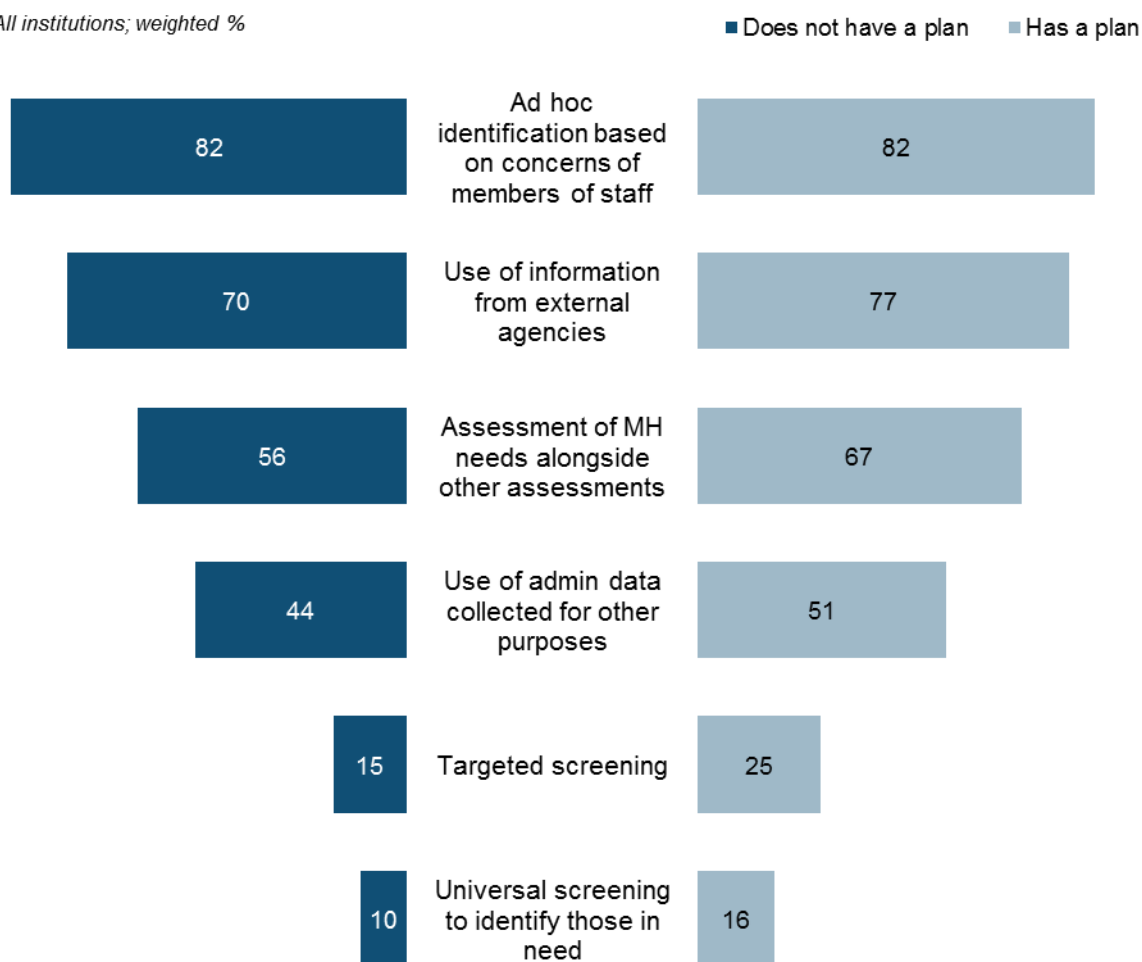


7.3 Policies and the identification of need

Institutions with a plan or policy in place about supporting pupils with identified mental health needs were significantly more likely than those without such a policy to collect data about all pupils in order to inform their mental health and wellbeing provision (50% vs. 35%) (Table G.11). Institutions with a plan or policy about supporting pupils with particular mental health needs were also more likely to engage with systematic approaches to identify pupils in need. In total, 94% of institutions with a plan or policy about supporting pupils with identified needs went beyond ad hoc identification, compared to 88% of institutions without a plan (Table G.12). Additionally, Figure 28 shows that institutions with a plan or policy in place about supporting pupils with identified mental health needs were significantly more likely to employ all methods of identification other than ad hoc identification based on the concerns of staff (Table G.13). For example, they were more likely than institutions without such a plan or policy to conduct targeted screening (25% vs. 15%), or to regularly assess mental health needs alongside other assessments such as SEND assessments (67% vs. 56%).

Figure 28 Identification of pupils with particular mental health needs by whether institution has a plan or policy about supporting pupils with identified mental health needs

Base: All institutions; weighted %



7.4 Policies and mental health support

As with activities to promote positive mental health among all pupils, there was a strong association between institutions' policies and staffing and the provision available for pupils with particular mental health needs.

On average, those with a plan or policy offered 3 of the listed types of support (see Chapter 5), compared to an average of 2.4 for institutions without such a policy (Table G.14). Further to this, with the exception of clinical and psychological support, institutions with a policy in place were significantly more likely to offer each of the listed types of support (Figure 29; Table G.15). In particular, institutions with a policy about supporting pupils with identified mental health needs were twice as likely as institutions without such a policy in place to offer their pupils CBT (19% VS. 9%). Institutions with a plan or policy were also more likely to monitor the impact of some or all of the support that they offered (Table G.16).

Figure 29 Support available to pupils with identified mental health needs by whether institution has a plan or policy about supporting pupils with identified needs

Base: All institutions; weighted %

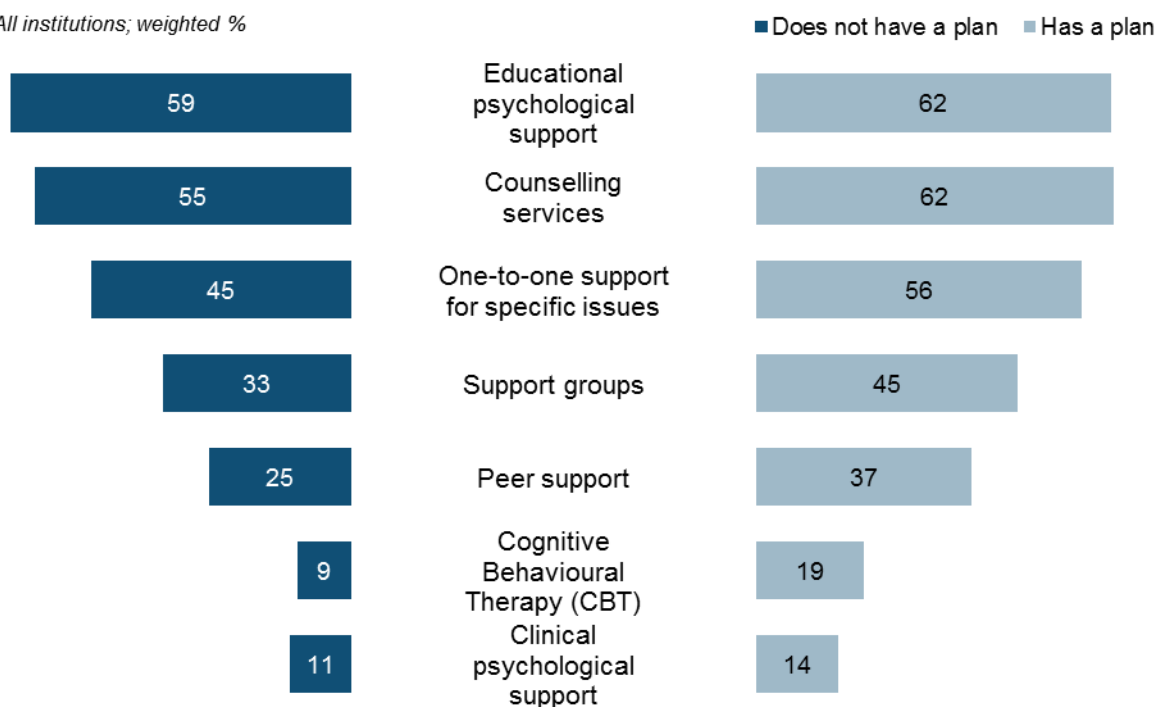
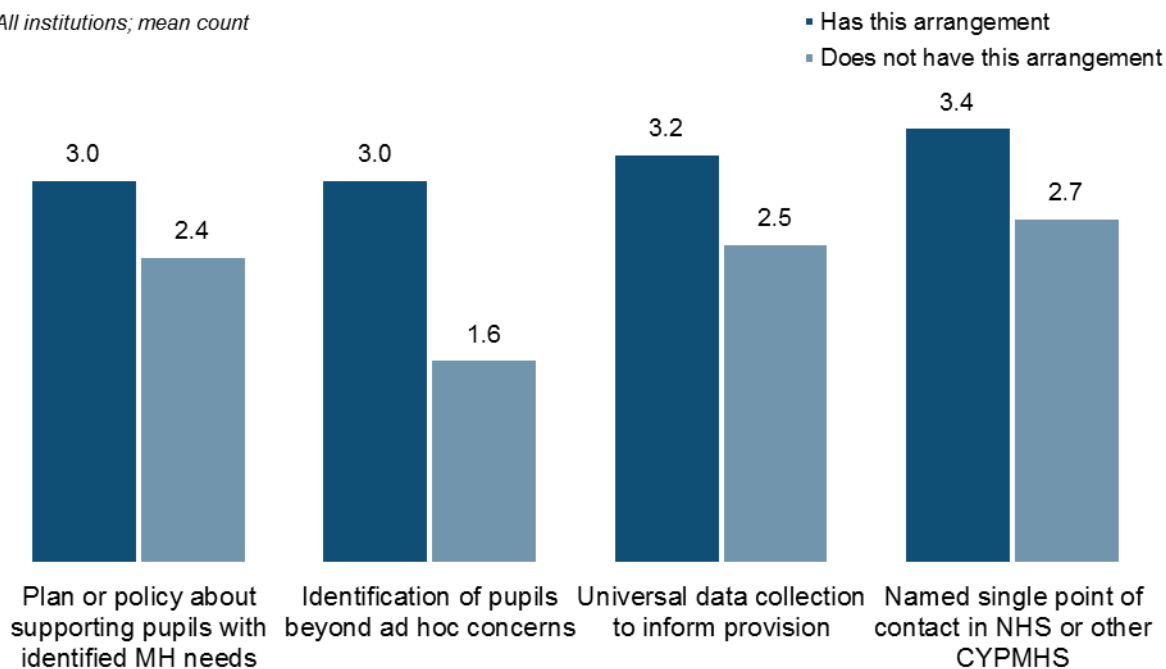


Figure 30 shows that a wider range of support for pupils with identified needs was also offered by institutions who:

- Sought to identify pupils with particular mental health needs, beyond ad hoc identification based on the concerns of staff (3.0 vs. 1.6) (Table G.17)
- Collected data on all pupils in order to inform mental health provision (3.2 vs. 2.5) (Table G.18)
- Had a named single point of contact in NHS or other children and young people’s mental health services (3.4 vs. 2.7) (Table G.19)

Figure 30 Number of support activities offered by different governance arrangements

Base: All institutions; mean count



Summary

Institutions with policies aimed at promoting mental health and wellbeing and supporting pupils with needs were more likely to use a range of approaches and activities to deliver this provision. In addition, they were also more likely to offer a greater number of activities than institutions without the appropriate policy.

It was also apparent that multiple policy aims interacted with one another to deliver the highest levels of provision. For instance, institutions with procedures for the identification of needs were also more likely to offer a wider range of support activities. Meanwhile, staffing responsibilities such as having a single point of contact with NHS CAMHS or other young people’s mental health services were also associated with higher levels of support within the institution. Overall, these findings suggest that single policy aims, such as mental health promotion, may be effective in their own right. However well-targeted and joined-up policies might interact with one another to deliver a considerably higher level of provision and ultimately better mental health and wellbeing.

8 Joint working with specialist mental health providers

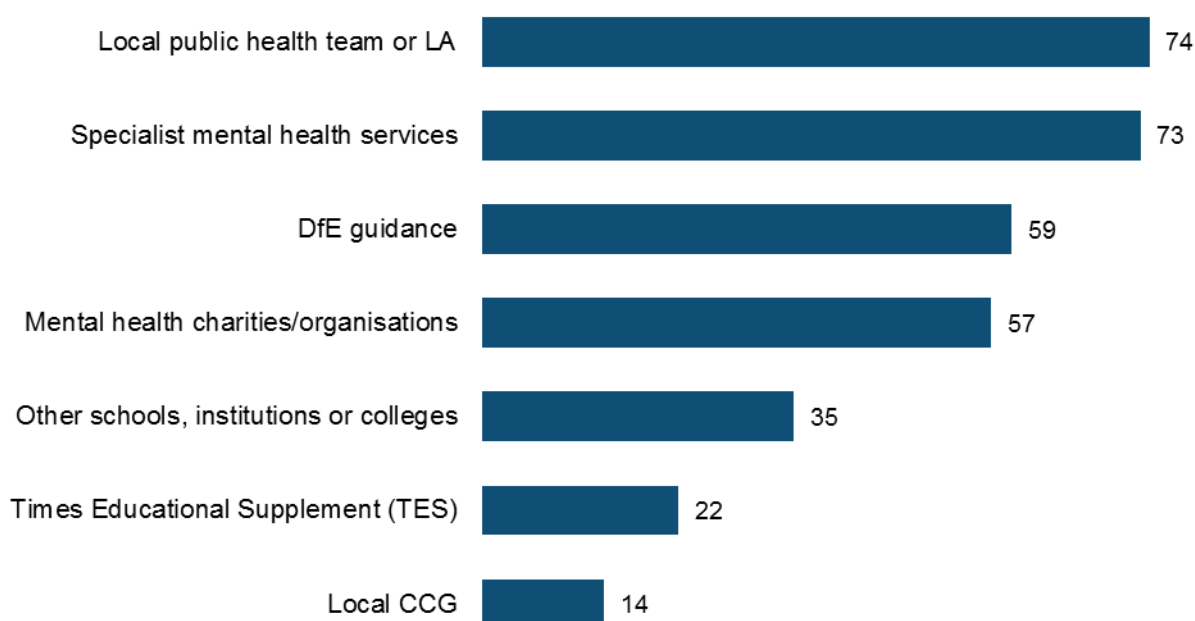
This chapter focuses on the nature of and attitudes towards joint working with specialist mental health providers. It examines the types of external services that institutions access, both as sources of advice and information and to provide services for pupils. It then analyses institutions' arrangements for working with these external services, and explores the barriers and facilitators to effective joint working with such organisations. Finally, it examines institutions' satisfaction with NHS CAMHS currently and over time.

8.1 Sources of information

There were a range of sources of information that institutions drew on when developing their mental health provision (Figure 31; Table H.1). Local public health teams and/or local authorities (used by 74%) and specialist mental health services (73%) were each used as sources of specialist information and support by around three-quarters of institutions. Additionally, DfE guidance (59%) and mental health charities and organisations (57%) were drawn upon by the majority of schools. Less commonly used as sources of information and support were the Times Educational Supplement (22%) and local clinical commissioning groups (CCGs, 14%). Interestingly, only one-third (35%) of institutions reported depending on other schools, institutions or colleges for information and support.

Figure 31 Sources of support and information for institutions developing their mental health provision

Base: All institutions weighted %



Among state maintained schools, secondary schools were more likely than primary schools to draw on all of the listed sources of support and information other than other schools (Table H.2). Comparing different institution types, special schools, alternative provision and colleges were more likely than mainstream schools to have sought advice or support from their local CCG or specialist mental health services whilst developing their provision (Table H.3).

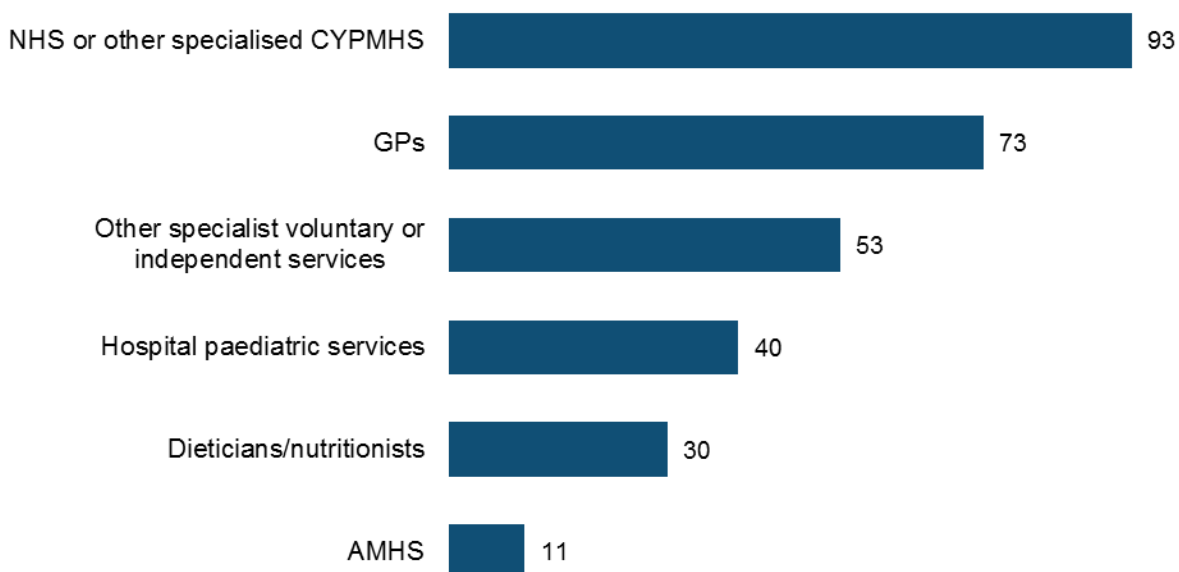
8.2 Referrals to specialist providers

Institutions reported referring pupils to a range of specialist services (Figure 32; Table H.4). More than nine in ten (93%) referred pupils to NHS or other specialised Children and Young People’s Mental Health Services (CYPMHS), three-quarters (73%) referred to GPs and more than half (53%) referred pupils to other specialist voluntary or independent services. In addition, staff in 40% of institutions referred pupils to hospital paediatric services, 30% referred to dieticians and/or nutritionists and 11% referred to adult mental health services (AMHS).

As might be expected due to the age of their intake, secondary schools were more likely than primary schools to refer pupils to adult mental health services (16% vs. 7%) (Table H.5), and colleges (78%) were most likely of all the institution types to do so. Colleges were also most likely to refer pupils to GPs (95%) and other specialist voluntary or independent services (79%) (Table H.6). Independent schools (4%) and alternative provision and pupil referral units (6%) were most likely to report that they did not refer pupils to any external services, though this was still the case for only a minority of these institutions (Table H.6).

Figure 32 Referring pupils to external services

Base: All institutions; weighted %



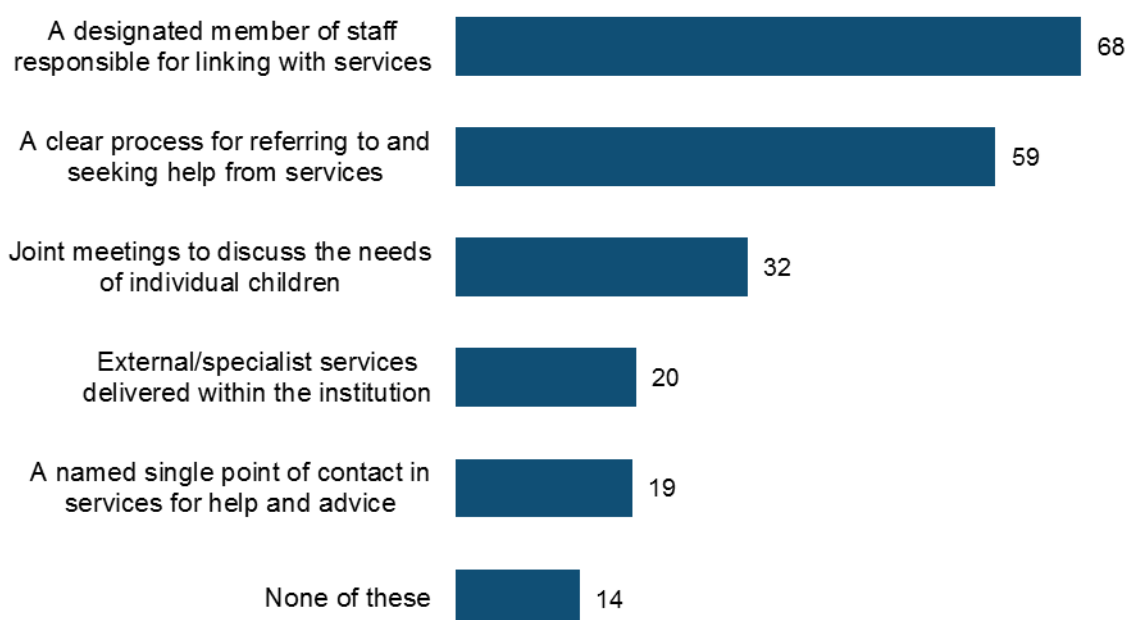
8.3 Arrangements for joint working

Figure 33 shows that two-thirds (68%) of institutions had a designated member of staff responsible for linking with NHS and other Children and Young People’s Mental Health Services (CYPMHS), and that three in five (59%) institutions felt that they had a clear process for referring to and seeking help from such services (Table H.7). In addition, one-third (32%) of institutions had joint meetings with CYPMHS to discuss the needs of individual pupils, and one-fifth had external services delivered within the institution.

Less than one in five (19%) institutions had a named single point of contact in NHS or other CYPMHS that they could contact for help and advice, and 14% of institutions reported that they had none of the listed arrangements for joint working in place.

Figure 33 Arrangements for joint working with specialist CYPMHS

Base: All institutions; weighted %



Among state maintained schools, primary schools were more likely than secondary schools to have a designated member of staff responsible for linking with external services (72% vs. 58%) (Table H.8). However, secondary schools were more likely to have a named single point of contact within the external services (30% vs. 16%), to have joint meetings with those services to discuss the needs of individual pupils (49% vs. 27%), to feel that there was a clear pathway for referrals (72% vs. 57%), and to have external services delivered within the school (29% vs. 17%).

Looking across all types of institution (Table H.9), independent schools were particularly likely (28%) to report having none of the listed arrangements for joint working with CYPMHS in place. Conversely, special schools and alternative provision/PRUs were more likely than mainstream schools to have a single point of contact within NHS or other

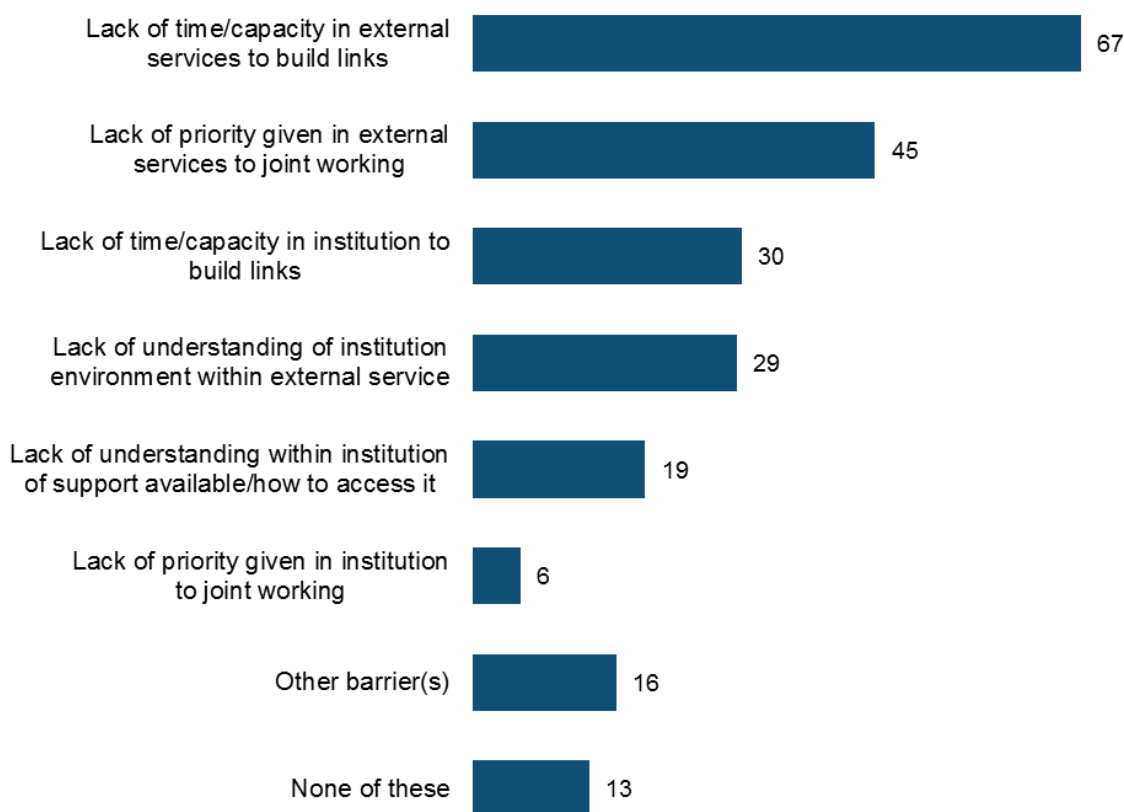
CYPMHS, to have joint meetings to discuss pupils' needs, and to have external services delivered internally (Table H.9).

8.4 Barriers and facilitators to effective joint working

The biggest barrier that institutions faced in trying to establish joint working with NHS and other services was a lack of time and capacity within those external services – a barrier experienced by two-thirds (64%) of institutions (Figure 34; Table H.10). Other common barriers included a lack of priority being given to joint working in the external services (45%), a lack of time and capacity within the institution itself (30%), and a lack of understanding of the institutional environment among external service staff (29%). One-fifth (19%) of institutions felt that there was a lack of understanding among their own staff about the support available from external services and how to access it, and just 6% felt that a lack of priority was given within the institution to joint working. A significant minority (13%) of institutions reported facing no barriers to joint working.

Figure 34 Barriers to effective joint working with external services

Base: All institutions; weighted %

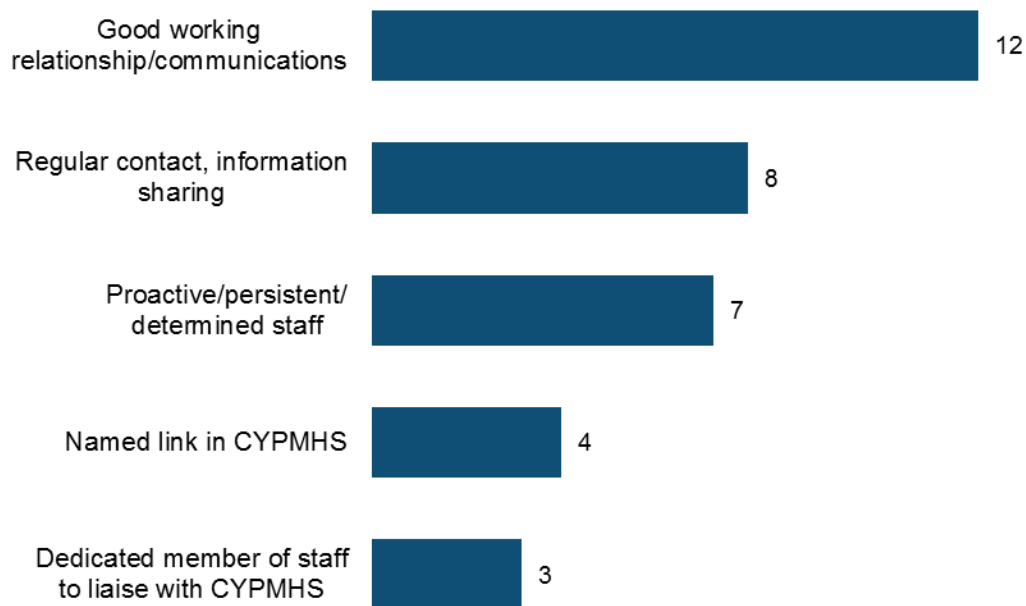


In contrast to these barriers, institutions reported a number of facilitators to effective joint working with NHS and other specialist mental health services. These facilitators highlighted the importance of the capacity of staff both within the institution and in

external services to foster relationships and arrangements for joint working (Figure 35; Table H.13)²¹. The most commonly cited facilitator was good working relationships and communication (12%). Also among the most prevalent five responses were regular contact and information sharing (8%), having proactive, persistent or determined staff within the institution (7%), having a named single point of contact within the external service (4%), and having a dedicated lead within the institution that was responsible for liaising with these services (3%).

Figure 35 Facilitators of effective joint working with external services

Base: All institutions; weighted %

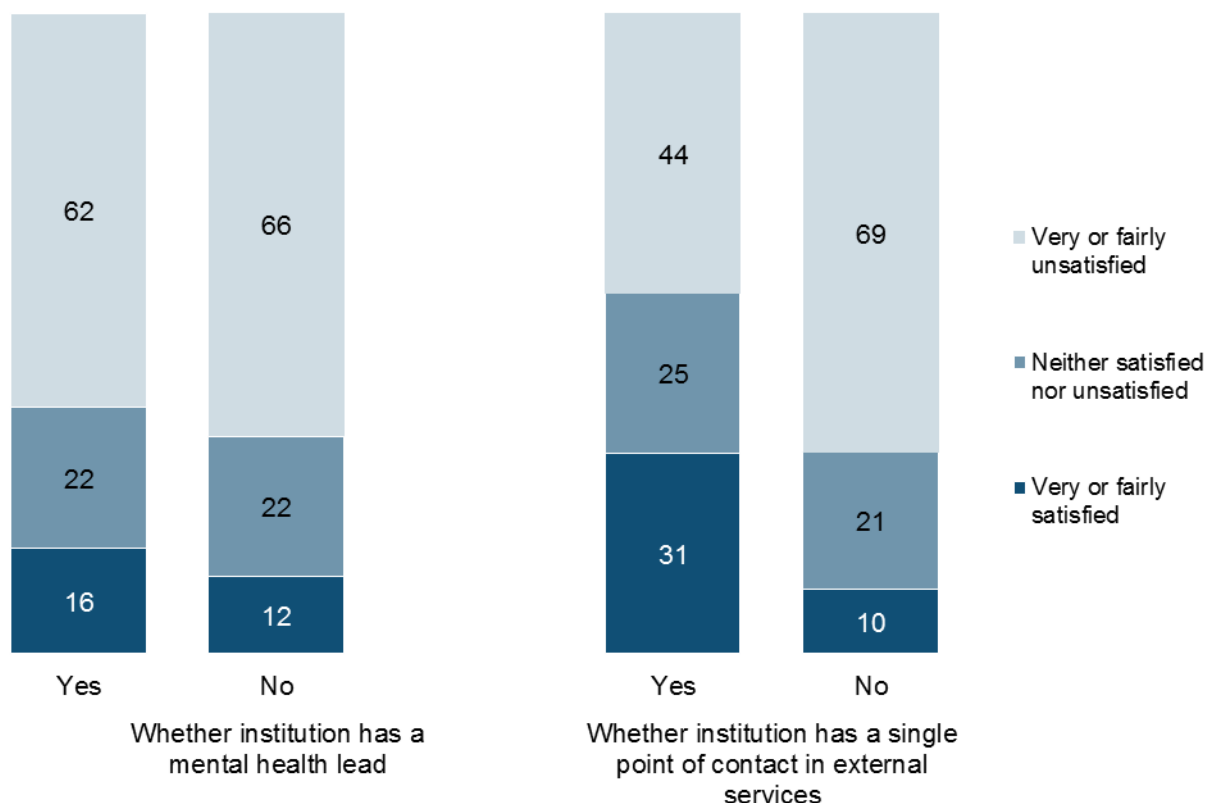


In line with these findings, Figure 36 shows that institutions with a dedicated internal mental health lead and those with a single point of contact in external services reported higher levels of satisfaction with NHS CAMHS than those without these arrangements (Table H.15; Table H.16). In particular, almost one-third (31%) of institutions with a single point of contact in external services were very or fairly satisfied with the service available from NHS CAMHS, compared to just one in ten (10%) of institutions without. In a similar vein, institutions with a single point of contact were twice as likely as those without to report facing no barriers to effective joint working (22% vs. 10%) (Table H.17).

²¹ Coded responses to the open question “Overall, what factor(s) would you say has or have most facilitated effective joint working between your school and NHS CAMHS or other specialist mental health services?”

Figure 36 Satisfaction with NHS CAMHS by whether institution has a mental health lead and whether institution has a single point of contact in external services

Base: All institutions; weighted %



8.5 Experiences of working with NHS CAMHS

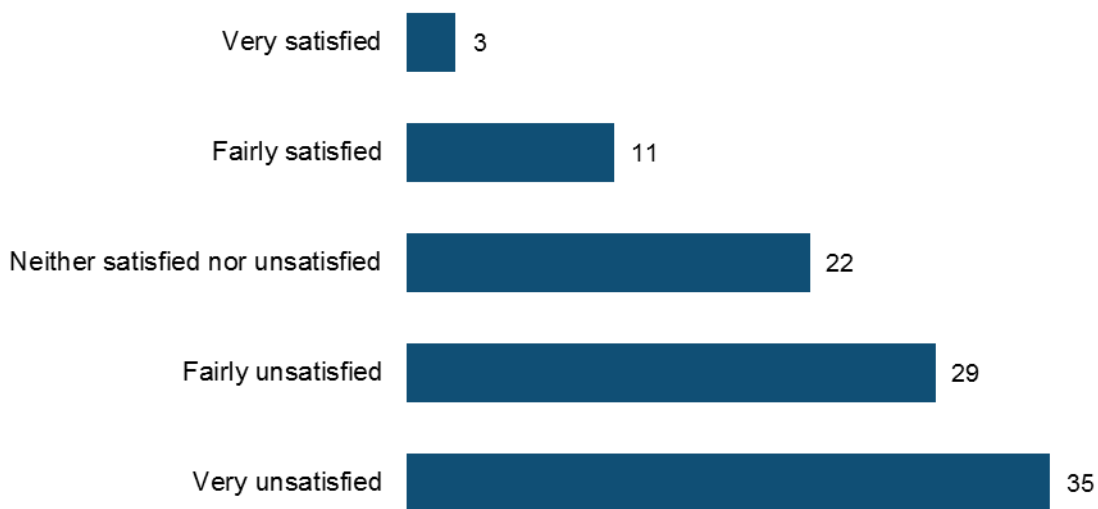
Overall, institutions reported low levels of satisfaction with NHS CAMHS, with respect to how easy the service was to access, the amount of support available and the timeliness of support.

Figure 37 shows that most (64%) institutions were not satisfied with the service available from NHS CAMHS (Table H.18)²². 35% indicated that they were very unsatisfied, and a further 29% indicated that they were fairly unsatisfied. While 22% were neither satisfied nor unsatisfied, just 14% were fairly or very satisfied. Overall, independent schools, special schools and alternative provision and pupil referral units expressed higher levels of satisfaction with NHS CAMHS than mainstream schools, although the majority were still ambivalent or unsatisfied (Table H.20).

²² Derived from a satisfaction scale from 1(dissatisfied) to 10 (satisfied): very dissatisfied = 1-2; fairly dissatisfied = 3-4; neither satisfied nor dissatisfied = 5-6; fairly satisfied = 7-8; very satisfied = 9-10.

Figure 37 Satisfaction with NHS CAMHS

Base: All institutions; weighted %

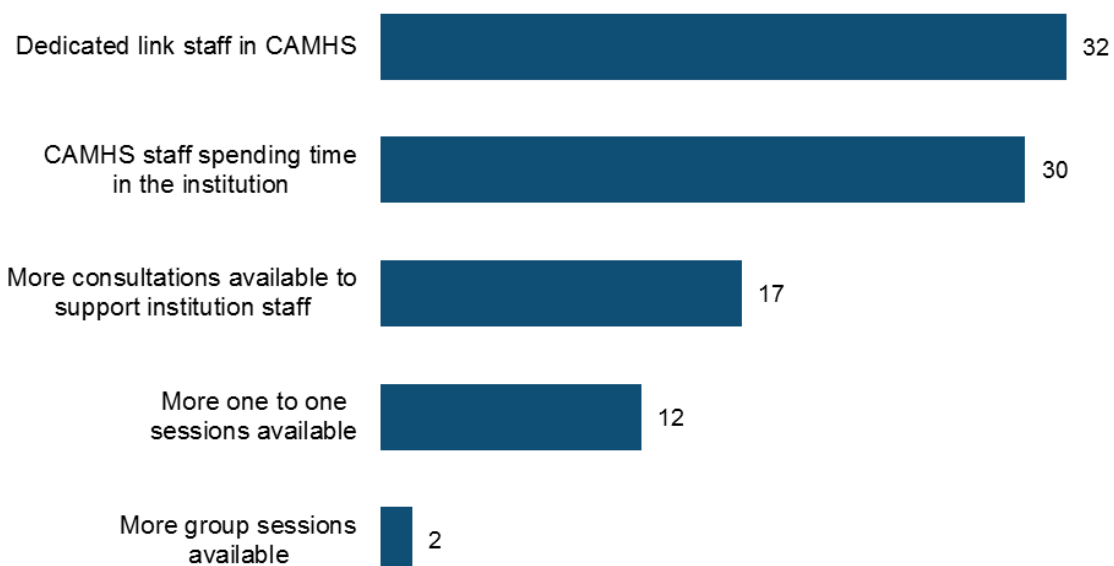


Overall, most (55%) institutions felt that the services available from NHS CAMHS had not significantly improved or worsened in the previous two years (Table H.21). However, more than one-third (36%) of institutions felt that the services available had worsened. Just less than one in ten (9%) schools felt that the services had improved.

Among institutions that reported dissatisfaction with NHS CAMHS, the factors that institutions most commonly reported would improve joint working with NHS CAMHS included having a dedicated link staff in NHS CAMHS (32%), having NHS CAMHS staff spend more time at the school (30%) and increased availability of consultations to support school staff (17%) (Figure 38; Table H.24).

Figure 38 Improving joint working between institutions and NHS CAMHS

Base: All institutions not satisfied with CAMHS; weighted %



Summary

Institutions drew on a range of support when developing their mental health offer. In particular, they called on local authority and local public health teams and specialist mental health services. Institutions also referred pupils to external services. Again, this included NHS and other specialist mental health services, as well as GPs and specialist voluntary or independent services. Whilst the majority of institutions had a designated member of staff who was responsible for linking with these services, and most felt that they had a clear process for referrals, less than one in five reported having a single point of contact in external services that they could turn to for help or advice, and this link was particularly uncommon in mainstream schools.

Overall, satisfaction with NHS CAMHS was low, and most institutions felt that the service available to their pupils had stayed the same or worsened in the previous two years. Institutions felt that having more contact with NHS CAMHS staff would be key to improving joint working. More generally, the most significant barriers to joint working with external services were perceived to relate to the limited time and capacity of the staff within those services, rather than barriers such as a lack of expertise or priority within schools and colleges. Reported facilitators of effective joint working centred on good working relationships and communication.

9 Delivery of mental health provision

This chapter explores institutions' experiences of delivering mental health provision. It analyses the types of mental health provision that institutions recommend most as well as the key barriers to provision that they experience.

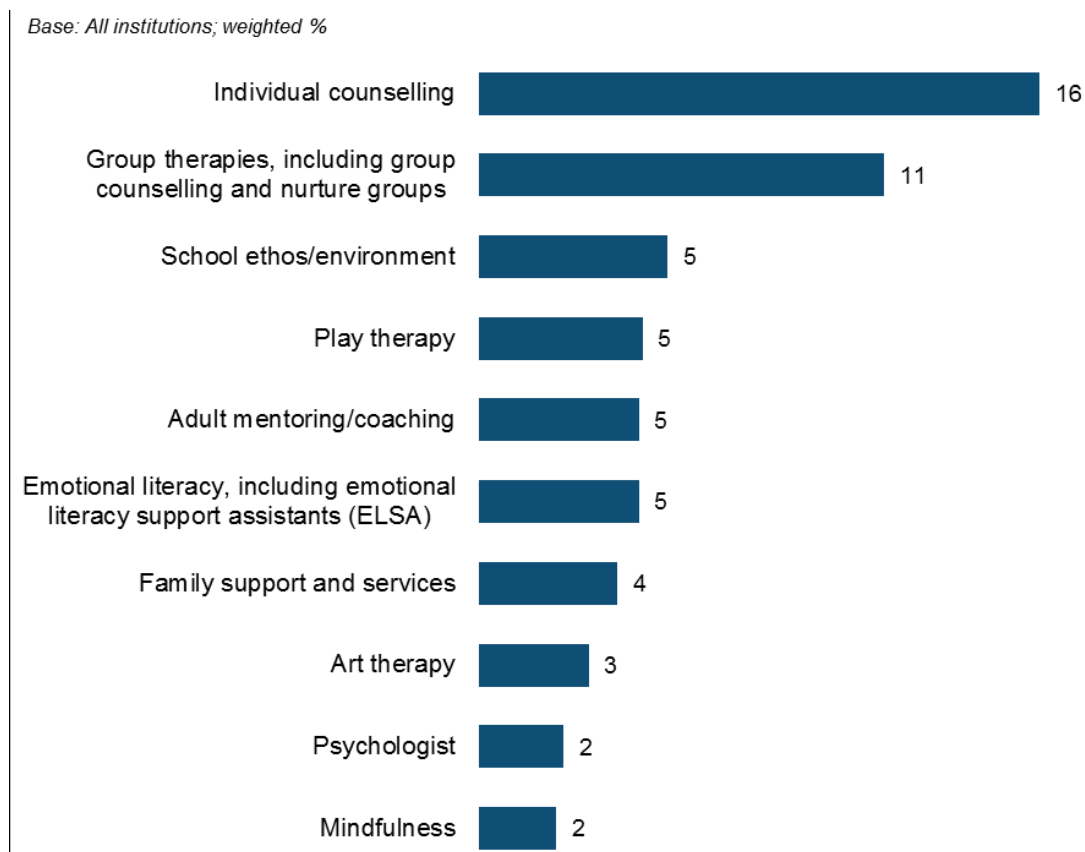
9.1 Provision that institutions would most recommend

The most highly recommended mental health provision across all institution types was individual counselling (Figure 39; Table I.1)²³. Almost one in six (16%) favoured counselling as the provision that they would most likely recommend to another school. Also popular were group therapies, including group counselling and nurture groups (11%). The general school ethos or environment, play therapy, adult mentoring or coaching and emotional literacy were highly recommended provision for 5% of schools.

Among state maintained schools, play therapy (6%), emotional literacy support (6%), family support (4%) and art therapy (2%) were popular among primary schools, while virtually no secondary schools picked any of these as their most recommended provision (Table I.2). In contrast, secondary schools were more likely than primary schools to recommend individual counselling (24% vs. 14%).

²³ These were responses to the open question "Of all of the provision that your school offers to promote positive mental health or to respond to pupils with particular mental health needs, which would you be most likely to recommend to another school?". Responses were coded back to the activities listed in chapters four and six, plus additional categories where relevant. The ten most common responses across all institutions are discussed here.

Figure 39 Mental health provision institutions would most recommend, ten most common responses



9.2 Barriers to mental health provision

Just 4% of institutions reported that they had faced no barriers in establishing mental health provision for their pupils (Table I.3).

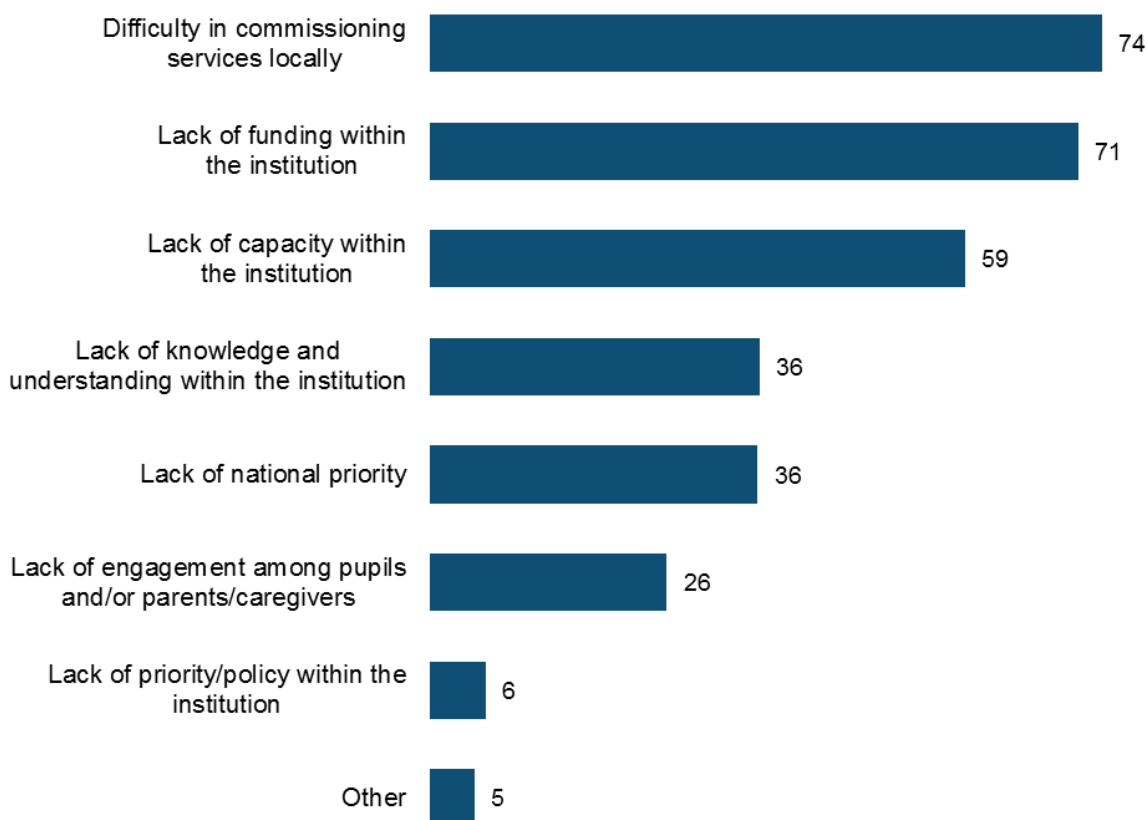
When considering the barriers to setting up provision aimed at promoting positive mental health as well as supporting pupils with particular mental health needs (Figure 40; Table I.3), institutions most commonly cited difficulties in commissioning local services (74%) and a lack of funding (71%). In addition, the majority (59%) of institutions reported that a lack of internal capacity, such as a lack of staff time or availability, was a barrier to provision.

Around one-third (36%) of respondents indicated that a lack of knowledge and understanding about mental health issues and related support within their institution was a barrier to provision. A similar proportion (36%) cited a lack of national priority as a barrier, whilst in contrast just 6% highlighted a lack of priority being given to mental health within their institution.

Finally, a quarter (26%) of institutions reported that a lack of engagement among pupils and/or parents and caregivers was a barrier to providing for mental health.

Figure 40 Barriers to mental health provision

Base: All institutions; weighted %



Primary and secondary schools reported very similar barriers to provision (Table I.4). Looking across the different institution types, mainstream schools most likely to report a lack of funding, whilst special schools (17%) and independent schools (11%) were most likely to say that they faced no barriers to establishing mental health provision (Table I.5).

Institutions reporting no barriers to provision were not significantly more likely to undertake more activity to promote positive mental health among all pupils or to support pupils with identified needs (Table I.6; Table I.7).

There was a complex relationship between barriers and provision. Looking first at activity to promote positive mental health, Figure 41 and Figure 42 show that institutions reporting a lack of knowledge and understanding or a lack of priority within the institution typically engaged in fewer types of activity to promote positive mental health and offered fewer support activities for pupils with identified mental health needs than those not facing these barriers (Table I.6; Table I.7). However, the same figures also show that institutions citing difficulties commissioning services locally, those reporting a lack of national priority for mental health issues and those reporting a lack of pupil and/or parent/caregiver engagement, were, on average, involved with *more* activity to promote positive health and support pupils with identified needs than those not facing these barriers.

Figure 41 Mean number of activities and approaches used to promote positive mental health, by barriers faced

Base: All institutions; mean number of activities/approaches

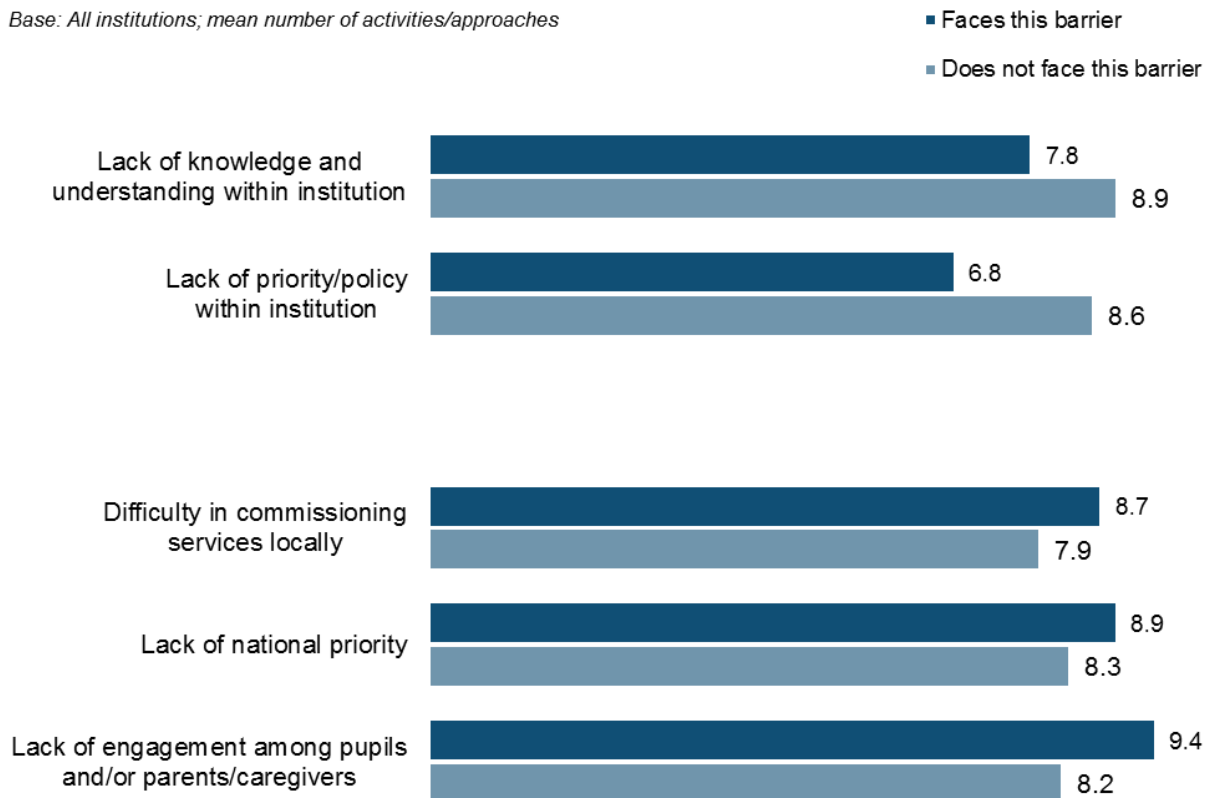
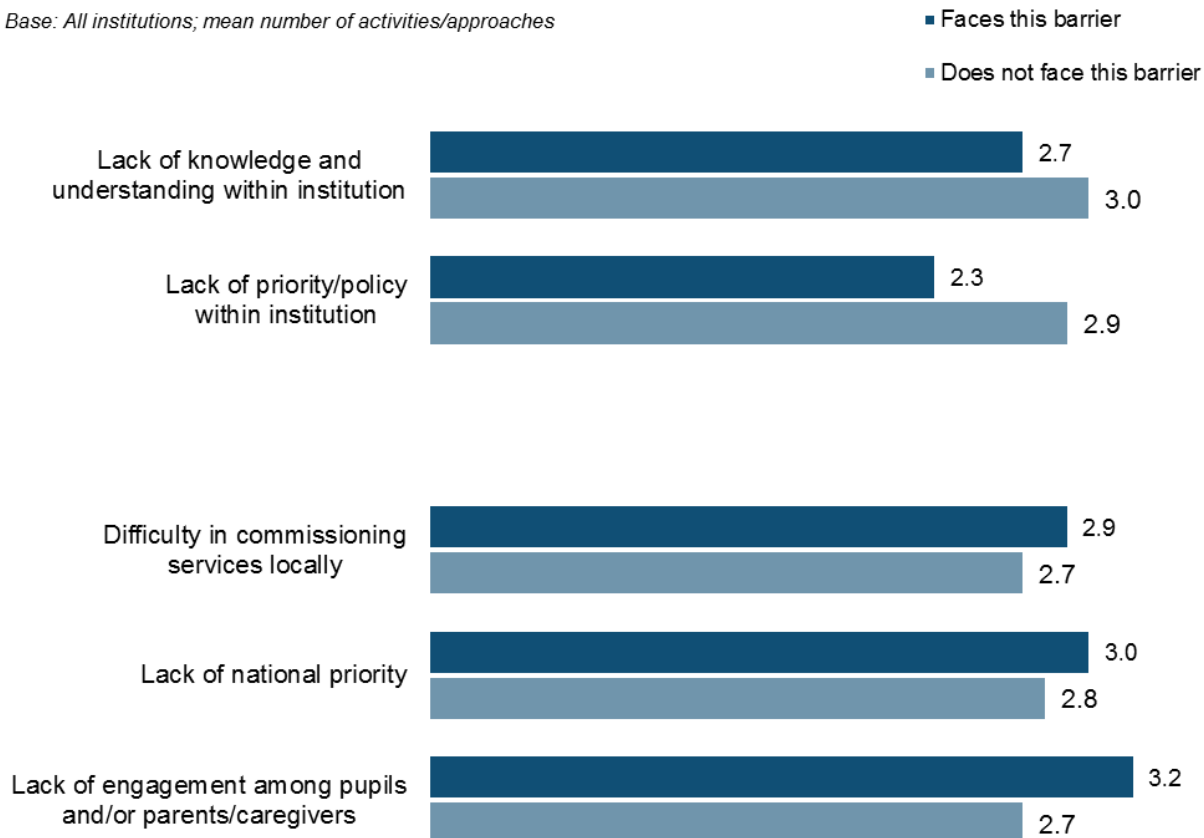


Figure 42 Mean number of types of support available to pupils with identified mental health needs, by barriers faced

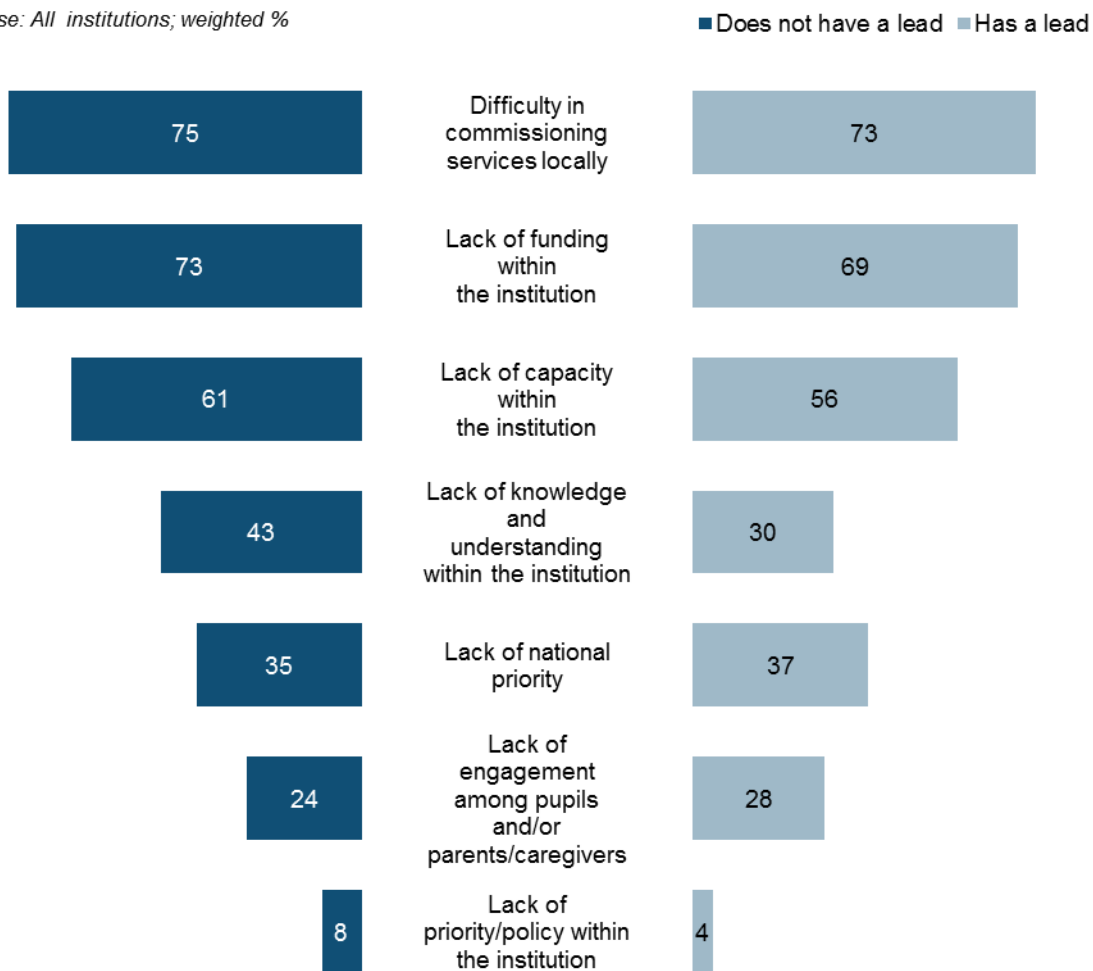
Base: All institutions; mean number of activities/approaches



Institutions without a mental health lead were more likely than those with a lead to report facing most of the barriers relating to mental health provision (Figure 43; Table I.8). In particular, institutions without a mental health lead were considerably more likely to report a lack of knowledge and understanding (43% vs. 30%) and/or a lack of capacity within the institution (61% vs. 56%).

Figure 43 Barriers to mental health provision by whether institution has a mental health lead

Base: All institutions; weighted %



Summary

The most highly recommended mental health activity across all institution types was individual counselling. Also popular were group therapies, including group counselling and nurture groups. Some interventions such as play therapy and art therapy and emotional literacy and family support were particularly favoured by primary schools.

The key barriers that institutions faced in setting up mental health provision were difficulties in commissioning local services and a lack of funding. Funding was a particular issue for mainstream schools.

Institutions reporting that a lack of knowledge and understanding or a lack of priority within the institution was a barrier to provision typically engaged in fewer types of activity

to promote positive mental health and offered fewer support activities for pupils with identified mental health needs than those not facing these barriers. However, overall, institutions citing no barriers to provision were not likely to offer more.

Institutions without a dedicated mental health lead were more likely to report barriers to provision, and particularly to cite a lack of knowledge and understanding and/or a lack of capacity.

10 Conclusions

This research into mental health provision in schools and colleges in England revealed a broad range of activities and approaches aimed at promoting positive mental health and wellbeing among all pupils, identifying those who might have particular mental health needs, and supporting those with identified needs. However, it should be noted that the survey was unable to capture whether the provision was meeting the required needs, the quantity of each type of activity, or the quality.

There were a number of unifying traits in provision across all institution types, the most prominent being an ethos or environment that promoted positive mental health and wellbeing through mutual care and concern, as well as high levels of staff training in supporting mental health. The overwhelming majority used an ad hoc process by staff to identify cases and most institutions' used their own finances for funding any provision. Beyond these few universal approaches there were many more differences in the mental health provision offered by different institutions.

First, there were stark differences according to the age and stage of education. For instance, state maintained secondary schools and colleges were more likely than primary schools to offer counselling services, to signpost pupils to external support services and to make use of activities to reduce the stigma surrounding mental health issues. Primary schools were more likely to use worry boxes and/or drop-in sessions to support all pupils' mental health, and to favour creative therapies such as art and play therapy. Second, provision differed between mainstream and specialist institutions, with special schools and alternative provision and pupil referral units being most likely to offer more specialist support for pupils with identified needs. This tailoring of provision by institution type suggests that schools and colleges have made considerable efforts to provide for pupils' mental health in a strategic and appropriate way.

Although the survey highlights the breadth of provision on offer across all types of institution, only around half of institutions had a dedicated lead for mental health to deliver it. The leads tended to be a member of the senior leadership team (SLT) or the SENCO or equivalent, though the majority of institutions also reported that other staff members had specific responsibilities relating to mental health. The work of mental health staff leads was diverse, encompassing multiple duties such as liaising with external mental health services and coordinating internal provision, as well as supporting pupils and with training staff. Nevertheless, the majority of leads in mainstream schools devoted no more than five hours per week to this role. The wide ranging work-load also suggests that staff training across multiple domains of mental health provision may be needed. Although the majority of institutions provided at least some mental health training, only around a third offered more specialist external training.

As well as these staffing arrangements, the vast majority of institutions had some kind of plan or policy relating to mental health. Almost nine in ten had a plan or policy about

supporting pupils with identified mental health needs, compared to six in ten that had a plan or policy about promoting positive mental health and wellbeing among all pupils. There was clear evidence that institutions with a mental health lead and mental health policies reported not only far greater uptake of provision for the promotion of positive mental health and wellbeing and in terms of support for pupils with identified need, but also offered a far wider scope of activities and approaches. However, it is uncertain whether these policies and staff leads were in place to service high levels of need, or whether they were in place as a preventive measure.

Institutions drew on a range of agencies for advice and support when developing their mental health offer, and also referred pupils to external services. In particular, institutions called upon LA and local public health teams, NHS and other specialist mental health services and specialist voluntary services. It is therefore important that these services are able to provide the capability and capacity to deliver support. Whilst the majority of institutions had a designated member of staff who was responsible for linking with these services, and most felt that they had a clear process for referrals, less than one in five reported having a single point of contact that they could turn to for help or advice, and this was particularly uncommon in mainstream schools.

However, the large range of services being referred to was not indicative of high levels of satisfaction with their use or accessibility. The main perceived barrier to mental health provision was the difficulty faced by institutions in commissioning services. This contrasted sharply with a clear motivation and desire for institutions to attempt to meet the needs of the pupils. Less than one in ten institutions expressed a lack of priority in delivering provision and only one in four reported difficulties in engaging with pupils or parents on the topic. Therefore these findings suggest that service capacity is the central barrier to delivery of provision, rather than institutional attitudes or priorities. Although having a single point of contact in mental health services went some way to increasing satisfaction with service provision, and institutions of all types reiterated the importance of key contacts and good communication, only a minority of institutions had this contact.

For the provision of support, individual counselling was the most highly recommended approach and accordingly it was the most common activity, being deployed by the majority of institutions. Almost all of the institutions providing counselling and other support for pupils with identified mental health needs funded this provision at least in part from their own budgets.

The scope of activity identified by this report confirms that schools and colleges are an important site for mental health promotion and mental ill health prevention. Furthermore, the role of educational institutions may be becoming increasingly important. Comparison

with a recent but smaller scale survey of schools conducted in 2015²⁴ suggests that the level of provision is appreciably higher in 2016-2017. Using comparable measures between the two surveys, staff training and the prevalence of institution-wide approaches, learning in the curriculum, therapy provision and peer support were more commonplace in 2016-2017 than in the previous year²⁵. Though differences in methodology may account for some of the variation, the increase in provision may also reflect an increased need for this provision over time. This survey was not able to explore the extent of mental ill health or poor wellbeing; it does provide a foundation for future work aimed at measuring why current provision is in place and for evaluating how effective provision may be in promoting mental health.

²⁴ Sharpe H, Ford T, Lereya ST, Owen C, Viner RM, Wolpert M. Survey of schools' work with child and adolescent mental health across England: a system in need of support. *Child Adolesc Ment Health* 2016;21:148–53.

²⁵ It is likely that provision in 2015 was over-reported due to the very low response rate (5%) leading to over-representation of respondents with extensive provision or high levels of engagement. Therefore the differences between 2015 and 2016-2017 may be under-estimated.

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Appendix C: Promoting positive mental health

Table C.1 Institution-wide approaches to promote positive mental health – All institutions

%	All institutions
Promotion of mental health and wellbeing integrated into the school day	63.6 [61.7, 65.5]
Provision of information or signposting to external support organisations	63.4 [61.5, 65.3]
An ethos/environment that promotes mutual care and concern	92.0 [90.9, 93.0]
Opportunities for pupil involvement in decisions on wellbeing provision	59.1 [57.2, 61.0]
None of these	1.9 [1.4, 2.5]
<i>Unweighted base</i>	2778

Base: All institutions

Table C.2 Institution-wide approaches to promote positive mental health – State maintained schools

%	Primary	Secondary
Promotion of mental health and wellbeing integrated into the school day	64.2* [61.8, 66.4]	54.3* [49.4, 59.2]
Provision of information or signposting to external support organisations	58.7* [56.4, 61.1]	86.7* [82.9, 89.8]
An ethos/environment that promotes mutual care and concern	92.2 [90.8, 93.4]	92.1 [89.0, 94.4]
Opportunities for pupil involvement in decisions on wellbeing provision	57.2 [54.8, 59.5]	61.9 [57.1, 66.5]
None of these	2.0* [1.4, 2.8]	-
<i>Unweighted base</i>	1703	445

Base: All State maintained schools

Table C.3 Institution-wide approaches to promote positive mental health by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Promotion of mental health and wellbeing integrated into the school day	62.4 [59.9, 64.9]	62.9 [59.1, 66.5]	62.6 [57.5, 67.5]	77.5 [69.2, 84.0]	76.5 [65.1, 85.1]	55.7 [42.6, 68.0]
Provision of information or signposting to external support organisations	60.6 [58.1, 63.1]	70.6 [66.9, 74.1]	57.7 [52.6, 62.7]	62.5 [53.5, 70.8]	76.1 [64.7, 84.6]	94.8 [85.1, 98.3]
An ethos/environment that promotes mutual care and concern	92.1 [90.6, 93.4]	92.5 [90.2, 94.3]	93.0 [89.8, 95.2]	88.0 [80.9, 92.7]	86.2 [76.1, 92.4]	98.4 [89.7, 99.8]
Opportunities for pupil involvement in decisions on wellbeing provision	57.9 [55.3, 60.4]	58.2 [54.4, 62.0]	59.8 [54.7, 64.7]	69.2 [60.4, 76.8]	67.5 [55.7, 77.4]	70.4 [57.3, 80.8]
None of these	1.7 [1.2, 2.5]	1.8 [1.0, 3.3]	2.8 [1.5, 5.2]	-	-	-
<i>Unweighted base</i>	1465	683	381	121	71	57

Base: All institutions

Table C.4 Sessions, activities and programmes to promote positive mental health – All institutions

%	All institutions
Sessions on particular issues (e.g. body image, eating disorders, self-harm)	53.1 [51.2, 55.1]
Skills sessions (e.g. coping skills, problem-solving, mindfulness)	73.3 [71.6, 75.0]
Peer-mentoring/support	53.0 [51.1, 54.9]
A worry box/drop-ins for advice/signposting	67.6 [65.8, 69.4]
Support programmes for specific groups of pupils	70.2 [68.4, 71.9]
Activities to reduce the stigma of mental health (e.g. Time to Change)	23.7 [22.1, 25.4]
None of these	2.5 [1.9, 3.1]
<i>Unweighted base</i>	2780

Base: All institutions

Table C.5 Sessions, activities and programmes to promote positive mental health – State maintained schools

%	Primary	Secondary
Sessions on particular issues (e.g. body image, eating disorders, self-harm)	42.2* [39.8, 44.5]	87.0* [83.4, 90.0]
Skills sessions (e.g. coping skills, problem-solving, mindfulness)	71.1* [68.9, 73.3]	81.8* [77.6, 85.2]
Peer-mentoring/support	48.9* [46.5, 51.3]	78.3* [74.1, 82.0]
A worry box/drop-ins for advice/signposting	74.7* [72.6, 76.7]	55.0* [50.0, 59.8]
Support programmes for specific groups of pupils	71.8* [69.6, 73.9]	78.7* [74.4, 82.4]
Activities to reduce the stigma of mental health (e.g. Time to Change)	16.1* [14.4, 17.9]	50.2* [45.4, 55.1]
None of these	2.8* [2.1, 3.7]	-
<i>Unweighted base</i>	1704	445

Base: All State maintained schools

Table C.6 Sessions, activities and programmes to promote positive mental health by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Sessions on particular issues (e.g. body image, eating disorders, self-harm)	45.4 [42.9, 48.0]	60.7 [56.8, 64.5]	67.7 [62.7, 72.3]	74.5 [66.0, 81.4]	76.2 [65.0, 84.7]	71.3 [58.5, 81.5]
Skills sessions (e.g. coping skills, problem-solving, mindfulness)	71.2 [68.8, 73.5]	77.6 [74.2, 80.7]	75.1 [70.3, 79.3]	76.9 [68.5, 83.6]	77.9 [66.8, 86.0]	68.1 [54.9, 78.9]
Peer-mentoring/support	51.8 [49.3, 54.4]	58.7 [54.8, 62.5]	59.7 [54.6, 64.6]	42.6 [34.0, 51.7]	37.3 [26.9, 49.0]	43.4 [31.2, 56.5]
A worry box/drop-ins for advice/signposting	73.2 [70.9, 75.4]	66.5 [62.8, 70.0]	57.9 [52.7, 62.9]	39.8 [31.4, 48.8]	38.0 [27.5, 49.8]	51.1 [38.3, 63.8]
Support programmes for specific groups of pupils	72.5 [70.2, 74.8]	74.0 [70.4, 77.2]	46.3 [41.2, 51.4]	67.0 [58.1, 74.8]	49.2 [37.8, 60.7]	76.6 [63.7, 85.9]
Activities to reduce the stigma of mental health (e.g. Time to Change)	18.1 [16.1, 20.1]	31.7 [28.3, 35.2]	30.5 [26.0, 35.5]	30.9 [23.3, 39.8]	36.8 [26.4, 48.6]	62.5 [49.3, 74.1]
None of these	2.8 [2.1, 3.8]	1.3 [0.7, 2.7]	4.2 [2.6, 6.8]	-	-	-
<i>Unweighted Base</i>	1466	683	381	121	72	57

Base: All institutions

Table C.7 Parental engagement in promoting positive mental health – All institutions

%	All institutions
Sharing information about the institution's mental health plan/provision	33.8 [32.0, 35.6]
Providing written information/advice about supporting pupils' mental health	35.6 [33.8, 37.5]
Face-to-face sessions for parents/caregivers CYP's mental health	57.3 [55.4, 59.2]
One-to-one support (e.g. counselling) for parents/ caregivers	46.5 [44.5, 48.4]
Interventions for pupils that include parents/caregivers	58.6 [56.7, 60.5]
None of these	11.4 [10.2, 12.7]
<i>Unweighted base</i>	2780

Base: All institutions

Table C.8 Parental engagement in promoting positive mental health – State maintained schools

%	Primary	Secondary
Sharing information about the institution's mental health plan/provision	31.2* [29.0, 33.4]	40.0* [35.3, 44.8]
Providing written information/advice about supporting pupils' mental health	32.8* [30.6, 35.1]	46.7* [41.9, 51.7]
Face-to-face sessions for parents/caregivers CYP's mental health	56.6 [54.2, 59.0]	61.0 [56.1, 65.6]
One-to-one support (e.g. counselling) for parents/ caregivers	49.9* [47.5, 52.3]	36.1* [31.5, 41.0]
Interventions for pupils that include parents/caregivers	56.9 [54.5, 59.3]	62.0 [57.2, 66.6]
None of these	12.3* [10.8, 13.9]	8.3* [5.9, 11.3]
<i>Unweighted base</i>	1704	445

Base: All State maintained schools

Table C.9 Parental engagement in promoting positive mental health by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Sharing information about the institution's mental health plan/provision	31.7 [29.3, 34.1]	34.8 [31.3, 38.6]	39.9 [35.0, 45.0]	40.0 [31.6, 49.1]	51.6 [40.0, 63.0]	29.5 [19.2, 42.6]
Providing written information/advice about supporting pupils' mental health	33.3 [30.9, 35.8]	40.2 [36.5, 44.0]	34.3 [29.6, 39.3]	40.6 [32.2, 49.6]	52.5 [40.9, 63.9]	35.0 [23.7, 48.1]
Face-to-face sessions for parents/caregivers CYP's mental health	57.6 [55.0, 60.1]	56.2 [52.3, 60.0]	50.8 [45.7, 55.9]	67.4 [58.6, 75.2]	66.2 [54.4, 76.3]	43.9 [31.7, 57.0]
One-to-one support (e.g. counselling) for parents/ caregivers	49.5 [46.9, 52.0]	42.3 [38.5, 46.1]	38.7 [33.8, 43.8]	47.2 [38.4, 56.2]	53.0 [41.3, 64.3]	14.6 [7.5, 26.7]
Interventions for pupils that include parents/caregivers	57.7 [55.2, 60.3]	57.6 [53.8, 61.4]	59.7 [54.6, 64.7]	68.2 [59.3, 75.9]	62.0 [50.1, 72.5]	59.7 [46.5, 71.6]
None of these	11.6 [10.0, 13.3]	11.7 [9.4, 14.5]	13.6 [10.4, 17.5]	4.6 [2.1, 10.0]	9.8 [4.8, 19.3]	17.8 [9.8, 30.1]
<i>Unweighted base</i>	1466	683	381	121	72	57

Base: All institutions

Table C.10 Whether offers at least one institution wide, one specific session and one parental engagement activity to promote positive mental health – All institutions

%	All institutions
No	12.9 [11.7, 14.2]
Yes	87.1 [85.8, 88.3]
<i>Unweighted base</i>	2772

Base: All institutions

Table C.11 Whether offers at least one institution-wide, one specific session and one parental engagement activity to promote positive mental health – State maintained schools

%	Primary	Secondary
No	14.0* [12.4, 15.7]	8.5* [6.1, 11.6]
Yes	86.0* [84.3, 87.6]	91.5* [88.4, 93.9]
<i>Unweighted base</i>	1699	444

Base: All State maintained schools

Table C.12 Whether offers at least one institution-wide, one specific session and one parental engagement activity to promote positive mental health by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
No	13.2 [11.6, 15.1]	12.7 [10.3, 15.5]	15.0 [11.7, 19.0]	7.0 [3.7, 13.0]	9.8 [4.8, 19.3]	19.4 [11.1, 31.8]
Yes	86.8 [84.9, 88.4]	87.3 [84.5, 89.7]	85.0 [81.0, 88.3]	93.0 [87.0, 96.3]	90.2 [80.7, 95.2]	80.6 [68.2, 88.9]
<i>Unweighted base</i>	1463	680	380	121	71	57

Base: All institutions

Table C.13 Number of activities and approaches used to promote positive mental health – all institutions

	All institutions
Mean	8.5 [8.4, 8.6]
<i>Unweighted base</i>	2780

Base: All institutions

Table C.14 Number of activities and approaches used to promote positive mental health – state maintained schools

	Primary	Secondary
Mean	8.2* [8.1, 8.4]	9.7* [9.4, 10.0]
<i>Unweighted base</i>	1704	445

Base: All State maintained schools

Table C.15 Number of activities and approaches used to promote positive mental health – all institutions

	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Mean	8.3 [8.2, 8.5]	8.8 [8.6, 9.1]	8.3 [8.0, 8.7]	8.9 [8.3, 9.5]	9.0 [8.1, 9.9]	8.8 [8.0, 9.5]
<i>Unweighted base</i>	1466	683	381	121	72	57

Base: All institutions

Table C.16 Whether institution reported any actions to promote positive mental health and wellbeing other than those listed in the questionnaire – All institutions

%	All institutions
Yes	44.2 [42.3, 46.2]
No	55.8 [53.8, 57.7]
<i>Unweighted base</i>	2711

Base: All institutions

Table C.17 Whether institution reported any actions to promote positive mental health and wellbeing other than those listed in the questionnaire – State maintained schools

%	Primary	Secondary
Yes	46.3* [43.9, 48.8]	40.5* [35.8, 45.4]
No	53.7* [51.2, 56.1]	59.5* [54.6, 64.2]
<i>Unweighted base</i>	1662	436

Base: All State maintained schools

Table C.18 Whether institution reported any actions to promote positive mental health and wellbeing other than those listed in the questionnaire by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Yes	44.8 [42.2, 47.4]	47.0 [43.1, 50.9]	42.5 [37.5, 47.7]	34.1 [26.1, 43.1]	37.5 [26.9, 49.5]	38.2 [26.3, 51.7]
No	55.2 [52.6, 57.8]	53.0 [49.1, 56.9]	57.5 [52.3, 62.5]	65.9 [56.9, 73.9]	62.5 [50.5, 73.1]	61.8 [48.3, 73.7]
<i>Unweighted base</i>	1434	664	370	119	70	54

Base: All institutions

Table C.19 Other actions to promote positive mental health among all pupils, top five responses – All institutions

%	All institutions
Sessions promoting good mental health and wellbeing (e.g. in tutor time, PSHE)	7.3 [6.4, 8.4]
Themed weeks/days/terms/assemblies	3.6 [3.0, 4.4]
Yoga/meditation/mindfulness	3.4 [2.8, 4.2]
Emotional literacy, including emotional literacy support assistants (ELSA)	3.3 [2.7, 4.1]
Mental health embedded in curriculum/subject lessons	2.0 [1.6, 2.6]
<i>Unweighted base</i>	2727

Base: All institutions with a designated lead for mental health

Appendix D: Identifying mental health need

Table D.1 Whether institution collects data about all pupils in order to inform mental health provision – All institutions

%	All institutions
Yes	48.1 [46.2, 50.1]
<i>Unweighted base</i>	2770

Base: All institutions

Table D.2 Whether institution collects data about all pupils in order to inform mental health provision – State maintained schools

%	Primary	Secondary
Yes	44.3 [42.0, 46.7]	49.4 [44.5, 54.3]
No	55.7 [53.3, 58.0]	50.6 [45.7, 55.5]
<i>Unweighted base</i>	1697	444

Base: All State maintained schools

Table D.3 Whether institution collects data about all pupils in order to inform mental health provision by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Yes	43.7 [41.2, 46.3]	48.9 [45.1, 52.8]	50.7 [45.6, 55.8]	72.6 [64.0, 79.8]	77.4 [66.2, 85.7]	71.9 [58.8, 82.0]
No	56.3 [53.7, 58.8]	51.1 [47.2, 54.9]	49.3 [44.2, 54.4]	27.4 [20.2, 36.0]	22.6 [14.3, 33.8]	28.1 [18.0, 41.2]
<i>Unweighted base</i>	<i>1461</i>	<i>680</i>	<i>380</i>	<i>120</i>	<i>72</i>	<i>57</i>

Base: All institutions

Table D.4 Approaches to identifying pupils with particular mental health needs – All institutions

%	All institutions
Universal screening of all pupils to identify those in need	14.9 [13.5, 16.3]
Targeted screening	23.8 [22.2, 25.5]
Assessment of mental health needs alongside SEN or similar assessments	65.2 [63.3, 67.0]
Ad hoc identification based on concerns of members of staff	81.7 [80.1, 83.1]
Use of admin data collected for other purposes (e.g. attendance, attainment)	50.2 [48.2, 52.1]
Use of information from external agencies (e.g. LA, previous schools)	75.7 [74.0, 77.3]
Other	9.9 [8.8, 11.1]
Institution does not seek to identify pupils who may have particular MH needs	1.3 [0.9, 1.8]
<i>Unweighted base</i>	<i>2777</i>

Base: All institutions

Table D.5 Approaches to identifying pupils with particular mental health needs - State maintained schools

	Primary	Secondary
Universal screening of all pupils to identify those in need	13.3 [11.8, 15.0]	12.3 [9.4, 15.9]
Targeted screening	23.7* [21.7, 25.8]	31.5* [27.0, 36.3]
Assessment of mental health needs alongside SEN or similar assessments	65.8 [63.5, 68.0]	67.7 [63.0, 72.1]
Ad hoc identification based on concerns of members of staff	83.0 [81.1, 84.8]	85.8 [82.0, 88.9]
Use of admin data collected for other purposes (e.g. attendance, attainment)	48.0* [45.6, 50.4]	59.8* [54.9, 64.6]
Use of information from external agencies (e.g. LA, previous schools)	74.6* [72.4, 76.6]	84.8* [80.8, 88.1]
Other	8.6 [7.3, 10.0]	10.0 [7.5, 13.3]
Institution does not seek to identify pupils who may have particular MH needs	1.4 [0.9, 2.1]	-
<i>Unweighted base</i>	<i>1702</i>	<i>445</i>

Base: All State maintained schools

Table D.6 Approaches to identifying pupils with particular mental health needs by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Universal screening of all pupils to identify those in need	13.2 [11.5, 15.0]	12.8 [10.5, 15.7]	14.3 [11.0, 18.3]	29.6 [22.0, 38.5]	45.8 [34.5, 57.5]	24.2 [14.8, 36.9]
Targeted screening	24.1 [22.0, 26.4]	27.1 [23.8, 30.7]	13.2 [10.0, 17.1]	23.1 [16.3, 31.6]	31.0 [21.3, 42.7]	12.8 [6.2, 24.5]
Assessment of mental health needs alongside SEN or similar assessments	65.5 [63.0, 67.9]	67.7 [64.0, 71.2]	48.5 [43.5, 53.7]	74.9 [66.4, 81.8]	69.6 [57.8, 79.3]	55.7 [42.6, 68.0]
Ad hoc identification based on concerns of members of staff	83.2 [81.2, 85.1]	84.2 [81.2, 86.9]	83.7 [79.5, 87.2]	62.2 [53.2, 70.5]	62.9 [51.1, 73.4]	72.4 [59.5, 82.4]
Use of admin data collected for other purposes (e.g. attendance, attainment)	47.3 [44.7, 49.8]	57.5 [53.6, 61.2]	51.3 [46.2, 56.4]	49.5 [40.7, 58.4]	59.1 [47.3, 69.9]	53.5 [40.5, 66.0]
Use of information from external agencies (e.g. LA, previous schools)	74.2 [71.9, 76.4]	81.9 [78.7, 84.7]	65.4 [60.4, 70.1]	76.8 [68.5, 83.4]	83.1 [72.4, 90.2]	88.3 [77.4, 94.3]
Other	8.5 [7.2, 10.1]	9.6 [7.5, 12.0]	12.0 [9.1, 15.8]	15.5 [10.1, 23.2]	13.9 [7.6, 24.0]	28.5 [18.3, 41.6]
Institution does not seek to identify pupils who may have particular MH needs	1.4 [0.9, 2.1]	0.8 [0.3, 1.9]	2.6 [1.3, 4.9]	-	-	-
<i>Unweighted base</i>	<i>1465</i>	<i>682</i>	<i>381</i>	<i>121</i>	<i>71</i>	<i>57</i>

Base: All institutions

Table D.7 Whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification based on concerns of staff – all institutions

%	All institutions
No	7.1 [6.2, 8.2]
Yes	92.9 [91.8, 93.8]
<i>Unweighted base</i>	2777

Base: All institutions

Table D.8 Whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification based on concerns of staff – state maintained schools

	Primary	Secondary
No	7.8* [6.6, 9.2]	2.9* [1.5, 5.2]
Yes	92.2* [90.8, 93.4]	97.1* [94.8, 98.5]
<i>Unweighted base</i>	1702	445

Base: All State maintained schools

Table D.9 Whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification based on concerns of staff by institution type

	%	LA maintained schools	Academies	Independent schools	Special schools	Alternative provision	Colleges
No		7.8 [6.5, 9.3]	4.7 [3.3, 6.7]	14.1 [10.9, 18.1]	3.1 [1.2, 8.0]	4.2 [1.4, 12.3]	-
Yes		92.2 [90.7, 93.5]	95.3 [93.3, 96.7]	85.9 [81.9, 89.1]	96.9 [92.0, 98.8]	95.8 [87.7, 98.6]	100.0 [100.0, 100.0]
<i>Unweighted base</i>		1465	682	381	121	71	57

Base: All institutions

Table D.10 Tools used to identify mental health need – all institutions using screening tools

%	All institutions
Pupil attitudes to School and Self (PASS)	25.2 [23.0, 27.5]
Schools and Pupils Health Education Unit Survey (SHEU)	7.0 [5.9, 8.4]
Strengths and Difficulties Questionnaire (SDQ)	42.1 [39.6, 44.6]
General Health Questionnaire (GHQ-12)	12.3 [10.7, 14.1]
Revised Children’s Anxiety and Depression Scale (RCADS)	5.2 [4.2, 6.4]
Boxall profile	50.7 [48.1, 53.2]
Bespoke or in house questionnaire	48.3 [45.8, 50.9]
Other(s)	24.7 [22.5, 26.9]
<i>Unweighted base</i>	1602

Base: All institutions using screening to identify mental health needs

Table D.11 Tools used to identify mental health need - state maintained schools

	Primary	Secondary
Pupil attitudes to School and Self (PASS)	23.7* [21.1, 26.5]	32.4* [26.9, 38.5]
Schools and Pupils Health Education Unit Survey (SHEU)	6.1* [4.8, 7.8]	10.5* [7.4, 14.8]
Strengths and Difficulties Questionnaire (SDQ)	44.4 [41.3, 47.7]	46.7 [40.6, 52.9]
General Health Questionnaire (GHQ-12)	11.1 [9.2, 13.2]	13.8 [10.1, 18.7]
Revised Children's Anxiety and Depression Scale (RCADS)	3.5 [2.5, 4.9]	11.7 [8.1, 16.8]
Boxall profile	62.4 [59.2, 65.4]	34.9 [29.2, 41.2]
Bespoke or in house questionnaire	47.7 [44.5, 50.9]	47.9 [41.8, 54.2]
Other(s)	22.7 [20.1, 25.5]	25.2 [20.2, 30.9]
<i>Unweighted base</i>	935	277

Base: All State maintained schools using screening to identify mental health needs

Table D.12 Tools used to identify mental health need by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Pupil attitudes to School and Self (PASS)	24.0 [21.1, 27.1]	28.6 [24.4, 33.3]	20.4 [15.2, 26.9]	22.4 [14.8, 32.4]	58.4 [45.7, 70.1]	16.1 [7.9, 30.2]
Schools and Pupils Health Education Unit Survey (SHEU)	6.1 [4.6, 7.9]	9.1 [6.7, 12.2]	3.5 [1.6, 7.1]	8.3 [4.0, 16.4]	12.8 [6.5, 23.7]	13.8 [6.3, 27.5]
Strengths and Difficulties Questionnaire (SDQ)	42.5 [39.1, 45.9]	51.1 [46.1, 56.0]	17.5 [12.8, 23.6]	39.2 [29.6, 49.7]	59.1 [46.4, 70.8]	-
General Health Questionnaire (GHQ-12)	11.0 [9.0, 13.4]	13.0 [10.1, 16.7]	18.5 [13.6, 24.6]	13.7 [7.9, 22.6]	11.2 [5.4, 21.7]	16.3 [7.9, 30.4]
Revised Children's Anxiety and Depression Scale (RCADS)	4.5 [3.2, 6.2]	6.4 [4.4, 9.2]	6.0 [3.4, 10.3]	-	15.0 [8.0, 26.5]	-
Boxall profile	58.9 [55.5, 62.3]	53.5 [48.6, 58.4]	5.1 [2.8, 9.3]	36.4 [27.0, 47.0]	45.6 [33.5, 58.2]	-
Bespoke or in house questionnaire	47.9 [44.4, 51.4]	47.4 [42.4, 52.3]	55.0 [47.8, 62.0]	48.3 [38.0, 58.7]	38.3 [27.0, 51.0]	58.8 [43.7, 72.4]
Other(s)	24.1 [21.2, 27.2]	20.7 [17.0, 24.9]	33.1 [26.7, 40.1]	28.3 [19.9, 38.5]	27.4 [17.7, 40.0]	39.4 [26.0, 54.6]
<i>Unweighted base</i>	<i>802</i>	<i>410</i>	<i>197</i>	<i>89</i>	<i>61</i>	<i>43</i>

Base: All institutions using screening to identify mental health needs

Appendix E: Supporting pupils with particular mental health needs

Table E.1 Support available to pupils with particular mental health needs – all institutions

%	All institutions
Counselling	61.0 [59.0, 62.8]
Clinical psychological support	13.7 [12.4, 15.1]
Educational psychological support	61.2 [59.3, 63.1]
Cognitive Behavioural Therapy (CBT)	17.6 [16.1, 19.1]
Peer support for mental health/wellbeing	35.7 [33.9, 37.6]
One-to-one support for specific issues (e.g. drug misuse, eating disorders)	54.9 [52.9, 56.8]
Support groups for pupils dealing with particular issues (e.g. anxiety, depression)	43.7 [41.8, 45.6]
None of these	6.8 [5.9, 7.8]
<i>Unweighted base</i>	2775

Base: All institutions

Table E.2 Support available to pupils with particular mental health needs – state maintained schools

%	Primary	Secondary
Counselling	55.6* [53.2, 57.9]	84.2* [80.2, 87.5]
Clinical psychological support	10.6 [9.2, 12.2]	13.8 [10.7, 17.7]
Educational psychological support	63.0* [60.7, 65.3]	70.7* [66.1, 74.9]
Cognitive Behavioural Therapy (CBT)	12.9* [11.3, 14.6]	33.3* [28.8, 38.1]
Peer support for mental health/wellbeing	31.7* [29.5, 34.0]	57.8* [52.8, 62.5]
One-to-one support for specific issues (e.g. drug misuse, eating disorders)	48.6* [46.2, 51.0]	76.1* [71.6, 80.1]
Support groups for pupils dealing with particular issues (e.g. anxiety, depression)	44.5* [42.1, 46.9]	53.3* [48.4, 58.2]
None of these	7.5* [6.3, 8.8]	-
<i>Unweighted base</i>	1702	445

Base: All State maintained schools

Table E.3 Support available to pupils with particular mental health needs by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Counselling	57.6 [55.0, 60.1]	67.4 [63.5, 70.9]	61.1 [56.0, 66.0]	61.4 [52.4, 69.6]	72.3 [60.8, 81.5]	92.6 [81.9, 97.2]
Clinical psychological support	11.2 [9.6, 12.9]	10.8 [8.6, 13.4]	16.4 [12.9, 20.6]	39.1 [30.8, 48.1]	35.0 [24.8, 46.8]	15.9 [8.5, 27.9]
Educational psychological support	62.6 [60.1, 65.1]	68.7 [65.1, 72.2]	29.5 [25.0, 34.3]	63.6 [54.6, 71.7]	79.9 [68.9, 87.8]	29.9 [19.5, 43.0]
Cognitive Behavioural Therapy (CBT)	14.1 [12.4, 16.0]	21.8 [18.9, 25.1]	17.6 [14.1, 21.8]	29.9 [22.4, 38.7]	35.0 [24.7, 46.9]	26.9 [16.9, 39.9]
Peer support for mental health/wellbeing	32.9 [30.5, 35.4]	44.4 [40.6, 48.2]	42.5 [37.5, 47.6]	25.6 [18.6, 34.2]	30.6 [20.9, 42.4]	38.1 [26.5, 51.3]
One-to-one support for specific issues (e.g. drug misuse, eating disorders)	50.5 [48.0, 53.1]	60.0 [56.1, 63.7]	52.3 [47.1, 57.3]	70.8 [62.0, 78.2]	73.5 [62.1, 82.5]	86.3 [74.9, 93.0]
Support groups for pupils dealing with particular issues (e.g. anxiety, depression)	43.6 [41.1, 46.2]	52.2 [48.4, 56.1]	26.9 [22.7, 31.7]	39.1 [30.8, 48.2]	38.1 [27.6, 50.0]	32.1 [21.3, 45.3]
None of these	7.4 [6.2, 8.9]	3.8 [2.5, 5.7]	13.9 [10.7, 17.8]	4.7 [2.1, 10.2]	-	-
<i>Unweighted base</i>	1464	683	379	121	71	57

Base: All institutions

Table E.4 Qualifications held by counsellors – All institutions

%	All institutions
Diploma in Counselling	43.5 [41.0, 46.0]
Registered with professional body (BACP, National Counselling Society, or UK Council for Psychotherapy)	47.2 [44.6, 49.7]
Other professional qualification or registration	39.5 [37.0, 42.0]
None of these	15.0 [13.3, 16.9]
<i>Unweighted base</i>	1641

Base: All institutions offering counselling services

Table E.5 Qualifications held by counsellors – State maintained schools

%	Primary	Secondary
Diploma in Counselling	36.9* [33.7, 40.2]	55.0* [49.5, 60.3]
Registered with professional body (BACP, National Counselling Society, or UK Council for Psychotherapy)	39.0* [35.8, 42.3]	59.3* [53.8, 64.5]
Other professional qualification or registration	41.0* [37.8, 44.3]	33.9* [28.9, 39.2]
None of these	18.9* [16.5, 21.6]	6.8* [4.5, 10.1]
<i>Unweighted base</i>	878	361

Base: All State maintained schools offering counselling services

Table E.6 Qualifications held by counsellors by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Diploma in Counselling	38.7 [35.3, 42.2]	46.7 [42.1, 51.4]	50.8 [44.2, 57.4]	48.6 [37.2, 60.3]	56.4 [42.6, 69.3]	77.3 [64.0, 86.6]
Registered with professional body (BACP, National Counselling Society, or UK Council for Psychotherapy)	39.8 [36.4, 43.3]	52.5 [47.8, 57.2]	54.6 [47.9, 61.1]	65.9 [54.0, 76.0]	53.9 [40.2, 67.1]	86.8 [74.7, 93.6]
Other professional qualification or registration	39.4 [36.0, 42.9]	38.7 [34.2, 43.4]	41.6 [35.3, 48.3]	46.3 [35.0, 58.1]	45.2 [32.1, 59.0]	18.4 [10.1, 31.0]
None of these	18.3 [15.7, 21.1]	11.4 [8.6, 14.9]	11.9 [8.2, 16.9]	9.5 [4.6, 18.7]	10.8 [4.9, 22.1]	-
<i>Unweighted base</i>	779	460	228	70	51	53

Base: All institutions offering counselling services

Table E.7 Hours of counselling on offer per week – all institutions

%	All institutions
0-5 hours	50.8 [48.2, 53.3]
6-10 hours	21.6 [19.5, 23.8]
11-20 hours	17.3 [15.5, 19.3]
21-30 hours	6.0 [4.9, 7.3]
31-40 hours	2.8 [2.1, 3.8]
Over 40 hours	1.5 [1.0, 2.3]
<i>Unweighted base</i>	1597

Base: All institutions offering counselling services

Table E.8 Hours of counselling on offer per week – state maintained schools

%	Primary	Secondary
0-5 hours	64.3* [61.0, 67.5]	19.5* [15.6, 24.1]
6-10 hours	19.8* [17.3, 22.7]	27.6* [22.9, 32.7]
11-20 hours	11.0* [9.1, 13.4]	34.2* [29.2, 39.5]
21-30 hours	2.5* [1.6, 3.8]	12.2* [9.0, 16.3]
31-40 hours	1.4* [0.8, 2.5]	4.9* [3.0, 7.9]
Over 40 hours	0.9 [0.5, 1.8]	1.7 [0.7, 3.8]
<i>Unweighted base</i>	868	360

Base: All State maintained schools offering counselling services

Table E.9 Hours of counselling on offer per week by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
0-5 hours	60.7 [57.2, 64.2]	38.2 [33.7, 43.0]	53.1 [46.1, 59.9]	28.4 [18.8, 40.4]	33.5 [21.2, 48.5]	-
6-10 hours	20.4 [17.6, 23.4]	24.4 [20.6, 28.7]	16.9 [12.4, 22.6]	28.3 [18.6, 40.5]	19.8 [10.6, 34.0]	19.2 [10.6, 32.3]
11-20 hours	12.6 [10.4, 15.2]	25.3 [21.6, 29.6]	17.6 [13.0, 23.4]	21.1 [12.9, 32.6]	15.7 [7.6, 29.5]	40.5 [28.1, 54.3]
21-30 hours	3.7 [2.6, 5.4]	7.2 [5.2, 9.8]	6.4 [3.8, 10.6]	16.0 [8.8, 27.2]	18.7 [9.6, 33.2]	12.9 [6.3, 24.8]
31-40 hours	1.7 [1.0, 3.0]	3.3 [2.0, 5.4]	5.6 [3.0, 9.9]	-	-	15.9 [8.2, 28.8]
Over 40 hours	0.9 [0.4, 1.9]	1.5 [0.7, 3.2]	-	-	-	11.4 [5.2, 23.2]
<i>Unweighted base</i>	773	455	207	65	45	52

Base: All institutions offering counselling services

Table E.10 Number of types of support available to pupils with particular mental health needs – all institutions

	All institutions
Mean	2.9 [2.8, 2.9]
<i>Unweighted base</i>	2780

Base: All institutions

Table E.11 Number of types of support available to pupils with particular mental health needs – state maintained schools

	Primary	Secondary
Mean	2.7 [2.6, 2.7]	3.9 [3.7, 4.0]
<i>Unweighted base</i>	1704	445

Base: All State maintained schools

Table E.12 Number of types of support available to pupils with particular mental health needs by institution type

	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Mean	2.9 [2.8, 2.9]	3.3 [3.1, 3.4]	2.5 [2.3, 2.6]	3.3 [3.0, 3.6]	3.6 [3.2, 4.0]	3.2 [2.8, 3.7]
<i>Unweighted base</i>	1466	683	381	121	72	57

Base: All institutions

Table E.13 Whether school reported support activities for pupils with particular mental health needs other than those listed in the questionnaire – all institutions

%	All institutions
Yes	37.7 [35.8, 39.6]
No	62.3 [60.4, 64.2]
<i>Unweighted base</i>	2733

Base: All institutions

Table E.14 Whether school reported support activities for pupils with particular mental health needs other than those listed in the questionnaire – state maintained schools

%	Primary	Secondary
Yes	37.2 [34.9, 39.5]	37.2 [32.6, 42.1]
No	62.8 [60.5, 65.1]	62.8 [57.9, 67.4]
<i>Unweighted base</i>	1675	439

Base: All State maintained schools

Table E.15 Whether school reported support activities for pupils with particular mental health needs other than those listed in the questionnaire by institution type

	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
%						
Yes	36.8 [34.3, 39.4]	38.2 [34.5, 42.0]	32.0 [27.4, 37.0]	45.6 [36.8, 54.7]	47.5 [36.1, 59.2]	54.1 [40.9, 66.8]
No	63.2 [60.6, 65.7]	61.8 [58.0, 65.5]	68.0 [63.0, 72.6]	54.4 [45.3, 63.2]	52.5 [40.8, 63.9]	45.9 [33.2, 59.1]
<i>Unweighted base</i>	1437	677	376	118	70	55

Base: All institutions

Table E.16 Other support for pupils with identified mental health needs, top five responses – all institutions

%	All institutions
Group therapies (including group counselling, nurture groups)	5.1 [4.3, 6.1]
Mentoring	4.1 [3.4, 5.0]
Play therapy	4.1 [3.4, 5.0]
Family support and services	3.4 [2.8, 4.2]
Emotional literacy, including emotional literacy support assistants (ELSA)	2.9 [2.3, 3.6]
<i>Unweighted base</i>	2730

Base: All institutions

Table E.17 Sources of funding for counselling services – all institutions

%	All institutions
The school	92.7 [91.4, 93.9]
Local Authority	13.8 [12.2, 15.7]
NHS CAMHS	17.0 [15.2, 18.9]
Other NHS funding	3.1 [2.3, 4.1]
A voluntary or charitable organisation	11.1 [9.7, 12.8]
Shared budget	2.9 [2.2, 3.9]
Parents/families	6.0 [5.0, 7.1]
Other	3.1 [2.4, 4.1]
<i>Unweighted base</i>	<i>1707</i>

Base: All institutions offering counselling services

Table E.18 Sources of funding for counselling services – State maintained schools

	Primary	Secondary
The institution	93.9 [92.2, 95.3]	94.8 [92.1, 96.6]
Local Authority	13.2 [11.2, 15.6]	14.9 [11.3, 19.2]
NHS CAMHS	16.0 [13.7, 18.5]	19.5 [15.5, 24.2]
Other NHS funding	2.2* [1.4, 3.4]	5.3* [3.3, 8.4]
A voluntary or charitable organisation	10.9 [9.0, 13.1]	14.7 [11.3, 19.0]
Shared budget	2.9 [2.0, 4.2]	2.3 [1.2, 4.5]
Parents/families	3.8 [2.7, 5.2]	2.8 [1.5, 5.3]
Other	3.1 [2.2, 4.4]	2.2 [1.1, 4.3]
<i>Unweighted base</i>	923	376

Base: All State maintained schools offering counselling services

Table E.19 Sources of funding for counselling services by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
The institution	93.8 [91.9, 95.3]	94.6 [92.2, 96.3]	87.9 [82.9, 91.6]	87.5 [77.5, 93.4]	82.8 [69.9, 90.8]	84.9 [72.5, 92.3]
Local Authority	14.6 [12.3, 17.2]	11.3 [8.7, 14.6]	4.9 [2.8, 8.5]	24.2 [15.6, 35.6]	28.5 [17.8, 42.3]	10.0 [4.2, 21.8]
NHS CAMHS	16.5 [14.0, 19.2]	17.4 [14.2, 21.3]	10.5 [7.1, 15.3]	25.4 [16.6, 36.8]	39.5 [27.0, 53.6]	6.1 [2.0, 17.3]
Other	11.3 [9.7, 13.0]	14.4 [12.0, 17.3]	25.0 [20.9, 29.5]	9.3 [5.2, 16.1]	22.5 [14.2, 33.8]	20.7 [12.1, 33.1]
<i>Unweighted base</i>	822	477	233	72	50	53

Base: All institutions offering counselling services

Table E.20 Sources of funding for other support – all institutions

%	All institutions
The institution	91.3 [90.1, 92.4]
Local Authority	27.7 [25.9, 29.5]
NHS CAMHS	32.4 [30.6, 34.4]
Other NHS funding	6.0 [5.1, 7.0]
A voluntary or charitable organisation	14.5 [13.1, 15.9]
Shared budget	3.1 [2.5, 3.8]
Parents/families	7.4 [6.5, 8.4]
Other	4.4 [3.6, 5.3]
<i>Unweighted base</i>	2557

Base: All institutions offering support for pupils with particular mental health needs

Table E.21 Sources of funding for other support – state maintained schools

	Primary	Secondary
The institution	93.8 [92.5, 94.9]	91.7 [88.5, 94.1]
Local Authority	25.6* [23.4, 27.8]	31.1* [26.6, 36.0]
NHS CAMHS	30.3* [28.0, 32.7]	40.4* [35.6, 45.3]
Other NHS funding	4.6* [3.6, 5.7]	9.2* [6.6, 12.6]
A voluntary or charitable organisation	12.5* [10.9, 14.2]	25.0* [20.9, 29.5]
Shared budget	3.1 [2.3, 4.1]	2.9 [1.7, 5.0]
Parents/families	4.5 [3.6, 5.6]	3.4 [2.0, 5.7]
Other	4.1 [3.2, 5.2]	4.0 [2.5, 6.4]
<i>Unweighted base</i>	1558	436

Base: All State maintained schools offering support for pupils with particular mental health needs

Table E.22 Sources of funding for other support by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
The institution	93.5 [92.1, 94.7]	93.2 [91.0, 94.9]	80.9 [76.0, 84.9]	81.6 [73.6, 87.7]	80.1 [69.0, 87.9]	76.5 [63.5, 85.8]
Local Authority	27.7 [25.3, 30.2]	23.3 [20.1, 26.7]	14.7 [11.1, 19.2]	49.2 [40.0, 58.3]	60.1 [48.1, 71.0]	27.6 [17.4, 40.9]
NHS CAMHS	32.3 [29.9, 34.9]	31.0 [27.5, 34.7]	22.5 [18.2, 27.5]	47.7 [38.7, 56.9]	50.3 [38.6, 62.0]	20.4 [11.6, 33.1]
Other NHS funding	4.6 [3.6, 5.9]	7.4 [5.5, 9.7]	5.2 [3.3, 8.2]	11.2 [6.6, 18.4]	14.8 [8.1, 25.5]	12.8 [6.2, 24.5]
A voluntary or charitable organisation	13.6 [11.8, 15.5]	17.3 [14.5, 20.4]	10.3 [7.4, 14.2]	15.7 [9.9, 23.8]	22.2 [13.8, 33.6]	15.9 [8.4, 27.9]
Shared budget	3.0 [2.2, 4.1]	3.3 [2.1, 5.0]	3.1 [1.7, 5.8]	-	-	-
Parents/families	4.3 [3.4, 5.5]	4.2 [2.9, 6.1]	46.3 [40.9, 51.9]	7.7 [4.0, 14.3]	-	-
Other	3.9 [3.0, 5.0]	4.6 [3.2, 6.6]	4.5 [2.7, 7.6]	-	-	19.9 [11.3, 32.5]
<i>Unweighted base</i>	1339	655	324	114	69	56

Base: All institutions offering support for pupils with particular mental health needs

Table E.23 Sources of funding for other support by types of support offered

%	The institution	Local Authority	NHS CAMHS	Other NHS	A voluntary or charitable organisation	Shared budget	Parents/families	Other
Clinical psychological support	14.4 [13.0, 16.0]	17.5 [14.7, 20.8]	20.6 [17.8, 23.8]	29.0 [22.1, 37.0]	16.8 [13.1, 21.3]	22.2 [14.2, 32.9]	17.8 [13.2, 23.5]	14.6 [9.0, 22.7]
Educational psychological support	67.0 [65.0, 68.9]	69.7 [66.1, 73.2]	72.7 [69.4, 75.7]	71.2 [63.2, 78.0]	66.9 [61.8, 71.7]	71.4 [60.3, 80.4]	53.7 [47.0, 60.2]	56.0 [46.6, 65.0]
Cognitive Behavioural Therapy (CBT)	18.9 [17.3, 20.6]	22.3 [19.3, 25.7]	21.1 [18.3, 24.1]	29.5 [22.7, 37.4]	20.1 [16.2, 24.7]	24.5 [16.0, 35.7]	19.2 [14.6, 24.9]	29.0 [21.3, 38.0]
Peer support for mental health/wellbeing	38.7 [36.7, 40.8]	41.6 [37.8, 45.5]	35.9 [32.6, 39.4]	44.7 [36.8, 52.9]	46.6 [41.3, 51.8]	40.1 [29.7, 51.4]	51.6 [44.9, 58.2]	42.9 [34.0, 52.3]
One-to-one support for specific issues (e.g. drug misuse, eating disorders)	59.6 [57.5, 61.7]	62.4 [58.5, 66.1]	57.8 [54.2, 61.3]	65.2 [57.1, 72.5]	62.9 [57.6, 67.9]	56.2 [44.8, 66.9]	58.2 [51.5, 64.5]	68.7 [59.5, 76.7]
Support groups for pupils dealing with particular issues (e.g. anxiety, depression)	47.9 [45.8, 50.0]	48.9 [45.0, 52.8]	45.4 [41.8, 48.9]	56.4 [48.2, 64.3]	52.2 [46.9, 57.5]	58.0 [46.7, 68.5]	41.6 [35.1, 48.3]	54.2 [44.8, 63.2]
<i>Unweighted base</i>	<i>2340</i>	<i>709</i>	<i>831</i>	<i>153</i>	<i>370</i>	<i>78</i>	<i>190</i>	<i>112</i>

Base: All institutions

Table E.24 Monitoring the impact of mental health support – all institutions

%	All institutions
Monitors the impact of all support	62.6 [60.7, 64.5]
Monitors the impact of some support	31.9 [30.0, 33.8]
Does not monitor the impact of support	5.5 [4.7, 6.5]
<i>Unweighted base</i>	2569

Base: All institutions offering support for pupils with particular mental health needs

Table E.25 Monitoring the impact of mental health support – state maintained schools

	Primary	Secondary
Monitors the impact of all support	65.2* [62.8, 67.6]	55.2* [50.2, 60.0]
Monitors the impact of some support	30.3* [28.0, 32.6]	40.4* [35.7, 45.3]
Does not monitor the impact of support	4.5 [3.6, 5.6]	4.4 [2.7, 7.1]
<i>Unweighted base</i>	1563	440

Base: All institutions offering support for pupils with particular mental health needs

Table E.26 Monitoring the impact of mental health support by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Monitors the impact of all support	63.9 [61.3, 66.4]	62.5 [58.6, 66.2]	51.5 [46.0, 57.0]	65.6 [56.4, 73.8]	56.1 [44.2, 67.4]	58.7 [45.6, 70.7]
Monitors the impact of some support	31.9 [29.4, 34.4]	32.4 [28.8, 36.1]	33.5 [28.5, 38.9]	28.3 [20.7, 37.3]	29.6 [19.9, 41.5]	34.6 [23.4, 47.7]
Does not monitor the impact of support	4.2 [3.3, 5.4]	5.2 [3.7, 7.2]	15.0 [11.4, 19.4]	6.1 [2.9, 12.2]	14.3 [7.8, 24.7]	6.7 [2.5, 16.7]
<i>Unweighted base</i>	1343	660	326	114	69	57

Base: All institutions offering support for pupils with particular mental health needs

Appendix F: Staffing mental health provision

Table F.1 Whether institution has a designated mental health lead – All institutions

%	All institutions
Yes	49.2 [47.3, 51.2]
No	50.8 [48.8, 52.7]
<i>Unweighted base</i>	2774

Base: All institutions

Table F.2 Whether institution has a designated mental health lead – State maintained schools

%	State maintained	
	Primary	Secondary
Yes	47.7* [45.3, 50.1]	59.4* [54.5, 64.2]
No	52.3* [49.9, 54.7]	40.6* [35.8, 45.5]
<i>Unweighted base</i>	1699	444

Base: All State maintained schools

Table F.3 Whether institution has a designated mental health lead by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Yes	48.6 [46.0, 51.2]	52.4 [48.5, 56.2]	40.7 [35.8, 45.8]	50.4 [41.5, 59.3]	50.4 [38.9, 61.8]	68.8 [55.8, 79.5]
No	51.4 [48.8, 54.0]	47.6 [43.8, 51.5]	59.3 [54.2, 64.2]	49.6 [40.7, 58.5]	49.6 [38.2, 61.1]	31.2 [20.5, 44.2]
<i>Unweighted base</i>	1463	680	381	121	72	57

Base: All institutions

Table F.4 Role of mental health lead – All institutions

%	All institutions
A member of the senior leadership team	40.4 [37.7, 43.1]
The SENCO or equivalent	35.6 [33.0, 38.3]
Another member of staff	19.0 [16.9, 21.2]
A mental health professional working in the institution	4.0 [3.1, 5.3]
Other	1.0 [0.6, 1.7]
<i>Unweighted base</i>	1365

Base: All institutions with a designated lead for mental health

Table F.5 Role of mental health lead – State maintained schools

%	Primary	Secondary
A member of the senior leadership team	34.1* [30.9, 37.5]	51.8* [45.5, 58.1]
The SENCO or equivalent	45.1* [41.6, 48.5]	16.2* [12.0, 21.7]
Another member of staff	18.1* [15.6, 21.0]	27.2* [21.9, 33.2]
A mental health professional working in the institution	1.8 [1.0, 3.0]	4.1 [2.2, 7.5]
Other	0.9 [0.5, 1.9]	-
<i>Unweighted base</i>	808	265

Base: All State maintained schools with a designated lead for mental health

Table F.6 Role of mental health lead by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
A member of the senior leadership team	36.3 [32.8, 40.0]	40.6 [35.6, 45.8]	60.1 [52.1, 67.7]	55.9 [43.1, 68.0]	49.8 [34.0, 65.7]	38.6 [24.8, 54.6]
The SENCO or equivalent	42.2 [38.6, 45.9]	32.1 [27.3, 37.3]	19.7 [14.0, 27.0]	14.1 [7.2, 25.7]	22.3 [11.5, 38.8]	-
Another member of staff	18.9 [16.1, 22.0]	22.8 [18.7, 27.5]	12.9 [8.5, 19.0]	13.1 [6.6, 24.1]	-	25.1 [14.0, 40.8]
A mental health professional working in the institution	1.9 [1.1, 3.3]	3.1 [1.7, 5.4]	6.7 [3.6, 12.2]	16.9 [9.3, 28.7]	16.5 [7.5, 32.3]	18.5 [9.1, 34.0]
Other	-	1.4 [0.6, 3.5]	-	-	-	-
<i>Unweighted base</i>	706	367	157	60	36	39

Base: All institutions with a designated lead for mental health

Table F.7 Responsibilities of mental health lead – All institutions

%	All institutions
Supporting individual pupils	78.2 [75.9, 80.4]
Teaching pupils about mental health and wellbeing	46.1 [43.4, 48.9]
Training staff	68.9 [66.3, 71.4]
Liaising with specialist mental health services	86.0 [84.0, 87.8]
Coordinating and developing mental health provision in the institution	85.0 [83.0, 86.9]
<i>Unweighted base</i>	1365

Base: All institutions with a designated lead for mental health

Table F.8 Responsibilities of mental health lead – State maintained schools

%	Primary	Secondary
Supporting individual pupils	77.6 [74.6, 80.4]	76.2 [70.4, 81.1]
Teaching pupils about mental health and wellbeing	43.0 [39.6, 46.4]	50.8 [44.4, 57.1]
Training staff	66.9 [63.6, 70.1]	68.4 [62.1, 74.0]
Liaising with specialist mental health services	86.4 [83.9, 88.6]	85.1 [80.0, 89.1]
Coordinating and developing mental health provision in the institution	83.5 [80.8, 85.9]	87.0 [82.2, 90.6]
<i>Unweighted base</i>	808	265

Base: All State maintained schools with a designated lead for mental health

Table F.9 Responsibilities of mental health lead by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Supporting individual pupils	77.5 [74.2, 80.4]	76.9 [72.2, 81.0]	84.1 [77.3, 89.2]	86.8 [75.7, 93.3]	67.8 [51.1, 80.9]	76.3 [60.4, 87.2]
Teaching pupils about mental health and wellbeing	42.5 [38.9, 46.2]	49.6 [44.4, 54.8]	61.8 [53.9, 69.2]	51.5 [39.0, 63.9]	45.6 [30.2, 61.9]	49.0 [33.9, 64.4]
Training staff	67.5 [64.0, 70.9]	66.2 [61.0, 71.0]	74.3 [66.7, 80.6]	83.3 [71.5, 90.8]	69.1 [52.2, 82.0]	73.8 [57.9, 85.3]
Liaising with specialist mental health services	87.0 [84.3, 89.3]	84.1 [79.9, 87.6]	81.4 [74.5, 86.8]	86.0 [75.1, 92.6]	85.7 [70.0, 93.9]	92.2 [78.4, 97.5]
Coordinating and developing mental health provision in the institution	84.2 [81.3, 86.7]	84.1 [79.9, 87.6]	91.7 [86.2, 95.1]	93.1 [82.9, 97.4]	76.7 [59.9, 87.9]	79.1 [63.5, 89.2]
<i>Unweighted base</i>	706	367	157	60	36	39

Base: All institutions with a designated lead for mental health

Table F.10 Time spent on mental health by mental health lead – All institutions

%	All institutions
0-5 hours	59.7 [56.8, 62.4]
6-10 hours	17.2 [15.1, 19.4]
11-20 hours	11.2 [9.5, 13.1]
More than 20 hours	12.0 [10.2, 14.0]
<i>Unweighted base</i>	1291

Base: All institutions with a designated lead for mental health

Table F.11 Time spent on mental health by mental health lead – State maintained schools

%	Primary	Secondary
0-5 hours	67.0* [63.6, 70.3]	52.7* [46.1, 59.3]
6-10 hours	15.7 [13.3, 18.5]	19.7 [15.1, 25.3]
11-20 hours	10.1 [8.1, 12.5]	13.2 [9.3, 18.4]
More than 20 hours	7.2* [5.5, 9.2]	14.4* [10.2, 19.9]
<i>Unweighted base</i>	773	246

Base: All State maintained schools with a designated lead for mental health

Table F.12 Time spent on mental health by mental health lead by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
0-5 hours	66.6 [62.9, 70.1]	58.4 [53.0, 63.6]	56.5 [48.1, 64.6]	24.6 [15.1, 37.5]	17.7 [8.1, 34.3]	21.3 [11.0, 37.2]
6-10 hours	15.4 [12.9, 18.4]	19.1 [15.2, 23.7]	19.2 [13.4, 26.7]	23.2 [14.0, 36.0]	18.5 [8.5, 35.6]	20.6 [10.6, 36.2]
11-20 hours	9.9 [7.8, 12.4]	12.8 [9.6, 17.0]	9.4 [5.6, 15.3]	15.4 [8.2, 27.2]	21.5 [10.6, 38.9]	15.2 [7.0, 30.1]
More than 20 hours	8.1 [6.2, 10.4]	9.6 [6.9, 13.2]	14.9 [9.5, 22.4]	36.8 [25.3, 50.0]	42.4 [26.8, 59.6]	42.9 [28.2, 58.9]
<i>Unweighted base</i>	673	346	144	57	33	38

Base: All institutions with a designated lead for mental health

Table F.13 Whether other staff have mental health responsibilities – All institutions

%	All institutions
Yes	74.9 [73.2, 76.6]
No	25.1 [23.4, 26.8]
<i>Unweighted base</i>	2777

Base: All institutions

Table F.14 Whether other staff have mental health responsibilities – State maintained schools

%	Primary	Secondary
Yes	72.6* [70.5, 74.7]	88.0* [84.3, 90.9]
No	27.4* [25.3, 29.5]	12.0* [9.1, 15.7]
<i>Unweighted base</i>	1702	444

Base: All State maintained schools

Table F.15 Whether other staff have mental health responsibilities by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Yes	73.0 [70.6, 75.2]	81.2 [77.9, 84.1]	71.3 [66.5, 75.7]	71.5 [62.8, 78.9]	79.3 [68.4, 87.2]	94.7 [84.7, 98.3]
No	27.0 [24.8, 29.4]	18.8 [15.9, 22.1]	28.7 [24.3, 33.5]	28.5 [21.1, 37.2]	20.7 [12.8, 31.6]	5.3 [1.7, 15.3]
<i>Unweighted base</i>	1464	682	381	121	72	57

Base: All institutions

Table F.16 Other staff with mental health responsibilities – All institutions

%	All institutions
(A) member(s) of the senior leadership team	59.1 [56.9, 61.2]
The educational psychologist	26.8 [24.8, 28.9]
The school/college nurse	30.2 [28.2, 32.3]
The SENCO, inclusive learning or support work co-ordinator or similar	68.6 [66.4, 70.6]
(An)other member(s) of staff	69.7 [67.6, 71.7]
(An)other mental health specialist(s) working in the institution	24.0 [22.2, 26.0]
Other	7.2 [6.1, 8.4]
<i>Unweighted base</i>	2093

Base: All institutions

Table F.17 Other staff with mental health responsibilities – State maintained schools

%	Primary	Secondary
(A) member(s) of the senior leadership team	57.3 [54.5, 60.1]	56.2 [51.0, 61.3]
The educational psychologist	27.0* [24.5, 29.6]	33.2* [28.4, 38.3]
The school/college nurse	23.1* [20.8, 25.6]	51.6* [46.4, 56.8]
The SENCO, inclusive learning or support work co-ordinator or similar	70.3* [67.6, 72.8]	75.7* [70.9, 79.9]
(An)other member(s) of staff	68.0* [65.4, 70.6]	79.5* [75.1, 83.3]
(An)other mental health specialist(s) working in the institution	19.0* [16.9, 21.4]	37.1* [32.2, 42.3]
Other	6.2 [5.0, 7.8]	8.8 [6.3, 12.3]
<i>Unweighted base</i>	1229	394

Base: All State maintained schools

Table F.18 Other staff with mental health responsibilities by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
(A) member(s) of the senior leadership team	56.2 [53.1, 59.1]	59.2 [55.0, 63.3]	67.7 [61.8, 73.0]	74.9 [64.7, 82.9]	75.0 [62.0, 84.6]	51.1 [37.9, 64.1]
The educational psychologist	27.6 [24.9, 30.4]	29.4 [25.6, 33.4]	12.2 [8.7, 16.7]	30.6 [21.8, 41.1]	36.6 [25.2, 49.9]	7.1 [2.7, 17.5]
The school/college nurse	25.5 [23.0, 28.3]	36.0 [32.1, 40.1]	47.7 [41.8, 53.8]	36.8 [27.2, 47.6]	32.0 [21.1, 45.3]	14.6 [7.4, 26.6]
The SENCO, inclusive learning or support work co-ordinator or similar	70.7 [67.9, 73.4]	72.8 [68.8, 76.4]	60.4 [54.3, 66.1]	42.0 [32.0, 52.7]	77.0 [64.3, 86.2]	59.0 [45.5, 71.3]
(An)other member(s) of staff	69.1 [66.2, 71.8]	73.0 [69.1, 76.7]	56.8 [50.7, 62.7]	74.9 [64.7, 83.0]	77.5 [64.9, 86.6]	76.3 [62.9, 86.0]
(An)other mental health specialist(s) working in the institution	20.7 [18.3, 23.3]	26.5 [23.0, 30.4]	32.0 [26.6, 37.8]	31.8 [22.8, 42.5]	39.1 [27.3, 52.4]	30.1 [19.3, 43.6]
Other	5.9 [4.6, 7.5]	8.7 [6.6, 11.5]	7.6 [5.0, 11.3]	9.3 [4.7, 17.6]	10.7 [4.9, 22.0]	17.9 [9.6, 30.8]
<i>Unweighted base</i>	<i>1060</i>	<i>563</i>	<i>273</i>	<i>86</i>	<i>57</i>	<i>54</i>

Base: All institutions

Table F.19 Staff offered training about supporting pupils' mental health – All institutions

%	All institutions
All staff	46.5 [44.6, 48.5]
Some staff	43.4 [41.5, 45.3]
No staff	10.1 [9.0, 11.3]
<i>Unweighted base</i>	<i>2774</i>

Base: All institutions

Table F.20 Staff offered training about supporting pupils' mental health – State maintained schools

	Primary	Secondary
All staff	46.2* [43.8, 48.6]	39.8* [35.1, 44.7]
Some staff	43.7* [41.3, 46.1]	54.1* [49.2, 59.0]
No staff	10.1* [8.7, 11.6]	6.1* [4.1, 9.0]
<i>Unweighted base</i>	<i>1701</i>	<i>443</i>

Base: All state maintained schools

Table F.21 Staff offered training about supporting pupils' mental health by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
All staff	46.0 [43.4, 48.6]	43.0 [39.2, 46.8]	35.4 [30.6, 40.4]	68.4 [59.6, 76.1]	88.4 [79.1, 93.9]	45.9 [33.5, 58.9]
Some staff	43.8 [41.3, 46.4]	49.8 [46.0, 53.7]	44.3 [39.3, 49.4]	21.3 [14.9, 29.5]	9.2 [4.4, 18.1]	54.1 [41.1, 66.5]
No staff	10.2 [8.7, 11.8]	7.2 [5.5, 9.5]	20.3 [16.4, 24.8]	10.3 [6.0, 17.0]	-	-
<i>Unweighted base</i>	<i>1463</i>	<i>681</i>	<i>381</i>	<i>121</i>	<i>71</i>	<i>57</i>

Base: All institutions

Table F.22 Whether mental health training is compulsory – all institutions

%	All institutions
Compulsory for all it is offered to	40.3 [38.3, 42.4]
Compulsory for some members of staff	28.1 [26.3, 30.0]
Voluntary	31.5 [29.7, 33.5]
<i>Unweighted base</i>	2480

Base: All institutions offering staff training about supporting pupils' mental health

Table F.23 Whether mental health training is compulsory – State maintained schools

%	Primary	Secondary
Compulsory for all it is offered to	39.1 [36.6, 41.6]	35.8 [31.1, 40.8]
Compulsory for some members of staff	28.8 [26.6, 31.2]	29.6 [25.2, 34.4]
Voluntary	32.1 [29.8, 34.5]	34.6 [29.9, 39.6]
<i>Unweighted base</i>	1525	417

Base: All State maintained schools offering staff training about supporting pupils' mental health

Table F.24 Whether mental health training is compulsory by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Compulsory for all it is offered to	37.7 [35.1, 40.3]	40.8 [36.9, 44.8]	39.8 [34.4, 45.5]	61.4 [51.9, 70.1]	66.4 [54.4, 76.6]	28.2 [18.0, 41.2]
Compulsory for some members of staff	29.7 [27.3, 32.3]	27.2 [23.8, 30.9]	25.6 [20.9, 30.9]	21.4 [14.6, 30.3]	17.8 [10.4, 28.8]	27.6 [17.5, 40.5]
Voluntary	32.6 [30.1, 35.2]	31.9 [28.3, 35.8]	34.6 [29.3, 40.2]	17.2 [11.2, 25.5]	15.8 [9.0, 26.5]	44.3 [31.9, 57.3]
<i>Unweighted base</i>	1309	633	304	108	69	57

Base: All institutions offering staff training about supporting pupils' mental health

Table F.25 Sources of mental health training used in the last two years – All institutions

%	All institutions
Provided internally	36.1 [34.1, 38.2]
Provided by local NHS CAMHS	33.3 [31.3, 35.4]
Provided by other local mental health services	33.9 [31.9, 35.9]
Provided by other registered training provider(s)	30.3 [28.3, 32.2]
Free online course	11.8 [10.5, 13.2]
Online training course purchased externally	6.6 [5.6, 7.7]
Other	29.9 [28.0, 31.9]
<i>Unweighted base</i>	2285

Base: All institutions offering staff training about supporting pupils' mental health in the previous two years

Table F.26 Sources of mental health training used in the last two years – State maintained schools

%	Primary	Secondary
Provided internally	29.9* [27.5, 32.4]	49.0* [43.8, 54.2]
Provided by local NHS CAMHS	30.2* [27.8, 32.7]	49.1* [43.9, 54.3]
Provided by other local mental health services	32.6* [30.2, 35.1]	43.7* [38.6, 48.9]
Provided by other registered training provider(s)	29.1 [26.8, 31.6]	31.5 [26.9, 36.4]
Free online course	8.1* [6.8, 9.7]	22.6* [18.6, 27.3]
Online training course purchased externally	4.9 [3.8, 6.1]	6.8 [4.7, 9.7]
Other	33.1* [30.6, 35.6]	21.5* [17.5, 26.1]
<i>Unweighted base</i>	1387	398

Base: All State maintained schools offering staff training about supporting pupils' mental health in the previous two years

Table F.27 Sources of mental health training used in the last two years by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Provided internally	30.6 [28.0, 33.3]	40.4 [36.4, 44.5]	42.0 [36.2, 48.1]	57.7 [48.0, 66.9]	54.6 [42.4, 66.3]	53.1 [39.9, 65.8]
Provided by local NHS CAMHS	32.0 [29.4, 34.7]	37.7 [33.8, 41.8]	15.4 [11.4, 20.5]	42.3 [33.0, 52.1]	62.8 [50.5, 73.6]	33.2 [22.1, 46.5]
Provided by other local mental health services	33.7 [31.1, 36.5]	36.6 [32.7, 40.7]	30.7 [25.4, 36.5]	23.4 [16.2, 32.6]	39.4 [28.2, 51.8]	52.9 [39.8, 65.7]
Provided by other registered training provider(s)	29.1 [26.6, 31.7]	31.0 [27.3, 35.0]	38.5 [32.8, 44.5]	27.8 [20.0, 37.3]	33.9 [23.5, 46.2]	36.1 [24.5, 49.5]
Free online course	9.2 [7.7, 11.0]	14.6 [12.0, 17.7]	17.2 [13.2, 22.2]	16.2 [10.2, 24.6]	20.9 [12.7, 32.4]	21.0 [12.2, 33.5]
Online training course purchased externally	4.6 [3.5, 5.9]	6.9 [5.1, 9.2]	11.1 [8.0, 15.4]	19.6 [12.9, 28.5]	10.1 [4.9, 19.9]	3.7 [0.9, 13.6]
Other	32.3 [29.7, 35.0]	27.4 [23.7, 31.3]	29.5 [24.4, 35.3]	23.6 [16.3, 32.8]	13.2 [7.0, 23.6]	20.0 [11.4, 32.7]
<i>Unweighted base</i>	<i>1204</i>	<i>581</i>	<i>277</i>	<i>103</i>	<i>65</i>	<i>55</i>

Base: All institutions offering staff training about supporting pupils' mental health in the previous two years

Table F.28 Number of activities and approaches used to promote positive mental health by whether institution has mental health lead

	Whether institution has a mental health lead	
	Yes	No
Mean	9.7* [9.5, 9.9]	7.4* [7.2, 7.5]
<i>Unweighted base</i>	1364	1409

Base: All institutions

Table F.29 Range of activities used to promote positive mental health by whether institution has a mental health lead

%		Whether institution has a mental health lead		
		Yes	No	
	Whether institution offers at least one institution-wide approach, one session or activity for pupils and one parental engagement activity to promote positive mental health	Yes	93.1* [91.6, 94.4]	81.2* [79.0, 83.2]
		No	6.9* [5.6, 8.4]	18.8* [16.8, 21.0]
	<i>Unweighted base</i>		1364	1409

Base: All institutions

Table F.30 Institution-wide approaches to promoting positive mental health by whether institution has a mental health lead

%		Whether institution has a mental health lead	
		Yes	No
	Promotion of mental health and wellbeing integrated into the school day	73.4* [70.9, 75.7]	54.1* [51.4, 56.8]
	Provision of information or signposting to external support organisations	71.8* [69.2, 74.3]	55.3* [52.5, 57.9]
	An ethos/environment that promotes mutual care and concern	94.2* [92.7, 95.4]	89.8* [88.1, 91.4]
	Opportunities for pupil involvement in decisions on wellbeing provision	67.3* [64.7, 69.9]	51.2* [48.4, 53.9]
	None of these	1.0* [0.5, 1.7]	2.8* [2.1, 3.9]
	<i>Unweighted base</i>	1364	1409

Base: All institutions

Table F.31 Sessions, activities and programmes to promote positive mental health by whether institution has a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Sessions on particular issues (e.g. body image, eating disorders, self-harm)	62.8* [60.1, 65.5]	43.8* [41.2, 46.5]
Skills sessions (e.g. coping skills, problem-solving, mindfulness)	81.8* [79.5, 83.8]	65.1* [62.5, 67.7]
Peer-mentoring/support	32.2* [29.7, 34.8]	15.5* [13.7, 17.5]
A worry box/drop-ins for advice/signposting	60.8* [58.0, 63.4]	45.5* [42.8, 48.2]
Support programmes for specific groups of pupils	71.7* [69.1, 74.1]	63.5* [60.9, 66.1]
Activities to reduce the stigma of mental health (e.g. Time to Change)	76.4* [74.0, 78.6]	64.2* [61.6, 66.8]
None of these	1.2* [0.8, 2.0]	3.7* [2.8, 4.8]
<i>Unweighted base</i>	1364	1410

Base: All institutions

Table F.32 Parental engagement to promote positive mental health by whether institution has a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Sharing information about the institution's mental health plan/provision	45.6* [42.9, 48.4]	22.2* [20.1, 24.6]
Providing written information/advice about supporting pupils' mental health	44.8* [42.1, 47.6]	26.5* [24.2, 29.0]
Face-to-face sessions for parents/caregivers CYP's mental health	66.8* [64.2, 69.4]	48.1* [45.4, 50.9]
One-to-one support (e.g. counselling) for parents/ caregivers	53.2* [50.5, 56.0]	39.9* [37.2, 42.6]
Interventions for pupils that include parents/caregivers	65.5* [62.8, 68.0]	52.1* [49.4, 54.8]
None of these	6.2* [5.0, 7.6]	16.5* [14.6, 18.6]
<i>Unweighted base</i>	<i>1364</i>	<i>1410</i>

Base: All institutions

Table F.33 Whether institution collects data about all pupils in order to inform mental health provision by whether institution has a mental health lead

%		Whether institution has a mental health lead	
		Yes	No
Whether institution collects data about all pupils in order to inform mental health provision	Yes	56.5* [53.7, 59.2]	40.0* [37.4, 42.7]
	No	43.5* [40.8, 46.3]	60.0* [57.3, 62.6]
<i>Unweighted base</i>		<i>1359</i>	<i>1406</i>

Base: All institutions

Table F.34 Whether institution seeks to identify pupils with particular mental health needs beyond ad hoc identification by whether institution has a mental health lead

% %		Whether institution has a mental health lead	
		Yes	No
Whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification based on concerns of staff	No	3.7* [2.8, 4.9]	10.5* [8.9, 12.2]
	Yes	96.3* [95.1, 97.2]	89.5* [87.8, 91.1]
<i>Unweighted base</i>		1364	1408

Base: All institutions

Table F.35 Approaches to identifying pupils with particular mental health needs by whether institution has a mental health lead

% %	Whether institution has a mental health lead		
	Yes	No	
Universal screening of all pupils to identify those in need	19.7* [17.6, 22.0]	10.2* [8.6, 12.0]	
Targeted screening	30.4* [27.9, 33.1]	17.4* [15.4, 19.6]	
Assessment of mental health needs alongside SEN or similar assessments	71.0* [68.4, 73.4]	59.7* [57.0, 62.3]	
Ad hoc identification based on concerns of members of staff	82.0 [79.7, 84.1]	81.4 [79.1, 83.4]	
Use of admin data collected for other purposes (e.g. attendance, attainment)	57.6* [54.8, 60.3]	42.9* [40.3, 45.6]	
Use of information from external agencies (e.g. LA, previous schools)	81.2* [78.9, 83.2]	70.4* [67.9, 72.9]	
Other	11.5* [9.8, 13.3]	8.3* [6.9, 9.9]	
Institution does not seek to identify pupils who may have particular MH needs	0.5* [0.2, 1.1]	2.0* [1.4, 2.9]	
<i>Unweighted base</i>		1364	1408

Base: All institutions

Table F.36 Number of types of support for pupils with identified MH needs offered by whether institution has a mental health lead

	Whether institution has a mental health lead	
	Yes	No
Mean	3.4* [3.3, 3.5]	2.4* [2.3, 2.5]
<i>Unweighted base</i>	1364	1410

Base: All institutions

Table F.37 Types of support for pupils with identified MH needs offered by whether institution has a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Counselling	69.2* [66.6, 71.7]	52.8* [50.1, 55.5]
Clinical psychological support	17.5* [15.5, 19.7]	9.9* [8.4, 11.7]
Educational psychological support	64.2* [61.5, 66.8]	58.3* [55.7, 61.0]
Cognitive Behavioural Therapy (CBT)	23.4* [21.1, 25.8]	11.9* [10.3, 13.8]
Peer support for mental health/wellbeing	44.7* [42.0, 47.5]	27.0* [24.7, 29.5]
One-to-one support for specific issues (e.g. drug misuse, eating disorders)	65.3* [62.6, 67.9]	44.9* [42.2, 47.6]
Support groups for pupils dealing with particular issues (e.g. anxiety, depression)	53.6* [50.9, 56.4]	34.1* [31.6, 36.7]
<i>Unweighted base</i>	1365	1405

Table F.38 Monitoring the impact of mental health support by whether institution has a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Monitors the impact of all support	68.5* [65.9, 71.1]	56.3* [53.4, 59.1]
Monitors the impact of some support	27.4* [24.9, 29.9]	36.7* [34.0, 39.5]
Does not monitor the impact of support	4.1* [3.2, 5.4]	7.0* [5.7, 8.5]
<i>Unweighted base</i>	1315	1249

Base: All institutions

Appendix G: Institutional processes and provision

Table G.1 Plans and policies about mental health – All institutions

%	All institutions
Supporting pupils with identified needs	86.9 [85.5, 88.2]
Promoting the mental health and wellbeing of all pupils	57.7 [55.8, 59.6]
Other plan on mental health and wellbeing	18.5 [17.1, 20.1]
No plan on mental health and wellbeing	7.5 [6.6, 8.6]
<i>Unweighted base</i>	2778

Base: All schools

Table G.2 Plans and policies about mental health – state maintained schools

	Primary	Secondary
Supporting pupils with identified needs	87.2 [85.5, 88.7]	88.5 [85.0, 91.4]
Promoting the mental health and wellbeing of all pupils	52.9* [50.5, 55.3]	70.2* [65.5, 74.5]
Other plan on mental health and wellbeing	15.8* [14.1, 17.7]	22.1* [18.4, 26.4]
No plan on mental health and wellbeing	8.1 [6.9, 9.5]	5.5 [3.5, 8.4]
<i>Unweighted base</i>	1931	371

Base: All State maintained schools

Table G.3 Plans and policies about mental health by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Supporting pupils with identified needs	87.2 [85.4, 88.9]	87.8 [85.1, 90.2]	82.8 [78.5, 86.3]	84.0 [76.4, 89.5]	84.5 [74.0, 91.2]	96.4 [86.6, 99.1]
Promoting the mental health and wellbeing of all pupils	54.4 [51.8, 56.9]	59.6 [55.7, 63.3]	67.3 [62.3, 71.9]	66.3 [57.4, 74.2]	72.7 [61.1, 81.9]	66.4 [53.2, 77.5]
Other plan on mental health and wellbeing	15.8 [14.0, 17.8]	19.7 [16.8, 22.9]	23.0 [19.0, 27.7]	29.3 [21.7, 38.1]	23.6 [15.1, 34.9]	38.1 [26.5, 51.3]
No plan on mental health and wellbeing	8.3 [7.0, 9.8]	5.8 [4.2, 7.9]	8.3 [5.8, 11.7]	5.6 [2.7, 11.4]	8.5 [3.9, 17.8]	3.6 [0.9, 13.4]
<i>Unweighted base</i>	1703	599	214	179	39	41

Base: All schools

Table G.4 Whether institution has a plan or policy about promoting positive mental health by presence of a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Has a plan or policy about promoting positive mental health among all pupils	71.1* [68.6, 73.6]	44.6* [42.0, 47.4]
<i>Unweighted base</i>	1364	1409

Base: All institutions

Table G.5 Whether institution has a plan or policy about supporting pupils with identified mental health needs by presence of a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Has a plan or policy about supporting pupils with identified mental health needs	90.7* [89.0, 92.2]	83.2* [81.1, 85.2]
<i>Unweighted base</i>	1364	1409

Base: All institutions

Table G.6 Number of activities and approaches used to promote positive mental health by whether institution has a plan or policy about promoting positive mental health

	Whether institution has a plan or policy about promoting positive mental health among all pupils	
	Yes	No
Mean	9.7* [9.5, 9.8]	6.9* [6.7, 7.1]
<i>Unweighted base</i>	1634	1144

Base: All institutions

Table G.7 Range of activities used to promote positive mental health by whether institution has a plan or policy about promoting positive mental health and wellbeing

%		Whether institution has a plan or policy about promoting positive mental health among all pupils	
		Yes	No
	Whether institution offers at least one institution-wide approach, one session or activity for pupils and one parental engagement activity to promote positive mental health	93.3* [91.9, 94.4]	78.6* [76.1, 81.0]
		6.7* [5.6, 8.1]	21.4* [19.0, 23.9]
	<i>Unweighted base</i>	1634	1138

Base: All institutions

Table G.8 Institution-wide approaches to promoting positive mental health by whether institution has a plan or policy about promoting positive mental health

%		Whether institution has a plan or policy about promoting positive mental health among all pupils	
		Yes	No
	Promotion of mental health and wellbeing integrated into the school day	75.2* [72.9, 77.3]	47.9* [44.9, 50.9]
	Provision of information or signposting to external support organisations	69.6* [67.2, 71.9]	54.9* [51.9, 57.9]
	An ethos/environment that promotes mutual care and concern	93.9* [92.6, 95.1]	89.3* [87.3, 91.0]
	Opportunities for pupil involvement in decisions on wellbeing provision	69.5* [67.2, 71.8]	44.9* [42.0, 47.9]
	None of these	0.6* [0.3, 1.1]	3.7* [2.8, 5.0]
	<i>Unweighted base</i>	1634	1144

Base: All institutions

Table G.9 Sessions, activities and programmes to promote positive mental health by whether institution has a plan or policy about promoting positive mental health and wellbeing

%	Whether institution has a plan or policy about promoting positive mental health among all pupils	
	Yes	No
Sessions on particular issues (e.g. body image, eating disorders, self-harm)	62.6* [60.1, 65.0]	40.3* [37.4, 43.3]
Skills sessions (e.g. coping skills, problem-solving, mindfulness)	82.2* [80.2, 84.1]	61.2* [58.2, 64.1]
Peer-mentoring/support	31.5* [29.2, 33.9]	13.1* [11.2, 15.2]
A worry box/drop-ins for advice/signposting	60.8* [58.3, 63.3]	42.3* [39.3, 45.2]
Support programmes for specific groups of pupils	70.6* [68.2, 72.9]	63.5* [60.6, 66.3]
Activities to reduce the stigma of mental health (e.g. Time to Change)	75.1* [72.9, 77.2]	63.5* [60.6, 66.3]
None of these	1.2* [0.8, 1.9]	4.2* [3.2, 5.6]
<i>Unweighted base</i>	1634	1144

Base: All institutions

Table G.10 Parental engagement to promote positive mental health by whether institution has a plan or policy about promoting positive mental health and wellbeing

%	Whether institution has a plan or policy about promoting positive mental health among all pupils	
	Yes	No
Sharing information about the institution's mental health plan/provision	46.6* [44.1, 49.1]	16.3* [14.2, 18.6]
Providing written information/advice about supporting pupils' mental health	45.7* [43.2, 48.2]	21.8* [19.4, 24.3]
Face-to-face sessions for parents/caregivers CYP's mental health	65.9* [63.5, 68.2]	45.6* [42.6, 48.6]
One-to-one support (e.g. counselling) for parents/ caregivers	51.2* [48.6, 53.7]	40.0* [37.1, 43.0]
Interventions for pupils that include parents/caregivers	65.4* [62.9, 67.8]	49.4* [46.4, 52.4]
None of these	6.2* [5.1, 7.5]	18.5* [16.3, 20.9]
<i>Unweighted base</i>	<i>1634</i>	<i>1144</i>

Base: All institutions

Table G.11 Whether institution collects data about all pupils in order to inform mental health provision by whether institution has a plan or policy about supporting pupils with identified mental health needs

		Whether institution has a plan or policy about supporting pupils with identified mental health needs	
		Yes	No
%			
Whether institution collects data about all pupils in order to inform mental health provision	Yes	50.1* [48.0, 52.1]	35.4* [30.5, 40.7]
	No	49.9* [47.9, 52.0]	64.6* [59.3, 69.5]
<i>Unweighted base</i>		2401	367

Base: All institutions

Table G.12 Whether institution seeks to identify pupils with particular mental health needs beyond ad hoc identification based on concerns of staff by whether institution has a plan or policy about supporting pupils with identified mental health needs

		Whether institution has a plan or policy about supporting pupils with identified mental health needs	
		Yes	No
%			
Whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification based on concerns of staff	No	6.5* [5.5, 7.6]	11.6* [8.7, 15.5]
	Yes	93.5* [92.4, 94.5]	88.4* [84.5, 91.3]
<i>Unweighted base</i>		2409	368

Base: All institutions

Table G.13 Approaches to identifying pupils with particular mental health needs by whether institution has a plan to support pupils with identified needs

%	Whether institution has a plan or policy about supporting pupils with identified mental health needs	
	Yes	No
Universal screening of all pupils to identify those in need	15.7* [14.2, 17.3]	9.5* [6.8, 13.2]
Targeted screening	25.1* [23.3, 26.9]	15.2* [11.7, 19.6]
Assessment of mental health needs alongside SEN or similar assessments	66.6* [64.7, 68.6]	55.6* [50.3, 60.8]
Ad hoc identification based on concerns of members of staff	81.7 [80.0, 83.3]	81.6 [77.0, 85.4]
Use of admin data collected for other purposes (e.g. attendance, attainment)	51.2* [49.1, 53.2]	43.6* [38.4, 48.9]
Use of information from external agencies (e.g. LA, previous schools)	76.5* [74.7, 78.2]	70.1* [65.0, 74.7]
Other	10.4* [9.2, 11.7]	6.4* [4.2, 9.4]
Institution does not seek to identify pupils who may have particular MH needs	0.9* [0.6, 1.4]	4.0* [2.4, 6.6]
<i>Unweighted base</i>	2413	363

Base: All institutions

Table G.14 Number of types of support offered for pupils with identified MH needs by whether institution has a plan to support pupils with identified needs

	Whether institution has a plan or policy about supporting pupils with identified mental health needs	
	Yes	No
Mean	3.0* [2.9, 3.0]	2.4* [2.2, 2.5]
<i>Unweighted base</i>	2410	368

Base: All institutions

Table G.15 Types of support offered for pupils with identified MH needs by whether institution has a plan to support pupils with identified needs

%	Whether institution has a plan or policy about supporting pupils with identified mental health needs	
	Yes	No
Counselling	61.9* [59.8, 63.9]	54.9* [49.5, 60.1]
Clinical psychological support	14.2 [12.8, 15.7]	10.7 [7.7, 14.7]
Educational psychological support	61.6 [59.5, 63.5]	58.9 [53.5, 64.0]
Cognitive Behavioural Therapy (CBT)	18.8* [17.2, 20.5]	9.3* [6.6, 12.9]
Peer support for mental health/wellbeing	37.4* [35.4, 39.4]	24.7* [20.5, 29.5]
One-to-one support for specific issues (e.g. drug misuse, eating disorders)	56.4* [54.3, 58.4]	45.1* [39.8, 50.4]
Support groups for pupils dealing with particular issues (e.g. anxiety, depression)	45.3* [43.3, 47.4]	32.6* [27.8, 37.9]
None of these	6.3* [5.3, 7.3]	10.1* [7.4, 13.7]
<i>Unweighted base</i>	2408	367

Base: All institutions

Table G.16 Monitoring the impact of mental health support by whether institution has a plan to support pupils with identified needs

	Has a plan to support pupils with identified needs	
	Yes	No
Monitors the impact of all support	64.4* [62.3, 66.4]	50.2* [44.6, 55.8]
Monitors the impact of some support	30.7* [28.8, 32.7]	39.8* [34.4, 45.5]
Does not monitor the impact of support	4.9* [4.0, 5.8]	10.0* [7.1, 13.8]
<i>Unweighted base</i>	2243	326

Base: All institutions

Table G.17 Number of types of support offered for pupils with identified MH needs by whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification

	Whether institution seeks to identify pupils with particular mental health needs, beyond ad hoc identification based on concerns of staff	
	Yes	No
Mean	1.6* [1.4, 1.8]	3.0* [2.9, 3.0]
<i>Unweighted base</i>	205	2572

Base: All institutions

Table G.18 Number of types of support offered for pupils with identified MH needs by whether institution collects data for all pupils in order to inform provision

	Whether institution collects data for all pupils in order to inform provision	
	Yes	No
Mean	3.2* [3.2, 3.3]	2.5* [2.4, 2.6]
<i>Unweighted base</i>	1345	1425

Base: All institutions

Table G.19 Number of types of support offered for pupils with identified MH needs by whether institution has a single point of contact in NHS or other children and young people's mental health services

	Whether institution has a single point of contact in NHS or other CYPMHS	
	Yes	No
Mean	3.4* [3.3, 3.6]	2.7* [2.7, 2.8]
<i>Unweighted base</i>	534	2241

Base: All institutions

Appendix H: Joint working with specialist mental health providers

Table H.1 Sources of information about identifying need – All institutions

%	All institutions
Department for Education guidance	59.0 [57.0, 60.9]
Times Educational Supplement	22.1 [20.5, 23.7]
Local public health team or Local Authority	74.3 [72.5, 75.9]
Specialist mental health services	73.3 [71.5, 74.9]
Local Clinical Commissioning Group	13.9 [12.6, 15.4]
Mental health charities or organisations	56.7 [54.8, 58.6]
Other schools or colleges	34.9 [33.1, 36.8]
None of these	3.2 [2.6, 4.0]
<i>Unweighted base</i>	2780

Base: All institutions

Table H.2 Sources of information about identifying need – State maintained

	Primary	Secondary
Department for Education guidance	54.5* [52.1, 56.9]	74.1* [69.6, 78.1]
Times Educational Supplement	19.8* [17.9, 21.8]	26.0* [21.9, 30.5]
Local public health team or Local Authority	75.6* [73.4, 77.6]	81.7* [77.6, 85.2]
Specialist mental health services	70.6* [68.4, 72.7]	87.2* [83.6, 90.2]
Local Clinical Commissioning Group	10.8* [9.4, 12.5]	25.9* [21.8, 30.5]
Mental Health charities or organisations	52.3* [49.9, 54.7]	80.3* [76.0, 84.0]
Other schools or colleges	34.1 [31.9, 36.4]	40.9 [36.2, 45.8]
None of these	3.3* [2.5, 4.2]	0.8* [0.2, 2.6]
<i>Unweighted base</i>	1704	445

Base: All State maintained schools

Table H.3 Sources of information about identifying need by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Department for Education guidance	54.9 [52.3, 57.4]	65.5 [61.7, 69.1]	62.6 [57.5, 67.4]	65.9 [57.0, 73.8]	77.5 [66.2, 85.8]	67.3 [53.9, 78.3]
Times Educational Supplement	19.8 [17.9, 22.0]	23.4 [20.3, 26.8]	26.3 [22.0, 31.1]	31.3 [23.7, 40.2]	32.4 [22.5, 44.2]	21.6 [12.6, 34.3]
Local public health team or Local Authority	76.3 [74.0, 78.4]	77.4 [74.0, 80.5]	55.1 [50.0, 60.1]	67.1 [58.3, 74.9]	70.8 [59.1, 80.2]	80.5 [68.0, 88.9]
Specialist mental health services	71.6 [69.2, 73.9]	78.1 [74.6, 81.2]	56.4 [51.3, 61.4]	85.1 [77.7, 90.3]	93.1 [84.4, 97.1]	89.0 [77.6, 95.0]
Local Clinical Commissioning Group	12.3 [10.7, 14.2]	15.9 [13.4, 18.9]	4.1 [2.5, 6.7]	26.1 [19.0, 34.7]	32.5 [22.6, 44.3]	32.8 [21.7, 46.1]
Mental Health charities or organisations	53.2 [50.6, 55.8]	67.0 [63.2, 70.6]	52.1 [47.0, 57.2]	51.2 [42.2, 60.0]	66.1 [54.2, 76.3]	89.2 [77.9, 95.1]
Other schools or colleges	33.9 [31.5, 36.3]	39.1 [35.4, 42.9]	31.4 [26.9, 36.3]	32.0 [24.2, 40.9]	39.3 [28.6, 51.1]	45.1 [32.6, 58.2]
None of these	3.3 [2.5, 4.3]	1.7 [0.9, 3.1]	5.6 [3.7, 8.5]	5.9 [3.0, 11.5]	-	-
<i>Unweighted base</i>	1466	683	381	121	72	57

Base: All institutions

Table H.4 Specialist mental health providers pupils are referred to – all institutions

%	All institutions
NHS or other specialised Children and Young People's Mental Health Services (CYPMHS)	93.0 [92.0, 93.9]
Adult Mental Health Services (AMHS)	10.6 [9.5, 11.9]
GPs	72.9 [71.2, 74.6]
Other specialist voluntary or independent services	53.4 [51.4, 55.3]
Hospital paediatric services	39.6 [37.7, 41.5]
Dieticians/Nutritionists	30.0 [28.3, 31.8]
Other	18.3 [16.8, 19.9]
None of these	1.3 [0.9, 1.7]
<i>Unweighted base</i>	2773

Base: All institutions

Table H.5 Specialist mental health providers pupils are referred to –State maintained schools

%	Primary	Secondary
NHS or other specialised Children and Young People's Mental Health Services (CYPMHS)	94.0 [92.8, 95.0]	95.6 [93.4, 97.1]
Adult Mental Health Services (AMHS)	7.0* [5.8, 8.3]	16.1* [12.8, 20.2]
GPs	71.8* [69.6, 73.9]	77.3* [72.9, 81.2]
Other specialist voluntary or independent services	50.7* [48.3, 53.1]	64.8* [60.0, 69.3]
Hospital paediatric services	42.4* [40.0, 44.7]	34.0* [29.5, 38.7]
Dieticians/Nutritionists	29.8 [27.6, 32.0]	30.7 [26.3, 35.4]
Other	18.3 [16.5, 20.3]	19.7 [16.0, 24.0]
None of these	-	-
<i>Unweighted base</i>	1702	443

Base: All State maintained schools

Table H.6 Specialist mental health providers pupils are referred to by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
NHS or other specialised CYPMHS	94.1 [92.8, 95.2]	94.6 [92.7, 96.1]	78.6 [74.1, 82.6]	93.7 [87.9, 96.9]	87.7 [77.8, 93.5]	98.2 [88.6, 99.8]
Adult Mental Health Services (AMHS)	8.1 [6.8, 9.7]	9.4 [7.4, 11.8]	8.6 [6.1, 12.0]	25.8 [18.7, 34.4]	11.3 [5.7, 21.0]	75.7 [63.0, 85.1]
GPs	72.0 [69.6, 74.3]	74.5 [71.0, 77.8]	82.4 [78.0, 86.1]	64.5 [55.5, 72.6]	53.7 [42.0, 65.0]	94.8 [85.0, 98.3]
Other specialist voluntary or independent services	51.5 [48.9, 54.1]	57.0 [53.2, 60.8]	54.2 [49.0, 59.2]	50.9 [42.0, 59.8]	58.9 [47.1, 69.8]	78.5 [65.8, 87.4]
Hospital paediatric services	41.0 [38.5, 43.5]	40.9 [37.2, 44.8]	28.6 [24.2, 33.4]	41.3 [32.8, 50.3]	35.9 [25.6, 47.7]	14.3 [7.3, 26.1]
Dieticians/Nutritionists	29.9 [27.6, 32.4]	29.9 [26.5, 33.5]	25.9 [21.7, 30.6]	38.6 [30.3, 47.7]	31.0 [21.3, 42.7]	18.3 [10.1, 30.7]
Other	19.1 [17.2, 21.2]	16.9 [14.2, 20.0]	14.0 [10.7, 17.9]	21.0 [14.5, 29.3]	21.8 [13.8, 32.9]	12.5 [6.1, 24.1]
None of these	1.0 [0.6, 1.6]	0.7 [0.3, 1.7]	4.1 [2.5, 6.7]	-	5.5 [2.1, 14.0]	-
<i>Unweighted base</i>	<i>1464</i>	<i>681</i>	<i>379</i>	<i>121</i>	<i>71</i>	<i>57</i>

Base: All institutions

Table H.7 Arrangements for joint working with NHS and other specialised CYPMHS – all institutions

%	All institutions
A named single point of contact in NHS or other CYPMHS for help and advice	19.4 [17.9, 21.0]
A designated member of staff responsible for linking with NHS or other CYPMHS	68.1 [66.3, 69.9]
A clear process or pathway for referring to and seeking help from NHS or other CYPMHS	58.8 [56.9, 60.7]
External or specialist mental health services delivered within the institution	19.8 [18.3, 21.4]
Arrangements for joint meetings with CYPMHS staff to discuss needs of individual pupils	31.9 [30.1, 33.7]
None of these	13.7 [12.5, 15.1]
<i>Unweighted base</i>	2775

Base: All institutions

Table H.8 Arrangements for joint working with NHS and other specialised CYPMHS – State maintained schools

%	Primary	Secondary
A named single point of contact in NHS or other CYPMHS for help and advice	16.3* [14.6, 18.2]	29.5* [25.2, 34.2]
A designated member of staff responsible for linking with NHS or other CYPMHS	72.4* [70.2, 74.4]	58.1* [53.1, 62.9]
A clear process or pathway for referring to and seeking help from NHS or other CYPMHS	57.4* [55.1, 59.8]	71.7* [67.0, 75.9]
External or specialist mental health services delivered within the institution	16.9* [15.1, 18.8]	29.4* [25.1, 34.1]
Arrangements for joint meetings with CYPMHS staff to discuss needs of individual pupils	27.1* [25.0, 29.3]	49.0* [44.1, 53.9]
None of these	13.0 [11.5, 14.7]	10.1 [7.4, 13.6]
<i>Unweighted base</i>	1700	444

Base: All State maintained schools

Table H.9 Arrangements for joint working with NHS and other specialised CYPMHS by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
A named single point of contact in NHS or other CYPMHS for help and advice	17.7 [15.8, 19.7]	20.4 [17.6, 23.6]	14.0 [10.8, 17.9]	33.4 [25.5, 42.4]	42.7 [31.8, 54.5]	19.1 [10.9, 31.3]
A designated member of staff responsible for linking with NHS or other CYPMHS	70.9 [68.5, 73.2]	67.4 [63.7, 70.9]	56.3 [51.2, 61.3]	57.8 [48.8, 66.2]	65.6 [53.9, 75.6]	70.2 [57.2, 80.7]
A clear process or pathway for referring to and seeking help from NHS or other CYPMHS	58.8 [56.2, 61.3]	62.3 [58.5, 66.0]	45.3 [40.2, 50.4]	61.5 [52.5, 69.8]	64.7 [53.0, 74.9]	61.6 [48.5, 73.3]
External or specialist mental health services delivered within the institution	17.6 [15.7, 19.7]	22.3 [19.2, 25.6]	16.1 [12.7, 20.2]	32.2 [24.4, 41.2]	40.1 [29.4, 51.8]	21.3 [12.5, 33.9]
Arrangements for joint meetings to discuss needs of individual pupils	30.0 [27.7, 32.5]	31.9 [28.5, 35.5]	24.4 [20.3, 29.0]	49.8 [41.0, 58.7]	52.9 [41.3, 64.1]	48.7 [36.0, 61.5]
None of these	12.4 [10.8, 14.2]	13.0 [10.6, 15.9]	28.1 [23.8, 33.0]	14.1 [9.0, 21.3]	9.3 [4.5, 18.4]	-
<i>Unweighted base</i>	<i>1463</i>	<i>681</i>	<i>381</i>	<i>121</i>	<i>72</i>	<i>57</i>

Base: All institutions

Table H.10 Barriers to effective working with external services – all institutions

%	All institutions
Lack of understanding within the institution of support available and how to access it	19.3 [17.9, 20.9]
Lack of understanding of the institution environment among external service staff	29.4 [27.7, 31.2]
Lack of time/capacity in institution to build links	30.0 [28.3, 31.8]
Lack of time/capacity in external services to build links	67.4 [65.5, 69.1]
Lack of priority given in institution to joint working	5.6 [4.8, 6.6]
Lack of priority given in external services to joint working	44.7 [42.8, 46.6]
Other barrier(s)	16.1 [14.7, 17.5]
None of these	13.1 [11.8, 14.4]
<i>Unweighted base</i>	2767

Base: All institutions

Table H.11 Barriers to effective working with external services – State maintained schools

%	Primary	Secondary
Lack of understanding within the institution of support available and how to access it	20.1 [18.2, 22.1]	17.7 [14.2, 21.8]
Lack of understanding of the institution environment among external service staff	29.0* [26.9, 31.3]	39.0* [34.3, 43.9]
Lack of time/capacity in institution to build links	29.3* [27.1, 31.5]	40.9* [36.2, 45.8]
Lack of time/capacity in external services to build links	69.2* [67.0, 71.4]	80.3* [76.0, 83.9]
Lack of priority given in institution to joint working	5.3 [4.4, 6.5]	7.2 [5.0, 10.2]
Lack of priority given in external services to joint working	45.9 [43.5, 48.3]	50.0 [45.1, 54.9]
Other barrier(s)	17.4* [15.6, 19.3]	12.2* [9.3, 15.7]
None of these	10.9 [9.5, 12.5]	8.0 [5.7, 11.2]
<i>Unweighted base</i>	1697	443

Base: All state maintained schools

Table H.12 Barriers to effective working with external services by Institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Lack of understanding within the institution of support available and how to access it	20.4 [18.4, 22.6]	17.7 [14.9, 20.8]	18.2 [14.7, 22.4]	16.5 [10.7, 24.5]	24.2 [15.6, 35.6]	11.8 [5.7, 22.9]
Lack of understanding of the institution environment among external service staff	29.8 [27.5, 32.2]	33.1 [29.5, 36.8]	16.3 [12.9, 20.4]	24.8 [17.8, 33.5]	33.5 [23.5, 45.3]	44.7 [32.4, 57.8]
Lack of time/capacity in institution to build links	30.5 [28.2, 32.9]	33.2 [29.7, 36.9]	23.1 [19.1, 27.7]	21.5 [14.9, 29.9]	36.9 [26.5, 48.7]	29.2 [18.9, 42.2]
Lack of time/capacity in external services to build links	70.4 [68.0, 72.7]	72.5 [68.9, 75.9]	40.2 [35.3, 45.3]	52.0 [42.9, 60.9]	65.2 [53.5, 75.4]	73.6 [60.7, 83.5]
Lack of priority given in institution to joint working	5.4 [4.3, 6.6]	6.4 [4.8, 8.5]	4.8 [3.1, 7.5]	5.8 [2.8, 11.7]	-	14.1 [7.2, 25.7]
Lack of priority given in external services to joint working	46.3 [43.7, 48.9]	47.3 [43.5, 51.2]	27.2 [22.9, 32.0]	43.6 [34.9, 52.8]	35.5 [25.3, 47.2]	43.6 [31.3, 56.6]
Other barrier(s)	16.5 [14.7, 18.5]	16.6 [13.9, 19.7]	13.6 [10.5, 17.5]	11.6 [7.0, 18.7]	23.9 [15.4, 35.3]	14.3 [7.3, 26.0]
None of these	10.6 [9.1, 12.3]	9.7 [7.6, 12.3]	32.5 [27.9, 37.6]	24.4 [17.5, 33.0]	16.5 [9.6, 26.9]	10.9 [5.0, 22.3]
<i>Unweighted base</i>	<i>1460</i>	<i>680</i>	<i>380</i>	<i>118</i>	<i>72</i>	<i>57</i>

Base: All institutions

Table H.13 Facilitators of joint working with external services, top five responses – All institutions

²⁶ %	All institutions
Good working relationship/communications	12.4 [11.2, 13.8]
Regular contact/meetings/catch-ups, information sharing	7.7 [6.7, 8.9]
Proactive/persistent/determined staff	7.0 [6.0, 8.0]
Named link in external services	3.9 [3.2, 4.7]
Dedicated member of staff to liaise with external services	3.1 [2.4, 3.8]
<i>Unweighted base</i>	2780

Base: All institutions

Table H.14 Arrangements for joint working by whether institution has a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
A named single point of contact in NHS or other CYPMHS for help and advice	24.3 [22.0, 26.7]	14.5 [12.7, 16.5]
A designated member of staff responsible for linking with NHS or other CYPMHS	75.7 [73.3, 78.0]	60.6 [57.9, 63.2]
A clear process or pathway for referring to and seeking help from NHS or other CYPMHS	65.6 [63.0, 68.2]	52.1 [49.3, 54.8]
External or specialist mental health services delivered within the institution	25.6 [23.3, 28.1]	14.3 [12.4, 16.3]
Arrangements for joint meetings with CYPMHS staff to discuss needs of individual pupils	37.7 [35.1, 40.5]	26.2 [23.8, 28.7]
None of these	9.1 [7.7, 10.8]	18.2 [16.2, 20.3]
<i>Unweighted base</i>	1363	1407

Base: All institutions

²⁶ Coded responses to the open question “Overall, what factor(s) would you say has or have most facilitated effective joint working between your school and NHS CAMHS or other specialist mental health services?”

Table H.15 Satisfaction with NHS CAMHS by whether institution has a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Very unsatisfied	32.7* [30.2, 35.4]	37.3* [34.6, 40.0]
Fairly unsatisfied	28.8 [26.3, 31.4]	28.8 [26.3, 31.4]
Neither satisfied nor unsatisfied	22.1 [19.9, 24.5]	21.8 [19.6, 24.2]
Fairly satisfied	12.9* [11.1, 15.0]	10.0* [8.5, 11.8]
Very satisfied	3.5* [2.6, 4.7]	2.1* [1.5, 3.1]
<i>Unweighted base</i>	1325	1344

Base: All institutions

Table H.16 Satisfaction with NHS CAMHS by whether institution has a single point of contact

%	Whether institution has a named single point of contact in NHS CAMHS or other services	
	Yes	No
Very unsatisfied	17.7 [14.5, 21.4]	39.1 [37.0, 41.3]
Fairly unsatisfied	26.0 [22.3, 30.1]	29.4 [27.4, 31.5]
Neither satisfied nor unsatisfied	25.0 [21.3, 29.1]	21.3 [19.6, 23.2]
Fairly satisfied	23.5 [19.9, 27.7]	8.5 [7.4, 9.8]
Very satisfied	7.7 [5.6, 10.6]	1.6 [1.1, 2.2]
<i>Unweighted base</i>	520	2150

Base: All institutions

Table H.17 Barriers to joint working with external services by whether institution has a single point of contact

%	Whether institution has a named single point of contact in NHS CAMHS or other services	
	Yes	No
Lack of understanding within the institution of support available and how to access it	14.1* [11.3, 17.5]	20.6* [18.9, 22.4]
Lack of understanding of the institution environment among external service staff	23.5* [20.0, 27.5]	30.8* [28.9, 32.8]
Lack of time/capacity in institution to build links	31.9 [27.9, 36.1]	29.6 [27.7, 31.6]
Lack of time/capacity in external services to build links	59.6* [55.1, 63.9]	69.2* [67.2, 71.1]
Lack of priority given in institution to joint working	5.3 [3.6, 7.5]	5.7 [4.8, 6.8]
Lack of priority given in external services to joint working	30.2* [26.2, 34.4]	48.1* [46.0, 50.3]
Other barrier(s)	13.1 [10.4, 16.5]	16.7 [15.2, 18.4]
None of these	22.1* [18.6, 26.1]	10.9* [9.7, 12.3]
<i>Unweighted base</i>	532	2230

Base: All institutions

Table H.18 Satisfaction with NHS CAMHS services – all institutions

²⁷ %	All institutions
Very unsatisfied	35.0 [33.1, 36.9]
Fairly unsatisfied	28.8 [27.0, 30.6]
Neither satisfied nor unsatisfied	22.0 [20.4, 23.7]
Fairly satisfied	11.4 [10.2, 12.8]
Very satisfied	2.8 [2.2, 3.5]
<i>Unweighted base</i>	2673

Base: All institutions

Table H.19 Satisfaction with NHS CAMHS services – State maintained schools

%	Primary	Secondary
Very unsatisfied	38.0* [35.7, 40.4]	32.1* [27.7, 36.8]
Fairly unsatisfied	28.1* [25.9, 30.3]	34.3* [29.7, 39.1]
Neither satisfied nor unsatisfied	21.7 [19.8, 23.8]	19.6 [16.0, 23.7]
Fairly satisfied	10.2 [8.8, 11.7]	12.0 [9.0, 15.8]
Very satisfied	2.0 [1.4, 2.8]	2.1 [1.0, 4.3]
<i>Unweighted base</i>	1658	439

Base: All state maintained schools offering counselling services

²⁷ Derived from a satisfaction scale from 1(dissatisfied) to 10 (satisfied): very dissatisfied = 1-2; fairly dissatisfied = 3-4; neither satisfied nor dissatisfied = 5-6; fairly satisfied = 7-8; very satisfied = 9-10.

Table H.20 Satisfaction with NHS CAMHS services by institution type

	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Very unsatisfied	36.8 [34.3, 39.3]	38.0 [34.3, 41.8]	21.9 [17.7, 26.7]	25.0 [18.0, 33.6]	27.9 [18.6, 39.5]	27.0 [16.9, 40.1]
Fairly unsatisfied	29.2 [26.8, 31.6]	28.8 [25.5, 32.5]	26.1 [21.6, 31.2]	29.1 [21.5, 38.0]	21.6 [13.4, 32.9]	30.5 [19.8, 43.7]
Neither satisfied nor unsatisfied	21.3 [19.2, 23.5]	21.5 [18.5, 24.9]	29.3 [24.6, 34.5]	20.6 [14.3, 28.9]	25.1 [16.2, 36.8]	28.3 [18.0, 41.4]
Fairly satisfied	10.6 [9.0, 12.3]	9.9 [7.8, 12.6]	17.1 [13.3, 21.8]	17.3 [11.3, 25.5]	15.9 [9.0, 26.6]	12.6 [6.1, 24.2]
Very satisfied	2.2 [1.5, 3.1]	1.7 [0.9, 3.1]	5.5 [3.4, 8.9]	8.0 [4.3, 14.3]	9.4 [4.5, 18.6]	-
<i>Unweighted base</i>	1426	671	332	118	70	56

Base: All institutions offering counselling services

Table H.21 Perceptions on whether NHS CAMHS has improved or worsened in the previous two years – All institutions

%	All institutions
Better	9.1 [8.0, 10.3]
Worse	35.6 [33.7, 37.5]
About the same	55.3 [53.3, 57.3]
<i>Unweighted base</i>	2623

Base: All institutions

Table H.22 Perceptions on whether NHS CAMHS has improved or worsened in the previous two years – State maintained schools

%	Primary	Secondary
Better	7.9* [6.7, 9.4]	14.2* [10.9, 18.4]
Worse	35.5* [33.2, 37.9]	44.7* [39.8, 49.6]
About the same	56.5* [54.1, 58.9]	40.9* [36.1, 45.8]
<i>Unweighted base</i>	1627	435

Base: All State maintained schools

Table H.23 Perceptions on whether NHS CAMHS has improved or worsened in the previous two years by institution type

	%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Better		9.4 [8.0, 11.2]	7.4 [5.7, 9.7]	7.4 [5.0, 10.9]	12.5 [7.6, 20.1]	13.9 [7.4, 24.7]	-
Worse		36.1 [33.6, 38.7]	40.0 [36.3, 43.9]	21.4 [17.2, 26.3]	29.0 [21.5, 38.0]	42.8 [31.5, 54.9]	38.3 [26.4, 51.7]
About the same		54.5 [51.8, 57.1]	52.4 [48.5, 56.3]	71.2 [65.9, 75.9]	58.4 [49.2, 67.1]	43.2 [31.9, 55.4]	56.4 [43.1, 68.9]
<i>Unweighted base</i>		1395	667	323	116	67	55

Base: All institutions

Table H.24 Improving joint working between institutions and NHS CAMHS – all institutions

%	All institutions
Dedicated link staff in NHS CAMHS	32.1 [30.2, 34.1]
NHS CAMHS staff spending time in the institution	30.2 [28.2, 32.2]
More group sessions available	1.6 [1.1, 2.2]
More one to one sessions available	12.3 [11.0, 13.8]
More consultations available to support institution staff	17.0 [15.5, 18.7]
Something else	6.9 [5.9, 8.0]
<i>Unweighted base</i>	2284

Base: All institutions not satisfied with NHS CAMHS²⁸

Table H.25 Improving joint working between institutions and NHS CAMHS – State maintained schools

	Primary	Secondary
Dedicated link staff in NHS CAMHS	31.3 [29.0, 33.8]	28.4 [23.8, 33.4]
NHS CAMHS staff spending time in the institution	31.0 [28.7, 33.5]	34.7 [29.9, 39.9]
More group sessions available	1.6 [1.1, 2.4]	2.4 [1.3, 4.5]
More one to one sessions available	12.1* [10.5, 13.9]	16.4* [12.9, 20.7]
More consultations available to support institution staff	18.0* [16.1, 20.0]	12.7* [9.6, 16.6]
Something else	6.0 [4.9, 7.3]	5.4 [3.4, 8.5]
<i>Unweighted base</i>	1455	383

Base: All state maintained schools not satisfied with NHS CAMHS

²⁸ Scored 1-4 on a satisfaction scale from 1(dissatisfied) to 10 (satisfied).

Table H.26 Improving joint working between institutions and NHS CAMHS by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Dedicated link staff in NHS CAMHS	30.9 [28.4, 33.6]	30.6 [26.9, 34.6]	39.3 [33.5, 45.5]	42.7 [32.7, 53.3]	28.6 [18.0, 42.3]	37.1 [24.6, 51.6]
NHS CAMHS staff spending time in the institution	31.1 [28.5, 33.7]	33.1 [29.3, 37.1]	16.7 [12.6, 21.8]	20.5 [13.3, 30.3]	33.0 [21.5, 46.9]	37.7 [25.0, 52.4]
More group sessions available	1.3 [0.8, 2.1]	3.1 [1.9, 5.0]	0.4 [0.1, 2.5]	-	-	-
More one to one sessions available	12.9 [11.1, 14.9]	12.5 [10.1, 15.4]	9.9 [6.8, 14.1]	8.8 [4.4, 16.7]	9.5 [4.0, 21.0]	12.0 [5.5, 24.3]
More consultations available to support institution staff	17.9 [15.9, 20.1]	15.0 [12.2, 18.2]	20.4 [15.9, 25.9]	14.6 [8.6, 23.7]	16.1 [8.3, 29.1]	-
Something else	6.0 [4.8, 7.4]	5.7 [4.0, 8.0]	13.4 [9.7, 18.1]	13.4 [7.7, 22.2]	-	-
<i>Unweighted base</i>	1243	595	259	88	52	47

Base: All institutions not satisfied with NHS CAMHS

Appendix I: Delivery of mental health provision

Table I.1 Mental health provision that institutions would most recommend, top ten responses – all institutions

²⁹ %	All institutions
Individual counselling	15.6 [14.3, 17.1]
Group therapies, including group counselling and nurture groups	11.3 [10.1, 12.6]
School ethos/environment	5.3 [4.5, 6.2]
Play therapy	4.6 [3.8, 5.5]
Adult mentoring/coaching	4.5 [3.8, 5.5]
Emotional literacy, including emotional literacy support assistants (ELSA)	4.5 [3.7, 5.4]
Family support and services	3.9 [3.2, 4.8]
Art therapy	3.1 [2.5, 3.9]
Psychologist	2.4 [1.9, 3.1]
Mindfulness	2.2 [1.7, 2.9]
<i>Unweighted base</i>	2688

Base: All institutions

²⁹ These were responses to the open question “Of all of the provision that your school offers to promote positive mental health or to respond to pupils with particular mental health needs, which would you be most likely to recommend to another school?”. Responses were coded back to the activities listed in chapters four and six, plus additional categories where relevant. The top ten responses across all institutions are discussed here.

Table I.2 Mental health provision that institutions would most recommend – State maintained schools

%	Primary	Secondary
Individual counselling	14.2* [12.5, 16.0]	24.2* [20.4, 28.5]
Group therapies, including group counselling and nurture groups	11.2 [9.8, 12.8]	11.7 [8.7, 15.6]
School ethos/environment	5.3 [4.3, 6.5]	3.9 [2.5, 6.2]
Play therapy	6.1* [5.1, 7.4]	0.0*
Adult mentoring/coaching	5.5* [4.4, 6.7]	2.6* [1.5, 4.7]
Emotional literacy, including emotional literacy support assistants (ELSA)	6.2* [5.1, 7.4]	0.0*
Family support and services	4.8* [3.9, 6.0]	0.0*
Art therapy	3.8* [2.9, 4.8]	0.0*
Psychologist	2.3 [1.7, 3.2]	2.1 [1.0, 4.2]
Mindfulness	2.2 [1.6, 3.0]	3.1 [1.9, 5.3]
<i>Unweighted base</i>	<i>1653</i>	<i>430</i>

Base: All state maintained schools

Table I.3 Barriers to mental health provision – all institutions

%	All institutions
Lack of knowledge and understanding within the institution	36.2 [34.4, 38.1]
Difficulty in commissioning services locally	73.5 [71.7, 75.1]
Lack of engagement among pupils and/or parents/caregivers	26.1 [24.4, 27.8]
Lack of funding within the institution	71.0 [69.2, 72.7]
Lack of capacity within the institution	58.6 [56.7, 60.5]
Lack of priority/policy within the institution	6.3 [5.4, 7.3]
Lack of national priority	36.0 [34.2, 37.9]
Other	5.2 [4.4, 6.1]
No barriers	4.3 [3.6, 5.1]
<i>Unweighted base</i>	2775

Base: All institutions

Table I.4 Barriers to mental health provision – State maintained schools

%	Primary	Secondary
Lack of knowledge and understanding within the institution	38.1 [35.8, 40.4]	37.5 [32.8, 42.4]
Difficulty in commissioning services locally	75.4 [73.3, 77.4]	76.8 [72.4, 80.8]
Lack of engagement among pupils and/or parents/caregivers	25.9 [23.8, 28.1]	28.4 [24.1, 33.1]
Lack of funding within the institution	75.8 [73.7, 77.8]	78.1 [73.7, 81.8]
Lack of capacity within the institution	61.5 [59.1, 63.8]	64.0 [59.2, 68.6]
Lack of priority/policy within the institution	6.9 [5.8, 8.2]	6.2 [4.2, 9.0]
Lack of national priority	36.9 [34.6, 39.2]	41.4 [36.7, 46.3]
Other	4.6 [3.7, 5.7]	4.7 [3.0, 7.3]
No barriers	2.6 [2.0, 3.5]	2.0 [1.1, 3.8]
<i>Unweighted base</i>	<i>1703</i>	<i>445</i>

Base: All State maintained schools

Table I.5 Barriers to mental health provision by institution type

%	LA maintained	Academies	Independent schools	Special schools	Alternative provision	Colleges
Lack of knowledge and understanding within the institution	38.3 [35.8, 40.8]	37.2 [33.5, 41.0]	29.5 [25.1, 34.4]	25.9 [18.8, 34.5]	24.1 [15.5, 35.6]	29.7 [19.2, 42.7]
Difficulty in commissioning services locally	74.9 [72.6, 77.1]	77.8 [74.4, 80.8]	52.8 [47.7, 57.9]	70.8 [62.0, 78.3]	74.7 [63.2, 83.5]	70.2 [57.2, 80.7]
Lack of engagement among pupils and/or parents/caregivers	26.7 [24.5, 29.1]	24.7 [21.5, 28.1]	17.7 [14.0, 22.1]	31.5 [23.7, 40.4]	42.5 [31.4, 54.4]	25.2 [15.7, 37.8]
Lack of funding within the institution	76.8 [74.5, 78.9]	74.8 [71.3, 78.0]	38.1 [33.3, 43.2]	47.0 [38.2, 56.0]	60.1 [48.2, 70.9]	60.7 [47.5, 72.5]
Lack of capacity within the institution	61.3 [58.8, 63.8]	63.4 [59.6, 67.0]	40.2 [35.3, 45.3]	39.2 [30.8, 48.2]	52.3 [40.6, 63.8]	58.6 [45.4, 70.7]
Lack of priority/policy within the institution	6.7 [5.6, 8.1]	6.8 [5.1, 9.0]	5.3 [3.5, 8.0]	2.7 [0.9, 8.1]	-	-
Lack of national priority	37.0 [34.5, 39.5]	39.2 [35.5, 43.0]	23.8 [19.7, 28.4]	25.3 [18.3, 34.0]	56.4 [44.6, 67.6]	42.2 [30.1, 55.4]
Other	4.5 [3.6, 5.8]	4.8 [3.4, 6.8]	8.6 [6.1, 11.9]	7.4 [3.9, 13.7]	8.5 [3.8, 17.8]	-
No barriers	2.5 [1.8, 3.4]	2.7 [1.7, 4.3]	17.4 [13.9, 21.5]	10.8 [6.3, 17.8]	-	-
<i>Unweighted base</i>	<i>1465</i>	<i>683</i>	<i>380</i>	<i>120</i>	<i>70</i>	<i>57</i>

Base: All institutions

Table I.6 Number of activities and approaches used to promote positive mental health by whether institution faces different barriers to provision

Mean	Whether institution faces this barrier	
	Yes	No
Lack of knowledge and understanding within the institution	7.8* [7.6, 8.0]	8.9* [8.7, 9.0]
Difficulty in commissioning services locally	8.7* [8.6, 8.9]	7.9* [7.7, 8.2]
Lack of engagement among pupils and/or parents/caregivers	9.4* [9.1, 9.6]	8.2* [8.1, 8.4]
Lack of funding within the institution	8.5 [8.3, 8.6]	8.5 [8.3, 8.8]
Lack of capacity within the institution	8.5 [8.3, 8.7]	8.5 [8.3, 8.7]
Lack of priority/policy within the institution	6.8* [6.3, 8.3]	8.6* [8.5, 8.7]
Lack of national priority	8.9* [8.7, 9.1]	8.3* [8.1, 8.4]
Other	9.2* [8.6, 9.8]	8.5* [8.3, 8.6]
No barriers	8.0 [7.3, 8.6]	8.5 [8.4, 8.7]

Base: All institutions (2774)

Table I.7 Number of types of support offered for pupils with identified needs by whether institution faces different barriers to provision

Mean	Whether institution faces this barrier	
	Yes	No
Lack of knowledge and understanding within the institution	2.7* [2.6, 2.8]	3.0* [2.9, 3.1]
Difficulty in commissioning services locally	2.9* [2.9, 3.0]	2.7* [2.6, 2.9]
Lack of engagement among pupils and/or parents/caregivers	3.2* [3.1, 3.4]	2.7* [2.7, 2.8]
Lack of funding within the institution	2.9 [2.8, 2.9]	2.9 [2.8, 3.0]
Lack of capacity within the institution	2.8 [2.8, 2.9]	2.9 [2.8, 3.0]
Lack of priority/policy within the institution	2.3* [2.0, 2.6]	2.9* [2.8, 3.0]
Lack of national priority	3.0* [2.9, 3.1]	2.8* [2.7, 2.9]
Other	3.1 [2.8, 3.4]	2.9 [2.8, 2.9]
No barriers	2.8 [2.4, 3.2]	2.9 [2.8, 2.9]

Base: All institutions (2774)

Table I.8 Barriers to mental health provision by presence of a mental health lead

%	Whether institution has a mental health lead	
	Yes	No
Lack of knowledge and understanding within the institution	29.7* [27.2, 32.3]	42.5* [39.9, 45.3]
Difficulty in commissioning services locally	72.5 [70.0, 74.9]	74.5 [72.0, 76.8]
Lack of engagement among pupils and/or parents/caregivers	27.9* [25.5, 30.5]	24.3* [22.0, 26.8]
Lack of funding within the institution	68.7* [66.1, 71.2]	73.1* [70.7, 75.4]
Lack of capacity within the institution	55.8* [53.0, 58.5]	61.3* [58.6, 63.9]
Lack of priority/policy within the institution	4.3* [3.3, 5.6]	8.2* [6.8, 9.8]
Lack of national priority	37.1 [34.5, 39.8]	34.9 [32.4, 37.6]
Other	6.1* [4.9, 7.5]	4.3* [3.3, 5.5]
No barriers	4.9 [3.8, 6.2]	3.7 [2.8, 4.7]
<i>Unweighted base</i>	1365	1405

Base: All institutions

Appendix J: Regional differences in mental health provision

Table J.1 Number of activities to promote positive mental health and wellbeing by Region

	Mean
North East	8.8 [8.2, 9.3]
North West	8.6 [8.2, 9.0]
Yorkshire and the Humber	8.2 [7.7, 8.6]
East Midlands	7.9 [7.5, 8.3]
West Midlands	8.5 [8.1, 8.9]
East of England	8.6 [8.3, 9.0]
London	8.5 [8.2, 8.9]
South East	8.7 [8.4, 9.0]
South West	8.6 [8.2, 8.9]
<i>Unweighted Base</i>	2752

Base: All institutions

Table J.2 Whether offers at least one institution-wide, one specific session and one parental engagement activity to promote positive mental health by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
No	9.8 [5.6, 16.5]	11.4 [8.3, 15.3]	17.0 [12.8, 22.3]	18.1 [13.9, 23.2]	16.3 [12.4, 21.2]	10.0 [7.3, 13.6]	9.9 [7.0, 13.8]	12.0 [9.2, 15.5]	12.5 [9.2, 16.7]
Yes	90.2 [83.5, 94.4]	88.6 [84.7, 91.7]	83.0 [77.7, 87.2]	81.9 [76.8, 86.1]	83.7 [78.8, 87.6]	90.0 [86.4, 92.7]	90.1 [86.2, 93.0]	88.0 [84.5, 90.8]	87.5 [83.3, 90.8]
<i>Unweighted base</i>	121	348	258	288	282	362	324	450	319

Base: All institutions

Table J.3 Number of types of support available to pupils with particular mental health needs by Region

	Mean number of types of support
North East	3.1 [2.8, 3.4]
North West	2.9 [2.8, 3.1]
Yorkshire and the Humber	2.7 [2.5, 2.9]
East Midlands	2.6 [2.4, 2.8]
West Midlands	2.9 [2.7, 3.1]
East of England	2.9 [2.7, 3.1]
London	2.8 [2.7, 3.0]
South East	2.9 [2.8, 3.1]
South West	2.9 [2.7, 3.1]
<i>Unweighted Base</i>	2752

Base: All institutions

Table J.4 Whether institution has a designated mental health lead by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Yes	59.8 [50.6, 68.3]	50.3 [44.9, 55.7]	51.2 [44.9, 57.4]	45.6 [39.7, 51.5]	44.1 [38.2, 50.2]	46.9 [41.6, 52.2]	48.9 [43.2, 54.7]	46.5 [41.7, 51.3]	55.3 [49.6, 60.8]
No	40.2 [31.7, 49.4]	49.7 [44.3, 55.1]	48.8 [42.6, 55.1]	54.4 [48.5, 60.3]	55.9 [49.8, 61.8]	53.1 [47.8, 58.4]	51.1 [45.3, 56.8]	53.5 [48.7, 58.3]	44.7 [39.2, 50.4]
<i>Unweighted base</i>	121	349	258	288	282	363	325	450	318

Base: All institutions

Table J.5 Plans and policies about mental health by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Supporting pupils with identified needs	83.6 [75.7, 89.4]	86.5 [82.3, 89.8]	89.0 [84.6, 92.3]	84.6 [79.7, 88.5]	86.5 [81.9, 90.1]	88.7 [84.9, 91.7]	88.8 [84.9, 91.9]	86.7 [83.0, 89.7]	85.5 [81.0, 89.0]
Promoting mental health and wellbeing of all pupils	55.3 [46.2, 64.2]	61.6 [56.2, 66.8]	54.5 [48.2, 60.7]	48.7 [42.8, 54.6]	53.7 [47.7, 59.7]	56.6 [51.3, 61.8]	60.7 [54.9, 66.1]	59.8 [55.0, 64.5]	60.9 [55.3, 66.3]
Other plan/policy	17.9 [12.0, 25.9]	20.8 [16.8, 25.6]	19.1 [14.6, 24.6]	17.4 [13.3, 22.3]	21.1 [16.5, 26.6]	17.0 [13.4, 21.3]	17.4 [13.5, 22.2]	16.1 [13.0, 19.9]	20.0 [15.8, 24.9]
No plan/policy	12.4 [7.4, 19.9]	6.2 [4.0, 9.5]	7.1 [4.6, 11.0]	8.3 [5.5, 12.3]	8.6 [5.8, 12.7]	7.7 [5.3, 11.1]	6.1 [3.9, 9.4]	7.9 [5.6, 11.0]	6.8 [4.4, 10.3]
<i>Unweighted base</i>	135	393	272	252	295	319	346	446	295

Base: All institutions

Table J.6 Specialist mental health providers pupils are referred to by region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
NHS or other CYPMHS	94.7 [89.1, 97.5]	93.5 [90.4, 95.7]	91.9 [88.0, 94.6]	89.0 [84.7, 92.2]	94.8 [91.6, 96.8]	92.0 [88.7, 94.4]	93.9 [91.1, 95.8]	94.6 [92.1, 96.4]	91.7 [88.1, 94.3]
Adult Mental Health Services	9.8 [5.7, 16.5]	13.1 [9.8, 17.2]	13.6 [9.8, 18.6]	9.8 [6.9, 13.9]	7.5 [5.0, 11.3]	8.6 [6.0, 12.2]	9.7 [6.7, 13.7]	10.6 [8.0, 14.0]	9.7 [6.9, 13.7]
GPs	61.4 [52.2, 69.9]	76.1 [71.2, 80.5]	69.2 [63.1, 74.8]	74.4 [68.7, 79.3]	73.4 [67.7, 78.4]	79.1 [74.4, 83.1]	67.0 [61.3, 72.2]	70.0 [65.3, 74.2]	79.9 [75.0, 84.1]
Other specialist voluntary/independent services	53.2 [44.0, 62.1]	55.7 [50.3, 61.0]	50.3 [44.0, 56.6]	44.7 [38.9, 50.6]	59.1 [53.1, 64.9]	61.6 [56.3, 66.6]	47.7 [42.0, 53.4]	52.4 [47.5, 57.2]	53.9 [48.2, 59.5]
Hospital paediatric services	37.5 [29.2, 46.7]	43.6 [38.3, 49.0]	33.9 [28.1, 40.2]	42.8 [37.0, 48.8]	35.6 [30.0, 41.6]	39.7 [34.6, 45.0]	37.4 [32.0, 43.2]	38.3 [33.7, 43.1]	46.6 [41.0, 52.3]
Dieticians/nutritionists	36.8 [28.4, 46.0]	35.4 [30.3, 40.7]	30.8 [25.2, 36.9]	29.3 [24.2, 35.0]	32.7 [27.3, 38.7]	30.3 [25.6, 35.5]	29.6 [24.6, 35.2]	24.2 [20.3, 28.6]	26.1 [21.5, 31.4]
Other	14.4 [9.1, 21.9]	18.1 [14.3, 22.7]	22.4 [17.5, 28.3]	19.3 [14.9, 24.5]	16.7 [12.7, 21.7]	15.1 [11.7, 19.3]	21.5 [17.1, 26.7]	18.5 [15.0, 22.6]	16.2 [12.4, 20.8]
None of these	0.9 [0.1, 5.9]	2.0 [0.9, 4.4]	1.4 [0.6, 3.1]	2.7 [1.3, 5.4]	0.2 [0.0, 1.7]	0.8 [0.3, 2.2]	0.9 [0.4, 2.1]	1.1 [0.5, 2.7]	1.4 [0.6, 3.4]
<i>Unweighted base</i>	135	393	271	252	295	319	346	444	295

Base: All institutions

Table J.7 Satisfaction with NHS CAMHS by region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Very unsatisfied	25.7 [18.5, 34.4]	28.7 [24.0, 33.8]	33.0 [27.2, 39.3]	37.0 [31.4, 43.0]	42.1 [36.2, 48.3]	43.9 [38.5, 49.3]	23.9 [19.2, 29.4]	40.0 [35.3, 44.9]	36.8 [31.5, 42.5]
Fairly unsatisfied	28.8 [21.2, 37.8]	31.0 [26.1, 36.3]	30.7 [25.1, 36.9]	28.0 [23.0, 33.7]	27.6 [22.5, 33.3]	26.7 [22.1, 31.7]	26.3 [21.5, 31.8]	29.9 [25.6, 34.5]	28.7 [23.8, 34.2]
Neither satisfied nor unsatisfied	24.1 [17.1, 32.9]	24.7 [20.3, 29.7]	21.8 [17.0, 27.5]	23.1 [18.5, 28.6]	20.1 [15.7, 25.4]	19.4 [15.4, 24.1]	25.5 [20.7, 30.9]	19.9 [16.3, 24.0]	20.4 [16.2, 25.3]
Fairly satisfied	18.6 [12.3, 27.1]	13.0 [9.8, 17.1]	11.1 [7.7, 15.7]	8.0 [5.4, 11.7]	8.5 [5.7, 12.5]	8.2 [5.6, 11.7]	19.2 [14.9, 24.5]	8.9 [6.5, 12.2]	10.9 [7.8, 15.0]
Very satisfied	2.9 [0.9, 8.5]	2.7 [1.3, 5.3]	3.5 [1.7, 7.0]	3.8 [2.0, 7.0]	1.6 [0.7, 4.0]	1.9 [0.9, 4.0]	5.1 [3.1, 8.2]	1.3 [0.6, 2.9]	3.2 [1.7, 6.0]
<i>Unweighted base</i>	118	342	250	282	277	346	304	436	310

Base: All institutions

Table J.8 Perceptions on whether NHS CAMHS has improved or worsened in the previous two years by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Better	8.9 [4.8, 15.9]	11.9 [8.7, 16.1]	9.4 [6.3, 13.9]	4.5 [2.6, 7.7]	7.9 [5.1, 12.0]	5.7 [3.7, 8.9]	13.9 [10.1, 18.7]	9.4 [6.9, 12.8]	7.3 [4.9, 10.7]
Worse	42.2 [33.3, 51.5]	34.0 [29.0, 39.4]	38.0 [32.0, 44.5]	41.4 [35.5, 47.5]	39.4 [33.6, 45.6]	36.7 [31.6, 42.2]	24.7 [19.9, 30.2]	33.8 [29.3, 38.6]	37.5 [32.1, 43.3]
About the same	49.0 [39.8, 58.2]	54.1 [48.5, 59.5]	52.5 [46.1, 58.9]	54.1 [48.0, 60.2]	52.7 [46.5, 58.8]	57.5 [52.0, 62.8]	61.5 [55.5, 67.1]	56.8 [51.9, 61.6]	55.2 [49.4, 60.9]
<i>Unweighted base</i>	117	334	245	269	270	342	299	433	305

Base: All institutions

Table J.9 Barriers to effective joint working NHS and other CYPMHS by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Lack of understanding within the institution of support available and how to access it	15.4 [10.0, 23.0]	22.5 [18.2, 27.3]	22.5 [17.7, 28.2]	24.5 [19.8, 29.9]	19.4 [15.1, 24.6]	21.2 [17.1, 25.9]	14.0 [10.5, 18.6]	17.3 [13.9, 21.3]	15.8 [12.2, 20.3]
Lack of understanding of the institution environment among external service staff	32.2 [24.3, 41.2]	32.7 [27.8, 38.0]	31.3 [25.7, 37.4]	33.9 [28.5, 39.7]	32.4 [27.0, 38.3]	28.3 [23.8, 33.4]	19.4 [15.2, 24.3]	29.5 [25.2, 34.2]	28.2 [23.4, 33.5]
Lack of time/capacity in institution to build links	35.4 [27.3, 44.5]	30.2 [25.5, 35.4]	35.7 [29.9, 41.9]	32.0 [26.8, 37.8]	30.5 [25.2, 36.3]	28.9 [24.3, 34.0]	25.4 [20.8, 30.7]	27.5 [23.4, 32.0]	31.3 [26.3, 36.8]
Lack of time/capacity in external services to build links	67.8 [58.6, 75.8]	66.8 [61.5, 71.7]	64.0 [57.8, 69.8]	72.4 [66.8, 77.4]	68.4 [62.6, 73.7]	66.9 [61.7, 71.7]	60.6 [54.9, 66.0]	70.1 [65.5, 74.3]	70.6 [65.2, 75.5]
Lack of priority given in institution to joint working	5.2 [2.3, 11.3]	7.0 [4.7, 10.3]	4.3 [2.4, 7.8]	8.2 [5.5, 12.0]	5.9 [3.6, 9.5]	5.5 [3.5, 8.5]	4.2 [2.4, 7.2]	4.8 [3.1, 7.3]	6.1 [3.9, 9.4]
Lack of priority given in external services to joint working	53.0 [43.9, 62.0]	46.8 [41.4, 52.2]	38.5 [32.6, 44.8]	48.4 [42.5, 54.3]	47.9 [41.9, 53.9]	42.4 [37.3, 47.8]	38.6 [33.1, 44.3]	47.4 [42.6, 52.3]	44.2 [38.6, 49.9]
Other barrier(s)	10.5 [6.2, 17.3]	16.2 [12.6, 20.6]	20.3 [15.7, 25.8]	13.8 [10.2, 18.5]	15.9 [11.9, 20.8]	14.1 [10.8, 18.3]	15.7 [11.9, 20.5]	16.3 [13.0, 20.2]	19.4 [15.3, 24.2]
None of these	16.1 [10.3, 24.1]	11.0 [8.0, 14.9]	11.4 [8.1, 16.0]	12.0 [8.6, 16.5]	10.8 [7.5, 15.2]	11.8 [8.9, 15.6]	20.8 [16.7, 25.7]	11.1 [8.5, 14.4]	13.0 [9.7, 17.3]
<i>Unweighted base</i>	135	393	272	251	294	318	345	442	295

Base: All institutions

Table J.10 Improving joint working between institutions and NHS CAMHS by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Dedicated link staff in NHS CAMHS	32.7 [23.7, 43.1]	32.3 [27.0, 38.1]	27.3 [21.6, 33.9]	36.6 [30.7, 43.0]	32.1 [26.3, 38.5]	31.8 [26.7, 37.3]	29.1 [23.3, 35.5]	33.2 [28.5, 38.3]	33.0 [27.5, 39.1]
NHS CAMHS staff spending time in the institution	37.0 [27.7, 47.4]	35.5 [30.0, 41.4]	32.6 [26.5, 39.4]	25.2 [20.0, 31.1]	27.1 [21.8, 33.2]	25.3 [20.6, 30.6]	34.3 [28.2, 41.1]	28.2 [23.8, 33.1]	30.3 [24.9, 36.3]
More group sessions available	1.0 [0.1, 7.0]	0.7 [0.2, 2.9]	1.6 [0.5, 5.0]	1.7 [0.7, 4.1]	0.7 [0.2, 2.7]	1.4 [0.5, 3.8]	2.7 [1.2, 6.0]	2.8 [1.5, 5.0]	0.7 [0.2, 2.2]
More one to one sessions available	10.8 [5.9, 18.8]	9.2 [6.3, 13.2]	13.1 [9.2, 18.4]	12.1 [8.4, 17.1]	14.0 [10.1, 19.1]	14.5 [10.9, 19.1]	12.1 [8.2, 17.5]	11.7 [8.8, 15.5]	13.7 [10.0, 18.5]
More consultations for staff available	14.0 [8.2, 22.8]	16.2 [12.2, 21.1]	19.0 [14.1, 25.0]	16.8 [12.5, 22.2]	19.8 [15.1, 25.4]	19.1 [15.0, 24.2]	14.8 [10.8, 20.0]	17.2 [13.6, 21.5]	14.5 [10.6, 19.5]
Something else	4.5 [1.7, 11.7]	6.1 [3.9, 9.5]	6.3 [3.6, 10.8]	7.6 [4.8, 12.0]	6.3 [3.9, 10.0]	7.8 [5.2, 11.5]	6.9 [4.2, 11.0]	6.9 [4.7, 10.0]	7.7 [4.9, 11.9]
<i>Unweighted Base</i>	<i>104</i>	<i>325</i>	<i>226</i>	<i>216</i>	<i>260</i>	<i>274</i>	<i>250</i>	<i>389</i>	<i>245</i>

Base: All institutions not satisfied with NHS CAMHS³⁰

³⁰ Scored 1-4 on a satisfaction scale from 1(dissatisfied) to 10 (satisfied).

Table J.11 Barriers to mental health provision by Region

%	North East	North West	Yorkshire and the Humber	East Midlands	West Midlands	East of England	London	South East	South West
Lack of knowledge and understanding within the institution	39.1 [30.6, 48.3]	37.9 [32.8, 43.3]	34.9 [29.2, 41.1]	37.9 [32.3, 43.8]	39.9 [34.2, 46.0]	33.7 [28.8, 39.0]	33.0 [27.8, 38.6]	35.4 [30.9, 40.1]	36.2 [30.9, 41.7]
Difficulty in commissioning services locally	64.9 [55.7, 73.0]	74.3 [69.4, 78.8]	71.0 [65.0, 76.4]	76.0 [70.6, 80.6]	77.7 [72.4, 82.3]	76.6 [71.7, 80.8]	63.4 [57.7, 68.7]	77.8 [73.6, 81.5]	75.1 [69.9, 79.6]
Lack of engagement among pupils and/or parents/caregivers	31.5 [23.6, 40.6]	28.2 [23.5, 33.3]	21.9 [17.0, 27.6]	23.3 [18.7, 28.8]	28.5 [23.4, 34.3]	22.5 [18.4, 27.3]	30.1 [25.0, 35.7]	26.4 [22.3, 30.9]	22.7 [18.3, 27.9]
Lack of funding within the institution	68.4 [59.2, 76.2]	74.2 [69.2, 78.7]	66.0 [59.8, 71.6]	71.8 [66.2, 76.8]	72.9 [67.2, 77.9]	74.0 [69.2, 78.3]	63.0 [57.4, 68.3]	72.8 [68.4, 76.8]	73.6 [68.4, 78.2]
Lack of capacity within the institution	52.1 [43.0, 61.1]	58.3 [52.8, 63.5]	62.0 [55.7, 67.8]	60.0 [54.1, 65.7]	54.2 [48.2, 60.2]	57.6 [52.3, 62.8]	58.6 [52.9, 64.1]	59.4 [54.6, 64.1]	63.7 [58.1, 69.0]
Lack of priority/policy within the institution	5.7 [2.7, 11.5]	6.4 [4.2, 9.6]	7.9 [5.1, 12.2]	7.1 [4.6, 10.7]	5.5 [3.4, 9.0]	4.2 [2.6, 6.9]	6.1 [3.8, 9.6]	7.1 [5.0, 10.0]	6.5 [4.3, 9.8]
Lack of national priority	34.8 [26.6, 44.0]	38.8 [33.6, 44.1]	33.5 [27.8, 39.7]	40.2 [34.5, 46.1]	39.4 [33.7, 45.4]	35.9 [31.0, 41.2]	31.8 [26.7, 37.5]	35.8 [31.3, 40.5]	35.0 [29.8, 40.6]
Other	3.6 [1.5, 8.7]	6.8 [4.5, 10.0]	6.2 [3.7, 10.1]	3.4 [1.9, 6.2]	4.4 [2.6, 7.5]	4.0 [2.4, 6.6]	5.2 [3.1, 8.4]	5.7 [3.9, 8.3]	5.9 [3.7, 9.1]
No barriers	4.2 [1.8, 9.7]	1.8 [0.8, 3.9]	6.3 [3.9, 10.0]	3.8 [2.1, 6.9]	3.2 [1.7, 6.1]	3.3 [1.9, 5.4]	6.7 [4.6, 9.8]	5.5 [3.7, 8.1]	3.8 [2.2, 6.4]
<i>Unweighted base</i>	135	393	272	252	295	317	345	446	295

Base: All institutions

Appendix K: Survey methods

Survey design

A multi-mode survey was designed in order to elicit the highest response rate. Participants were able to complete the survey online using a standard web browser or to complete a telephone interview with a NatCen interviewer. Schools also had the option of partially completing the questionnaire using both modes. This approach was considered vital to recruitment, offering maximum flexibility to teachers who typically yield low response due to their busy and sometimes unpredictable daily schedules.

Sampling

The survey of mental health provision is based upon two discrete non-overlapping samples which were combined for final analysis. The first sample was used for a joint survey of character education and mental health provision in schools and colleges. A second sample was issued for a survey of mental health provision only. Samples were issued to the field during two separate phases of fieldwork.

The first sample of 6,907 primary schools, secondary schools (with and without sixth forms), post-16 institutions (FE colleges and sixth form colleges) and other less common types of institutions (including Pupil Referral Units, free schools and special schools) in England was drawn from the most up-to-date extract from Edubase (March 2016). A pilot sample of 72 institutions was drawn, with each institution type being equally represented.

The second survey sampled an additional 6,198 primary schools, secondary schools and independent schools. It was not possible to sample additional alternative providers, special schools or colleges as these institutions had been entirely sampled by the first survey.

A stratified random sample was drawn for both surveys to ensure representativeness with regards to educational institution type, local area characteristics, region and urban/rural location and institution size. Academy and LA maintained schools were stratified by phase: primary and secondary. Independent schools, special schools and alternative provision/PRUs could not be stratified by phase due to the high proportion of these institutions operating on an “all-through” basis which combines primary and secondary age groups.

The first sample was issued to the field in two batches in order to avoid an overlap with another Department for Education survey that was contacting the same types of institutions. The batches for each survey were issued at different times to minimise the time in which schools and colleges were being approached for different surveys. The random probability sample was designed to limit the number of cases of institutions being

involved in both surveys. The first batch was released on June 8th and the second batch on June 14th 2016.

The following table describes the number of interviews targeted within each type of institution for the first and second surveys respectively

Table K.1: Sample distribution by institution type – first survey

Institution type	Target interviews (n=2,100)	Effective sample size	MoE (50% estimate)
LA maintained	1,083	903	± 3.3
Academies (incl. free schools)	400	333	± 5.4
Independent schools	200	167	± 7.6
Special schools	200	167	± 7.6
AP/PRU	108	90	± 10.3
Colleges	108	90	± 10.3

The effective sample size is shown which takes into account the sample design (e.g. oversampling certain institution types) and weighting – this is the sample we would have achieved if we used a basic simple random sampling approach and it represents the size of the sample on which the estimates are based. The margins of error (MoE) show the variation expected around an estimated prevalence of 50%. For instance, if 50% of LA maintained schools reported having a policy lead for mental health provision, then we can be 95% confident that the true value will lie between 46.7% and 53.3% (i.e. ±3.3 % around 50%). However, despite all pupil referral units being sampled, the margins of error for these institutions are high at ± 10.3%.

The sample design for the second survey (Table K.2) was based on assumptions from the response to the first survey. The sample was restricted by a lack of available colleges, special schools, pupil referral units and alternative provision units. All eligible institutions of these types were sampled for the first survey. Similarly, there were only 95 LA maintained secondary schools available for sampling at the second survey.

Table K.2: Sample distribution by institution type – second survey

Institution type	Target interviews (n=1022)	Effective sample size	MoE (50% estimate)
LA maintained	602	438	± 4.7
Academies (incl. free schools)	324	246	± 6.2
Independent schools	96	80	± 11.0

Weighting

Survey weights were designed to correct the survey estimates for unequal selection probabilities and non-response bias. The small number of some institution types (such as colleges and APs and PRUs) resulted in a higher probability of selection. The weight for non-response is applied to re-balance the sample to reduce bias arising from some types of institutions having a greater inclination to take part in the survey. Together, the application of weights will ensure that the achieved sample is representative of all types of schools and colleges in England and the survey estimates are robust.

Recruitment and fieldwork

All institutions in the sample were sent an advance letter and an email containing a web link to the survey³¹. The materials explained the purpose of the study, who it was funded by and why it was important. They also stated that participation was voluntary, and that participants would be entered into a prize draw to win a small sum of money. Importantly, all study materials were branded in bright colours to differentiate the survey from the other DfE survey in the field at the same time. Following guidance from the Steering Group, recruitment materials were sent to head teachers, with copies also addressed to the deputy head teacher/deputy principal in the 50% of cases where this information was available³².

NatCen's telephone interviewers began to make contact with schools following delivery of the letters and emails. In the first instance, all institutions were contacted once in order to gather contact information (name, number and email address) for the person best placed to complete the survey. This information was used to send them the study information and the unique link to the survey. Following this phase of initial contact the telephone interviewers called the named teachers at regular intervals, allowing time between calls for them to respond. The majority of non-responders were contacted at least 6 times at different times/days of the week during each survey (62% for the first survey and 58% for the second survey). Bulk email reminders were sent to all non-responders on three occasions throughout fieldwork and information was re-sent on request on an on-going basis.

The fieldwork for the first survey began on 8th June 2016. The telephone survey closed on 22nd July 2016 and the web survey closed on 1st August 2016. The second survey began on 7th November and the telephone survey closed on 3rd February 2017 and the web survey closed on February 6th 2017.

³¹ Prior to the launch of the second survey, all institutions were emailed a request to nominate a specific point of contact that was best placed to complete the survey. This person was approached once the survey had commenced.

³² Deputy details were known in the first survey only

Response

Overall, 827 institutions completed the dual topic first survey of character education and mental health provision, representing a 12.0% response rate.

Table K.3: Achieved sample characteristics – first survey (dual topic)

Institution type	Population	Issued	Achieved	Response Rate
Primary LA maintained	13,561	2,640	279	10.6
Primary academies	3,056	667	86	12.9
Secondary LA maintained	1,071	970	74	7.6
Secondary academies	2,076	667	77	11.5
Independent schools	1,861	666	60	9.0
Special schools	1,545	666	121	18.2
Alternative provision & PRUs	339	291	72	24.7
Colleges	346	340	58	17.1
Overall Total	23,855	6,907	827	12.0

Note: independent schools, special schools and alternative providers/PRUs are not reported by phase as the majority of these institutions operate across both primary and secondary phases.

The rate of response differed considerably by institution type. Alternative providers/PRUs (24.7%) and special schools (18.2%) were the most likely to respond to the survey, whereas response was lowest among LA maintained secondary schools (7.6%) and independent schools (9.0%).

The lower than anticipated response led to the survey being modified prior to being re-issued to the field. Key barriers to response were identified and mitigating actions are described in Table K.4.

Table K.4: Barriers to response during the first survey (dual topic).

Problem	Mitigating actions
<p>Two topic survey</p> <p>-Questionnaire generally completed SLT members were best placed to complete both topics but who were most time-poor</p> <p>-Survey length was not excessive, but shorter surveys generally receive a higher response</p>	<ul style="list-style-type: none"> • Reduce the survey to a single topic. This will enable easier re-direction to a single point of contact within the school. • A single topic survey will be shorter which will increase response. • Online nomination form to encourage SLT members to delegate response to another member of staff
<p>Lack of awareness of “character education”</p>	<ul style="list-style-type: none"> • A single topic mental health survey is a more recognisable concept to the majority of school gatekeepers and consequently more

	likely to be cascaded to an individual
<p>Compressed fieldwork period</p> <p>-Delays to fieldwork led to a reduction in time in the field</p>	<ul style="list-style-type: none"> • Ensure fieldwork period of at least 10 weeks so that potential participants have sufficient time to respond in between reminders • Ensure survey does not go live immediately prior to half term/term break • Allow sufficient time for steering group members and divisions to provide general feedback into the questionnaire design process. • Clearly defined scope and deadline for steering group input into questionnaire design
<p>Contacting schools/teachers</p> <p>-Marketing agency supplied only 50% of deputy names and email addresses (expectations were higher at around 80%)</p> <p>-Re-direction of the survey within institutions was a relatively passive process being dependent upon school gatekeepers/reception staff that lack authority in delegating staff duties.</p> <p>-Teachers unavailable for the majority of the day</p>	<ul style="list-style-type: none"> • Online nomination form to collect named contact details for a relevant member of staff in as many institutions as possible prior to survey launch • Being able to tell nominated member of staff who nominated them, adding authority and authenticity to the survey • Automated email system to re-send information within a maximum of 24 hours of following contact • Contact teachers during key time windows of opportunity established at the first wave of fieldwork (e.g. 3.15pm onwards for SENCOs)
<p>Lack of impact of survey materials</p> <p>-Low email opening rate from marketing campaign (21%)</p>	<ul style="list-style-type: none"> • DfE branding/logo required • DfE named contact required • Emails sent to nominated contacts where possible • Dual topic survey diluting the message of the survey, diffusing responsibility for participation within schools
<p>Summer term inconvenient for schools/colleges</p>	<ul style="list-style-type: none"> • Additional fieldwork to take place outside of the summer term/exam season
<p>Multiple surveys in the field at the same time leading to research fatigue or confusion</p>	<ul style="list-style-type: none"> • Whilst schools are constantly invited to take part in research, NatCen will not be approaching them about any other DfE projects during the second fieldwork period

Response rates to the single topic second survey of mental health provision were considerably higher at 31.5%. This was a notable increase given the institutions sampled were those who were the least likely to respond at the first survey.

Table K.5 : Achieved sample characteristics – second survey (single topic)

Institution type	Population	Issued	Achieved	Response Rate
Primary LA maintained	13,561	3,400	1,092	32.1
Primary academies	3,056	728	247	33.9
Secondary LA maintained	1,071	95	21	22.1
Secondary academies	2,076	875	273	31.2
Independent schools	1,861	1,100	320	29.1
Overall Total	21,625	6,198	1,953	31.5

Note: independent schools are not reported by phase as the majority of these institutions operate across both primary and secondary phases.

The overall response rate was slightly diminished by the relative high non-participation rate of LA maintained secondary schools, which was also observed at the first survey.

The following table outlines the combined response for both surveys:

Table K.6 : Total achieved sample for waves 1 and 2

Institution type	Total Population (n)	Issued (n)	Achieved (n)	Response Rate %
Primary LA maintained	13,561	6,040	1,371	22.7
Primary academies	3,056	1,395	333	23.9
Secondary LA maintained	1,071	1,065	95	8.9
Secondary academies	2,076	1,542	350	22.7
Independent schools	1,861	1,766	380	21.5
Special schools	1,545	666	121	18.2
Alternative provision & PRUs	339	291	72	24.7
Colleges	346	340	58	17.1
Overall Total	23,855	13,105	2,780	21.2

Note: independent schools, special schools and alternative providers/PRUs are not reported by phase as the majority of these institutions operate across both primary and secondary phases.

The low response by secondary LA maintained schools in the combined sample (8.9%) is exacerbated by this group being almost entirely sampled during the first survey which achieved a low response rate generally.

The overwhelming majority of participants completing the surveys were senior leaders; head teachers were most likely to complete the survey (49%) followed by another member of the Senior Leadership Team (32%). Regular teaching staff accounted for 3% of all completed surveys. As such it should be noted that survey responses generally

reflect the views of senior leaders; it was beyond the scope of the survey to collect information routinely from a range of staff within a single institution.

The majority of institutions completed the survey online. In total 79% of cases were completed online and 21% were completed via the telephone.

Appendix L: Questionnaire

Section A: Introduction

Thank you for your interest in this study of mental health provision in schools.

The Department for Education has commissioned this research to understand the types of mental health provision available to children and young people in schools and other educational institutions. It will also help the Department to understand what schools find most helpful and most difficult in setting up this provision.

- By taking part you will help the Department for Education better understand provision available to young people across England
- As a thank you for completing the survey, your school will be entered into a draw to win one of three prizes worth up to £1000.
- The survey is not an assessment of what your institution does, but rather an information-gathering exercise. You and your school will not be identified in any research findings and data will be anonymised before it is shared with DfE.
- The survey will take around 20 minutes to complete. If you need to pause the questionnaire, you can simply close the browser and log back in later using the same link you used to get here. Please note that if someone else from your school logs into the survey, they will be able to see the answers that you have provided.

If you have any questions or concerns about the research, or have difficulties completing the survey online, please email mhp@natcen.ac.uk or call 0800 652 0401.

More information is also available on the project website: www.natcen.ac.uk/mhp.

To talk to someone at the Department for Education about this research, please contact :

{Ask all}

RoleCheck

Please confirm your job role.

1. Head teacher / Principal
2. Deputy head / Vice-principal
3. Other member of the Senior Leadership Team
4. Teaching staff
5. Support staff
6. Other

Section B: Mental Health Provision

A. Plans and policies

{Ask all}

MHPlan (VARLAB: Institution's plans/policies on mental health)

Does your school have a plan or policy on?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Supporting pupils with identified needs
2. Promoting the mental health and wellbeing of all pupils
3. Other plan on mental health and wellbeing
4. No plan on mental health and wellbeing (exclusive code)

{Ask all}

MHInp (VARLAB: Sources of support or information used in developing mental health provision)

Has your school used any of the following as sources of support or information in developing mental health provision?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Department for Education guidance
2. T.E.S (Times Educational Supplement)
3. Local public health team/Local Authority
4. Specialist mental health services
5. Local Clinical Commissioning Group (CCG)
6. Mental Health charities / organisations
7. Other schools or colleges
8. None of these (exclusive code)

B. Staffing

<partial outcome code '210' triggered>

{Ask all}

MHLd (VARLAB: Whether institution has a designated lead for mental health)

The next section asks about the staff in your school who work to support the mental health of your pupils.

Firstly, does your school have a designated lead for mental health?

1. Yes
2. No

{If MHLd = 1. Yes}

MHLdWho (VARLAB: Member of staff who is institution's lead for mental health)

Is this mental health lead

1. A member of the senior leadership team?
2. The SENCO?
3. Another member of school staff?
4. A mental health professional working in the school?
5. Other

{If MHLd = 1. Yes}

MHLdRem (VARLAB: Remit of mental health lead)

What is this mental health lead responsible for?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Supporting individual pupils
2. Teaching pupils about mental health and wellbeing
3. Training staff
4. Liaising with specialist mental health services
5. Coordinating and developing mental health provision in the school
6. None of these (exclusive code)

{If MHLd = 1. Yes}

MHLdHr (VARLAB: Hours mental health lead spends on mental health provision)

Roughly how many hours per week would you say this mental health lead spends doing this role?

:

RANGE: 0...50

{Ask all}

OthStMH (VARLAB: Whether any other staff have specific responsibilities relating to mental health)

Do any other members of staff in your school have responsibilities relating specifically to mental health and wellbeing?

1. Yes
2. No

{If OthStMH = 1. Yes}

OthStWho (VARLAB: Other staff with specific responsibilities relating to mental health)
Which other members of staff have responsibility for mental health and wellbeing?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. (A) member(s) of the senior leadership team
2. An educational psychologist
3. The school nurse
4. The SENCO
5. (An)other member(s) of school staff
6. (An)other mental health specialist(s) working in the school
7. Other

C. Staff training

{Ask all}

TrMH (VARLAB: Staff members offered training about how to support pupils' mental health)
Which, if any, members of staff in your school are offered training about how to support pupils' mental health and wellbeing?

FOR CAWI: Please select all that apply

INTERVIEWER: IF 1. "All Staff" IS NOT SELECTED, READ OUT CODES 2 TO 5 AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. All staff
2. All teaching staff
3. Staff with specific responsibility for mental health
4. Other
5. No staff are offered training [exclusive code]

{If TrMH = 1-4}

TrMHComp (VARLAB: Whether staff training about how to support pupils' mental health is compulsory)

Is this training compulsory?

1. Yes, it is compulsory for all members of staff who it is offered to
2. It is compulsory for some members of staff
3. No, it is voluntary

{If TrMH = 1-4}

TrMHType (VARLAB: Format of staff training about how to support pupils' mental health)
In the last two years, how has this training about how to support pupils' mental health and wellbeing been delivered?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Provided internally by a mental health professional in the school
2. Provided by local NHS Child and Adolescent Mental Health Services (CAMHS)
3. Provided by other local mental health services in the local area (e.g. voluntary services)
4. Provided by other (e.g. national) registered training provider(s)
5. Free online course (e.g. MindEd)
6. Online training course purchased externally
7. Other
8. No training offered in the last two years (exclusive code)

D. Activities and interventions to promote positive mental health

{Ask all}

MHActIntro

There are a number of activities and approaches that some schools, colleges and other educational institutions use to promote positive mental health among their pupils.

The next set of questions ask whether any of these activities and approaches are used in your school.

{Ask all}

WSMH (VARLAB: Institution-wide approaches used to promote positive mental health)

Firstly, does your school offer any of the following institution-wide approaches to promote positive mental health among pupils?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Promotion of mental health and wellbeing integrated into the school day
2. Provision of information or signposting to online advice or external support organisations.
3. Activities to reduce the stigma of mental health in the school (e.g. Time to Change)
4. An ethos and environment that promotes mutual care and concern including a respect for diversity
5. Opportunities for pupils to be involved in decisions on wellbeing provision
6. None of these (exclusive code)

{Ask all}

SessMH (VARLAB: Sessions, activities and programmes used to promote positive mental health)
Some schools and institutions try to promote positive mental health through specific sessions and activities.

Does your school offer any of the following sessions, activities or programmes that might promote positive mental health among pupils?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Sessions on particular issues (e.g. body image, eating disorders, self-harm)
2. Skills sessions (e.g. coping skills, problem-solving, mindfulness)
3. Peer-mentoring/support
4. A worry box/drop-ins for advice and signposting
5. Support programmes for specific groups of pupils (e.g. Cared for or adopted children, LGBTQ pupils, pupils with special educational needs or disabilities, victims of bullying)
6. None of these (exclusive code)

{Ask all}

ParMH (VARLAB: Engagement of parents/caregivers in promoting positive mental health)
Finally, some schools and institutions try to engage parents and caregivers in promoting positive mental health and wellbeing among pupils.

Does your school offer any of the following to parents or caregivers to help them support their children's mental health?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Sharing information about the school 's mental health plan and provision
2. Provision of written information and advice about supporting pupils' mental health
3. Face-to-face sessions for parents/caregivers about children and young people's mental health
4. One-to-one support (e.g. counselling) for parents/ caregivers
5. Interventions for pupils that include parents/caregivers
6. None of these (exclusive code)

{Ask all}

MHOth (VARLAB: Other things institution does to promote positive mental health)
Is there anything else that your school does that is particularly important in promoting positive mental health amongst pupils?

:

OPEN <300 characters>

CODE: No other actions

E. Identification of need

{Ask all}

UnivData (VARLAB: Whether institution collects data for all pupils in order to inform mental health provision)

The next section of the questionnaire is about how your school identifies mental health needs among pupils.

Does your school collect data for **all** pupils in order to inform institution-wide mental health and wellbeing provision?

1. Yes
2. No

{Ask all}

MHID (VARLAB: How institution identifies pupils with particular mental health needs)

How does your school identify individual pupils who may have particular mental health needs?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Universal screening of all pupils to identify those in need
 2. Targeted screening
 3. Assessment of mental health needs alongside SEN or other similar assessments
 4. Ad hoc identification based on judgement or concerns of individual members of staff
 5. Use of admin data collected for other purposes (e.g. on attendance or academic attainment)
 6. Use of information from external agencies, for example Local Authority teams or previous schools
 7. Other
 8. School does not seek to identify individual pupils who may have particular mental health needs (exclusive code)
- OFFER DK/REFUSED IF MISSING

{If UnivData = 1 or MHID=1 or 2}

MHTool (VARLAB: Tools used for universal and/or targeted screening of mental health needs)

What tools does your school use to collect data to inform mental health and wellbeing provision or to identify pupils with specific mental health needs?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Pupil attitudes to School and Self (PASS)
2. Schools and Pupils Health Education Unit Survey (SHEU)
3. Strengths and Difficulties Questionnaire (SDQ)
4. General Health Questionnaire (GHQ-12)
5. Revised Children's Anxiety and Depression Scale (RCADS)
6. Boxall profile
7. Bespoke or in house questionnaire
8. Other(s)

F. Support for individual pupils

{Ask all}

MHSupp (VARLAB: Support offered for pupils with particular mental health needs)

The next section of the questionnaire is about the provision that your school offers to individual pupils with particular mental health needs. This does not include external services that pupils might be referred to.

Does your school offer any of the following for pupils with particular mental health needs?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Counselling services
2. Clinical psychological support
3. Educational psychological support
4. Cognitive Behavioural Therapy (CBT)
5. Peer support for mental health and wellbeing
6. One-to-one support for specific issues, such as drug misuse or eating disorders
7. Support groups for pupils dealing with particular issues such as anxiety or depression
8. None of these (exclusive code)

{Ask all}

SuppOth (VARLAB: Other support institution offers pupils with particular mental health needs)

Please summarise any other support that your school offers pupils with particular mental health needs.

:

OPEN <300 characters> (option for no other support)

{If MHSupp = 1. Counselling services}

CoFund (VARLAB: Who funds the counselling available in the institution)

The next few questions ask specifically about the counselling provision in your school.

Who funds (as opposed to delivers) the counselling services available in your school?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. The school
2. Local Authority
3. NHS Child and Adolescent Mental Health Services (CAMHS)
4. Other NHS funding
5. A voluntary or charitable organisation
6. Shared budget
7. Parents/families
8. Other

{If MHSupp = 1. Counselling services}

CoQual (VARLAB: Qualifications and accreditations of counsellor(s) working in institution)

Does/do the counsellor(s) who work(s) in your school have any of the following qualifications or accreditations?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Diploma in Counselling
2. Registered with professional body: BACP, National Counselling Society, or UK Council for Psychotherapy
3. Other professional qualification or registration
4. None of these

{If MHSupp = 1. Counselling services}

CoHr (VARLAB: Hours of counselling provision per week)

How many hours a week of counselling provision are provided in your school?

:

Range: 0...200

If Not ContainsAny(MHSupp,{None,HideDK,HideREF})

SuppFund (Funding for support services available in institution)

Thinking about the {TEXTFILL: MHSupp=1 "other"} types of support that your school offers to individual pupils with particular mental health needs, what sources of funding do you use to provide these services?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. The school
2. Local Authority
3. NHS Child and Adolescent Mental Health Services (CAMHS)
4. Other NHS funding
5. A voluntary or charitable organisation
6. Shared budget
7. Parents/families
8. Other

If Not ContainsAny(MHSupp,{None,HideDK,HideREF})

SuppMon (VARLAB: Whether institution monitors impact of support services available in institution)

Does your school monitor the impact of any of these support services?

1. Yes, we monitor the impact of all support
2. We monitor the impact of some support
3. No

{Ask all}

MHRec (VARLAB: Provision for mental health respondent would most recommend)

Of all of the provision that your school offers to promote positive mental health or to respond to pupils with particular mental health needs, which would you be most likely to recommend to another school?

:

OPEN <300 characters>

G. Barriers and enablers to MH provision

{Ask all}

MHBar (VARLAB: Barriers to mental health provision)

Does your school face any of the following barriers or challenges with regard to mental health provision? This includes barriers to provision aimed at promoting positive mental health, and to supporting pupils with particular mental health needs.

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. Lack of knowledge and understanding about mental health issues and support within the school
2. Difficulty commissioning support services locally; e.g. lack of availability or capacity in local area
3. Lack of engagement among pupils and/or parents/caregivers
4. Lack of funding within the school
5. Lack of capacity within the school (e.g. time, availability, space for services)
6. Lack of priority/policy within the school
7. Lack of national priority
8. Other
9. No barriers (exclusive code)

H. Joint working with specialist mental health services

{Ask all}

Refer (VARLAB: External mental health services institution refers to)

The next section of the questionnaire is about the way that your school works with external specialist support services to offer mental health provision.

Firstly, do staff in your school refer pupils to any of the following specialist services?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE CONTINUING.

CODE ALL THAT APPLY

1. NHS or other specialised Child and Adolescent Mental Health Services (CAMHS)
2. Adult Mental Health Services (AMHS)
3. GPs
4. Other specialist voluntary or independent services
5. Hospital paediatric services
6. Dieticians/Nutritionists
7. Other

8. None of these (exclusive code)
OFFER DK/REF IF MISSING

{Ask all}

CAMjoint (VARLAB: Arrangements for joint working with CAMHS)

The next set of questions are about your school's relationship with NHS Child and Adolescent Mental Health Services (CAMHS) and other specialist mental health services.

Does your school have any of the following?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE
CONTINUING.

CODE ALL THAT APPLY

1. A named single point of contact in CAMHS or other mental health services for help and advice
2. A designated member of school staff responsible for linking with CAMHS or other services
3. A clear process or pathway for referring to and seeking help from CAMHS or other services
4. External or specialist mental health services delivered within the school
5. Arrangements for joint meetings with CAMHS/mental health services staff to discuss the needs of individual children
6. None of these (exclusive code)

{Ask all}

CAMbar (VARLAB: Barriers to effective joint working with CAMHS and other specialist services)

Does your school face any of the following barriers to effective joint working with CAMHS or other specialist services?

FOR CAWI: Please select all that apply

INTERVIEWER: READ OUT EACH CODE AND WAIT FOR RESPONSE BEFORE
CONTINUING.

CODE ALL THAT APPLY

1. Lack of understanding within the school of support available and how to access it
2. Lack of understanding of the school environment among external mental health service staff
3. Lack of time/capacity in school to build links
4. Lack of time/capacity in external mental health services to build links
5. Lack of priority given in school to joint working
6. Lack of priority given in external mental health services to joint working
7. Other barriers
8. No barriers (none of these)

{Ask All}

CAMFac (VARLAB: Factors facilitating effective joint working with CAMHS and other specialist services)

Overall, what factor(s) would you say has or have most facilitated effective joint working between your school and CAMHS or other specialist mental health services?

:

OPEN <300 characters>

CODE: No factors have facilitated effective joint working

OFFER DK/REF IF MISSING

{Ask all}

CAMQual (VARLAB: Satisfaction with CAMHS services)

The next questions are specifically about NHS Child and Adolescent Mental Health Services (CAMHS).

On a scale of 1 to 10, where 10 is very satisfied and 1 is very unsatisfied, how satisfied are you with the service available from CAMHS to pupils in your school? By this we mean how easy the service is to access, the amount of support available and the timeliness of support

{1-10 scale}

{Ask all}

CAMTime (VARLAB: Whether CAMHS services have improved or worsened in the last year)

Would you say that the service available from CAMHS to pupils in your school is better or worse than it was one year ago?

1. Better
2. Worse
3. About the same

OFFER DK/REF IF MISSING

{If CAMQual<7}

CAMImp (VARLAB: Area for improvement in support from CAMHS)

In your opinion, which of the following would most improve effective joint working between your school and NHS CAMHS:

1. Dedicated link staff in CAMHS
2. CAMHS staff spending time in schools
3. More group sessions available
4. More one to one sessions available
5. More consultations available to support school staff
6. Something else

<fully productive outcome code '110' triggered>

Section C: Consent for data linkage

{Ask All}

Link

In order to make your survey responses even more useful, DfE would like to be able to link schools' answers to the National Pupil Database (NPD) which tracks pupil attainment. This is to see whether differences in mental health provision are related to levels of pupil attainment across different types of schools.

This information will only be used for research purposes; your personal details will be kept completely confidential. All information will be treated in line with the Data Protection Act.

IF NECESSARY: What will DfE do with the data once they've linked it?

DfE will link survey answers to the NPD to conduct analysis at an aggregate level, looking at how the provision on offer differs by school characteristics. They will also be able to look at how mental health provision differs across different regions and eligibility for pupil premiums. This anonymised information may also be used by other researchers.

Are you able and willing to give consent for DfE to link your school's survey answers with NPD data so it can be used for future analysis?

1. Yes
2. No

{Ask all}

LinkBye

Thank you for taking the time to respond to this survey. Your answers will be really helpful to the Department for Education, and will inform future thinking about mental health provision in schools.

If you have any questions or concerns about the research, please visit www.natcen.ac.uk/mhp, email mhp@natcen.ac.uk or call 0800 652 0401.

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Any enquiries regarding this publication should be sent to us at:

catherine.newsome@education.gov.uk or www.education.gov.uk/contactus

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