



Department  
for Education

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

**Data release**

**May 2022**

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## Introduction

The Transforming Children and Young People's Mental Health Implementation Programme is a joint and collaborative programme led by the Department of Health and Social Care (DHSC), Department for Education (DfE) and NHS England and NHS Improvement (NHSE/I) with support from Health Education England (HEE) and the Office for Health Improvement and Disparities (OHID).

This publication provides information on the Department for Education's commitment to offer senior mental health lead training to all eligible schools and colleges by 2025.

## Background

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

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

- New Mental Health Support Teams (MHSTs) in 20-25% of the country by 2023/24 that provide support and extra capacity for early intervention and help for mild to moderate mental health issues.
- Training for senior mental health leads to implement an effective whole school or college approach to mental health and wellbeing in schools and colleges.
- Pilots for a four-week waiting time for children and young people's mental health services.

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

## Content of this publication

This publication contains information regarding the latest coverage of the MHST programme, delivery of senior mental health lead training to schools and colleges in the first financial year of the programme and information regarding the reach and impact of the Wellbeing for Education Return/ Recovery programme.

# Mental Health Support Teams Coverage

## Background

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

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

MHSTs have three core functions:

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

## Overview

The establishment of MHSTs began in 2018 and the number of teams has increased each year as set out in the table 1. The analysis presented in this publication shows coverage up to and including waves 3 and 4 but more teams are being introduced. A further 112 Education Mental Health Practitioners (EMHPs) are currently training, which means 399 MHSTs will be up and running by 2023.

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

<b>Wave</b>	<b>Number of teams</b>	<b>Year EMHPs training began</b>	<b>Year teams become operational<sup>1</sup></b>
Trailblazer	58*	January 2019	December 2019- April 2020 (EMHPs complete training and sites became operational)
Waves 1 & 2	125*	Wave 1 - September 2019  Wave 2 -January 2020	Wave 1- August – December 2020 (EMHPs complete training and sites became operational)  Wave 2 – January – March 2021 (EMHPs complete training and sites became operational)
Waves 3 & 4	104*	Wave 3- November 2020  Wave 4 – January - February 2021	Waves 3 & 4-March 2022 (EMHPs complete training and sites became operational)

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

## Data sources

The analysis presented in this publication on the coverage of MHSTs uses self-reported information from MHSTs on the schools and colleges participating in the programme.

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<sup>1</sup> 'Operational' is defined as the Education Mental Health Practitioners having successfully completed their training with assurance provided through NHSE/I quarterly monitoring returns.

This is linked to 2021 DfE data<sup>2</sup> to report on the number and percentage of schools/ colleges and pupils/ learners<sup>3</sup> covered by the programme. The subsequent analysis relies on the quality of the data received, therefore the numbers presented here are our best estimates using the latest available data.

## Summary

### National

There are 2.4 million pupils/ learners who have access to or will have access to an MHST in 2021-22 based on schools and college lists returned from MHSTs:

- 0.58 million from trailblazers (commissioned in 2018-19),
- 0.99 million from waves 1 & 2 (commissioned in 2019-20) and
- 0.87 million from waves 3 & 4 (commissioned in 2020-21).

This equates to 26% coverage of pupils in schools and learners in FE in England.

There are 4,789 schools and colleges participating in the MHST programme in 2021-22 based on schools and college lists returned from MHSTs:

- 1,084 from trailblazers (commissioned in 2018-19),
- 2,064 from waves 1 & 2 (commissioned in 2019-20) and
- 1,641 from waves 3 & 4 (commissioned in 2020-21).

This equates to 20% of schools and colleges in England who are part of the MHST programme. Coverage of MHSTs at school/ college level is lower than coverage at pupil/ learner level due to variation in setting size.

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<sup>2</sup> Lists of schools and colleges participating in the MHST programme, as provided by MHST teams have been linked to school and college information from 'Get information about schools', pupil numbers from January 2021 school census and FE learner numbers from 2020-21 Individualised Learner Record.

<sup>3</sup> The programme covers all children and young people however this analysis is based on pupils/ learners in schools/ colleges as a proxy due to availability of data.

## Delivery trajectory

Nationally, there are, on average, 8,500 pupils/ learners and 16.7 schools/ colleges per MHST, up to waves 3 & 4. There are 112 MHSTs that will become part of the programme in waves 5 & 6 (with EMHPs starting training from autumn 2021 and due to become operational in 2022-23).

Assuming the average number of schools/ colleges and pupils/ learners per MHST remains constant, we estimate that including waves 5 and 6, coverage would increase to 36% of pupils/ learners and 27% of schools/ colleges by the end of 2022-23.

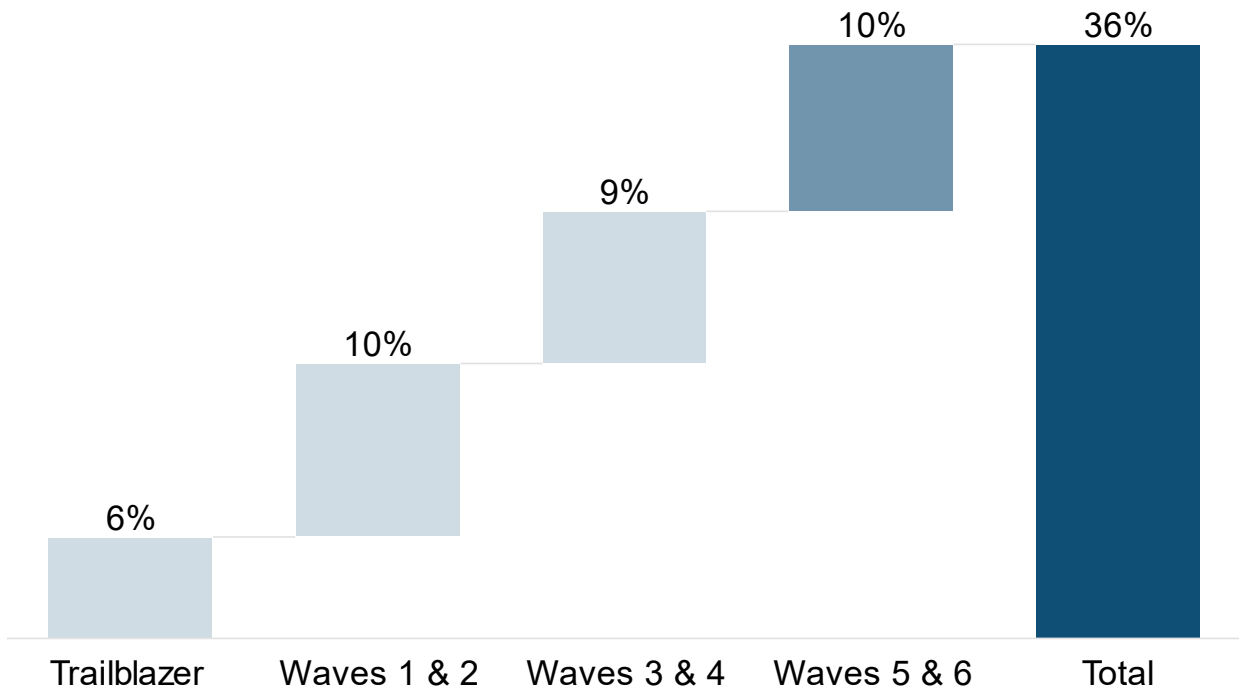
## Coverage by wave

These charts show how the MHST programme has grown with each wave.

- Trailblazer wave (2018-19) covered 6% of pupils/ learners and 4% of schools/ colleges.
- Waves 1 & 2 (2019-20) covered 10% of pupils/ learners and 8% of schools/ colleges.
- Waves 3 & 4 (2020-21) covered 9% of pupils/ learners and 7% of schools/ colleges.

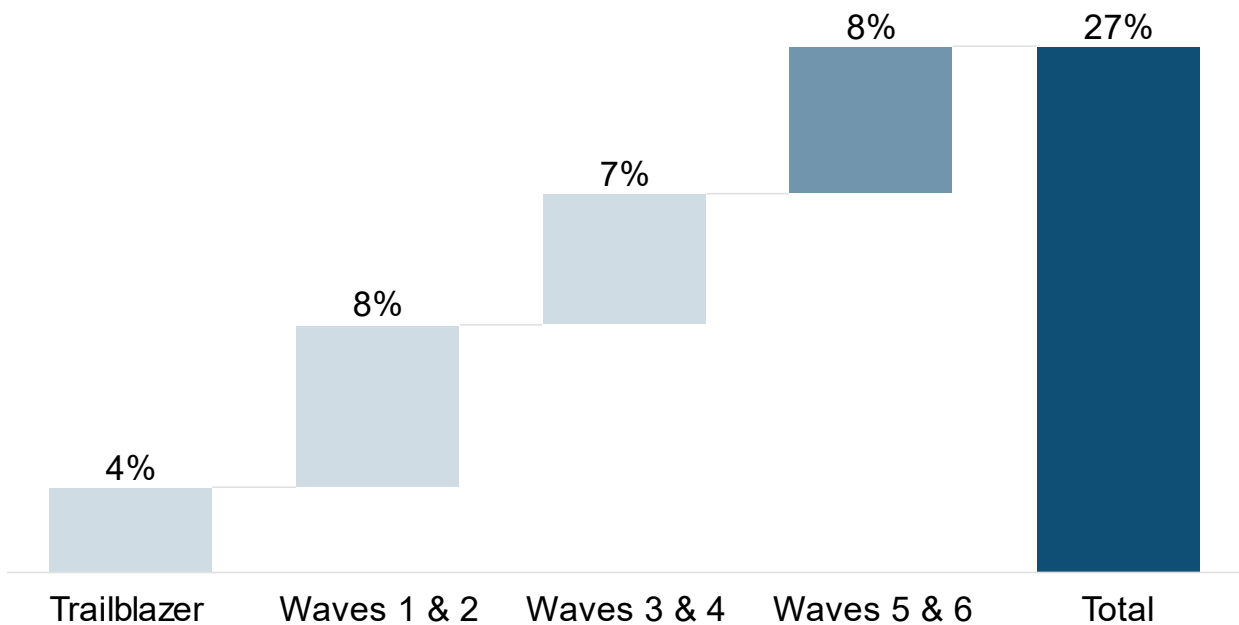
It is projected that waves 5 & 6 (becoming operational in 2022-23) could cover 10% of pupils/ learners and 8% of schools/ colleges once operational, assuming numbers of schools/ colleges and pupils/ learners per team remain constant. This would take overall coverage from 26% to 36% of pupils/ learners and from 20% to 27% of schools/ colleges in 2022-23.

**Figure 1: Percentage of pupils/ learners in schools/ colleges participating in Mental Health Support Teams programme, by wave (up to and including waves 5 and 6)**



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

**Figure 2: Percentage of schools/ colleges participating in Mental Health Support Teams programme, by wave (up to and including waves 5 and 6)**



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



## Coverage by region

Coverage of pupils/ learners and settings by MHSTs varies across the country. Here we present data for each NHSE/I region to reflect the lead delivery partner for MHSTs and the organisational structure of the programme. Note that these analyses represent a snapshot in time. Populations and numbers of pupils and learners can also change between years and historic changes in regional and sub-regional boundaries may affect the overall regional proportions. The decision on which education settings were covered by an MHST was for local determination. Individual education settings can vary significantly in size and this can affect analysis. For example, regions where MHSTs cover fewer but larger settings would have different coverage statistics to those with more, smaller settings. Further waves of MHSTs are planned and ensuring equitable population coverage across all regions is part of the programme's aim.

Regionally, the 26% coverage of pupils/ learners varies between 20% (Midlands) and 32% (London).

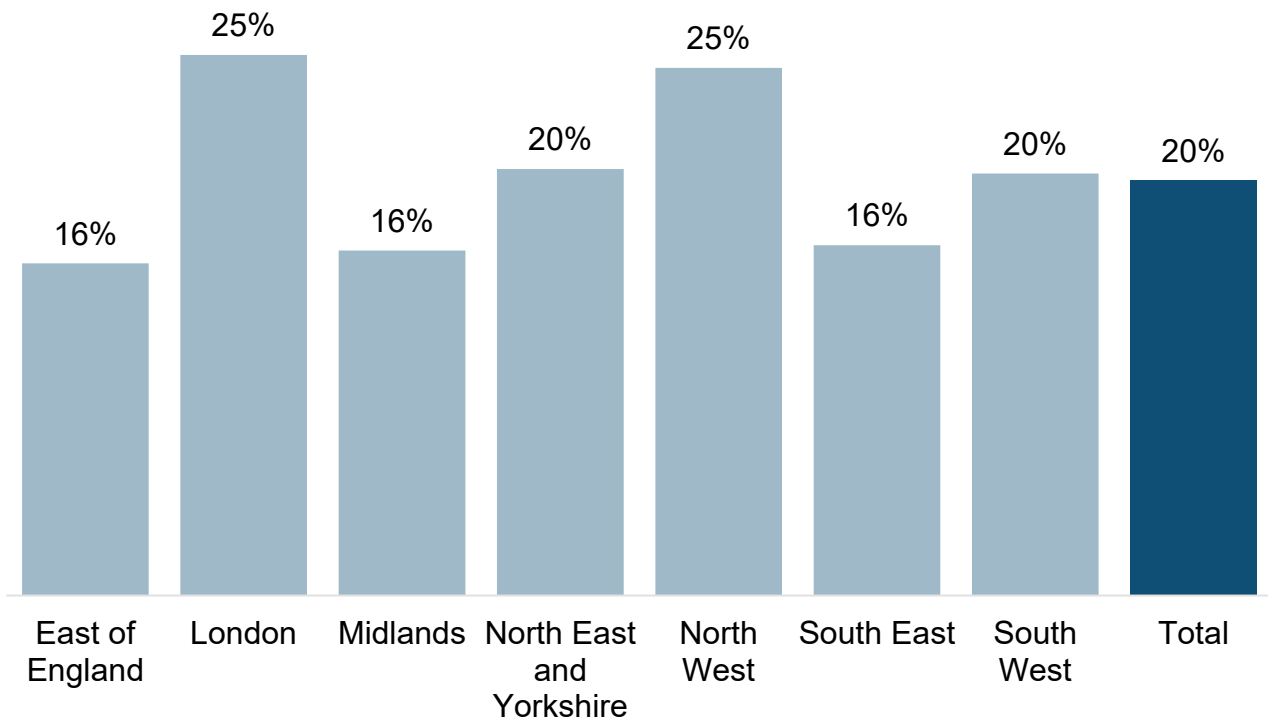
**Figure 3: Percentage of pupils/ learners in schools/ colleges participating in the Mental Health Support Teams programme, by NHSE/I region (up to and including waves 3 and 4)**



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

The 20% national coverage of schools/ colleges varies between 16% (East of England, Midlands and South East) and 25% (London and North West).

**Figure 4: Percentage of schools/ colleges participating in Mental Health Support Teams programme, by NHSE/I region (up to and including waves 3 and 4)**

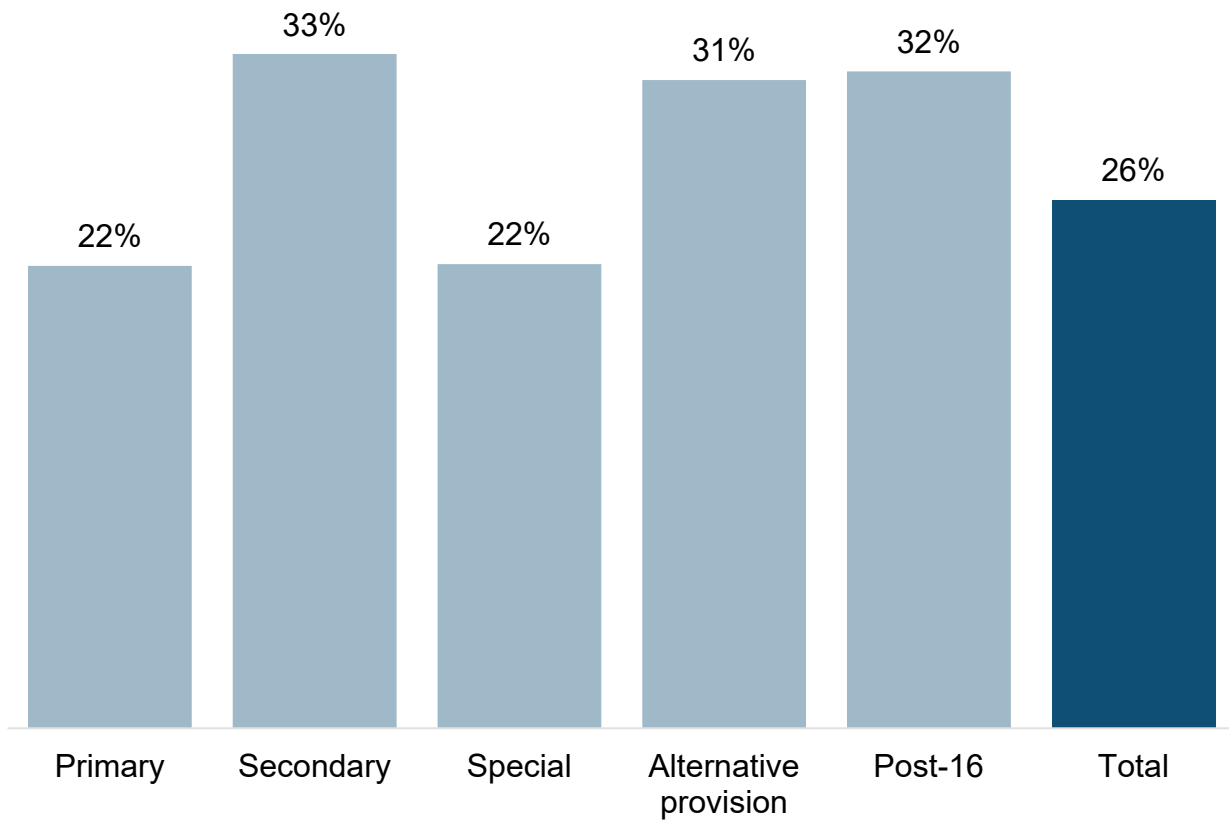


Source: Self-reported MHST settings list, linked to DfE data

## Coverage by setting type

Across all setting types, 26% of pupils/ learners are in settings participating in the MHST programme. However, this varies between 22% (Primaries and Special schools) and 33% (Secondaries) (Figure 5). Coverage for alternative provision (AP) and Post-16 settings (of which there are fewer) is also fairly high. (AP settings include academy/ free school alternative provision settings and LA maintained pupil referral units. Post-16 settings include FE colleges, specialist Post-16 colleges and Post-16 academies and free schools).

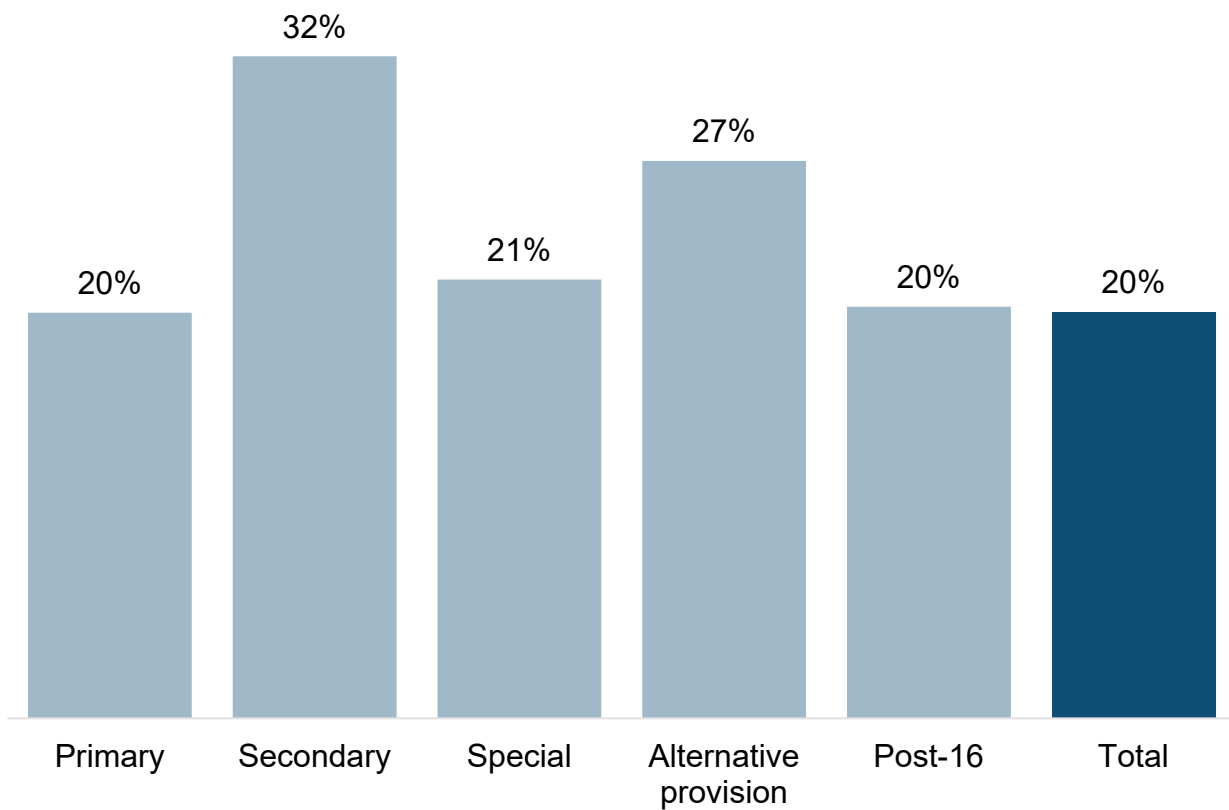
**Figure 5: Percentage of pupils/ learners in schools/ colleges participating in Mental Health Support Teams programme, by type of setting (up to and including waves 3 and 4)**



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

Nationally, 20% of schools/ colleges are participating in the MHST programme ranging from 20% (Primaries and Post-16) to 32% (Secondaries) (Figure 6).

**Figure 6: Percentage of schools/ colleges participating in Mental Health Support Teams programme, by type of setting (up to and including waves 3 and 4)**



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

Participation in the MHST programme also varies by governance status; 20% of LA maintained schools are participating in the MHST programme compared to 24% of academy/ free schools. Full details of the number of eligible settings and the number of settings that are participating in the MHST programme is available within the data tables for this publication.

# Senior mental health lead training

## Overview

On 10 May 2021<sup>4</sup>, the government announced £9.5m in grants for schools and colleges to access senior mental health lead training. The ambition was for around a third of all state schools and colleges to benefit in 2021/22 as part of its commitment to offer this training to all state schools and colleges by 2025.

Schools and colleges are offered a £1,200 grant for a senior member of education staff to access DfE quality assured training to implement an effective whole school or college approach to mental health and wellbeing in their setting. The grant is intended to cover (or contribute to) the cost of attending a training and may also be used to hire supply staff to provide cover whilst leads are engaged in learning<sup>5</sup>.

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

## Summary

From 11 October 2021, schools and colleges were invited to apply for a senior mental health lead training grant and up to 31 March 2022, 8,280 schools and colleges had successfully claimed a grant. The 8,280 settings that have claimed a grant in 2021-22 financial year represent 35% of the total number of settings that were eligible to apply (8,280 out of 23,695 settings) meaning that DfE has spent £9.936m in grants.

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<sup>4</sup> [Schools and colleges to benefit from boost in expert mental health support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/schools-and-colleges-to-benefit-from-boost-in-expert-mental-health-support)

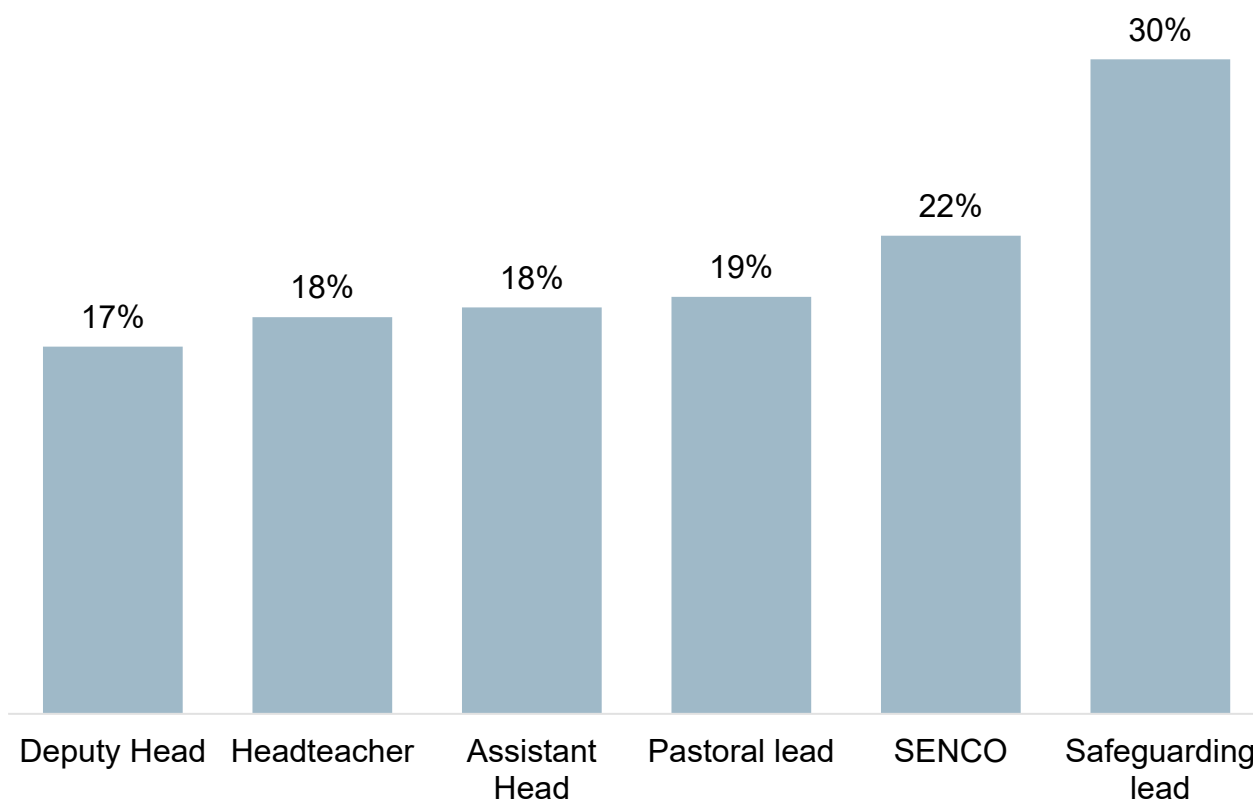
<sup>5</sup> [Senior mental health lead training - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/senior-mental-health-lead-training)

## Who are senior leads?

A senior mental health lead is a strategic role in a school or college responsible for overseeing the setting's holistic/ whole school or college approach<sup>6</sup> to promote and support children and young people's mental health and wellbeing.

Data from the grant application forms show that, of the 8,280 senior mental health leads who claimed a grant up to 31 March 2022, 98% carried out this role alongside other roles. Figure 7 shows that the most common other roles were safeguarding lead (30% of applicants), SENCO (22%) and pastoral lead (19%). The senior mental health lead role is also often carried out by a headteacher, deputy head or assistant head (18%, 17% and 18% of applicants respectively).

**Figure 7: Percentage of senior mental health lead training grant applications with other roles, applications up to 31 March 2022**



Source: DfE digital service grant application forms

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<sup>6</sup> <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

Table 2 shows that the other roles undertaken by senior mental health leads vary by setting type. It is most common for the role to be undertaken by a SENCO in primary schools, whereas it is most common for the role to be undertaken by the safeguarding lead in secondary schools and Post-16 settings. The senior mental health lead role is undertaken by the headteacher in 23% of primary schools who have applied for the grant and by an assistant head in 38% of secondary schools who have applied for the grant.

**Table 2: The percentage of senior mental health lead applicants with other roles by role and setting type, applications up to 31 March 2022**

	SENCO	Safeguarding lead	Pastoral lead
Primary	26%	28%	19%
Secondary	12%	37%	21%
Special	6%	18%	13%
Alternative provision	19%	24%	14%
Post-16	11%	48%	24%
Total	22%	30%	19%

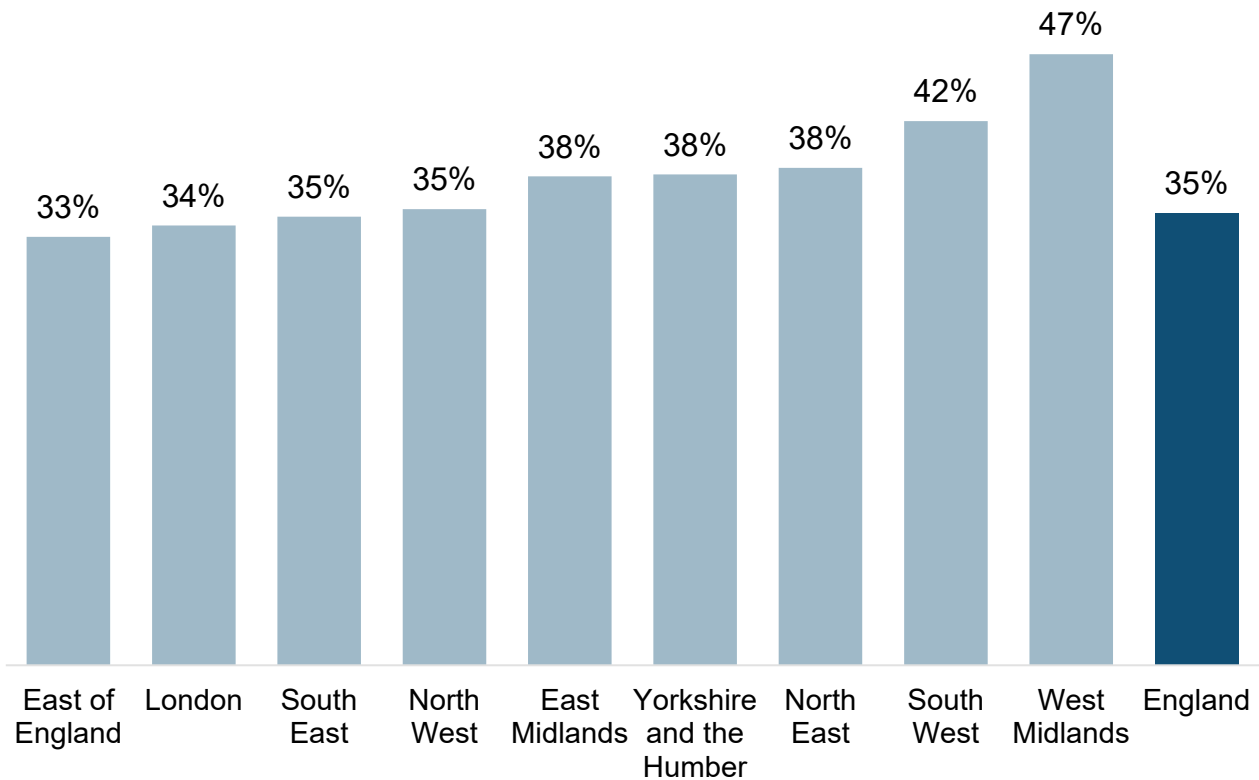
	Assistant Head	Deputy Head	Headteacher
Primary	12%	15%	23%
Secondary	38%	20%	3%
Special	21%	20%	13%
Alternative provision	16%	15%	15%
Post-16	16%	17%	5%
Total	18%	17%	18%

Source: DfE digital service grant application forms

## Take up by region

Figure 8 shows that, nationally, more than a third (35%) of eligible settings had completed their application for a senior mental health lead training grant by 31 March 2022. Take up of the training grant varies by region with 33% of state-funded schools in East of England having completed an application for the grant compared to 47% of state-funded schools in the West Midlands.

**Figure 8: Percentage of state-funded schools who had completed their application for a senior mental health leads training grant, by government office region, applications up to 31 March 2022, state-funded schools only**



Source: DfE digital service grant application forms

## Take up by local authority

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

Table 3 shows that in 5 local authorities (3%), fewer than 20% of state-funded schools had completed their applications for the senior mental health lead training grant by 31 March 2022. In more than half of local authorities (56%), between 20% and 40% of their state-funded schools had applied for the senior mental health lead training grant.



**Table 3: The number and percentage of local authorities by percentage of state-funded schools that had completed application for senior mental health lead grant**

Percentage of state-funded schools that have completed application for senior mental health lead grant	Number of local authorities	Percentage of local authorities
0% to less than 20%	5	3%
20% to less than 40%	85	56%
40% to less than 60%	57	38%
60% to less than 80%	4	3%
80% to 100%	1	1%

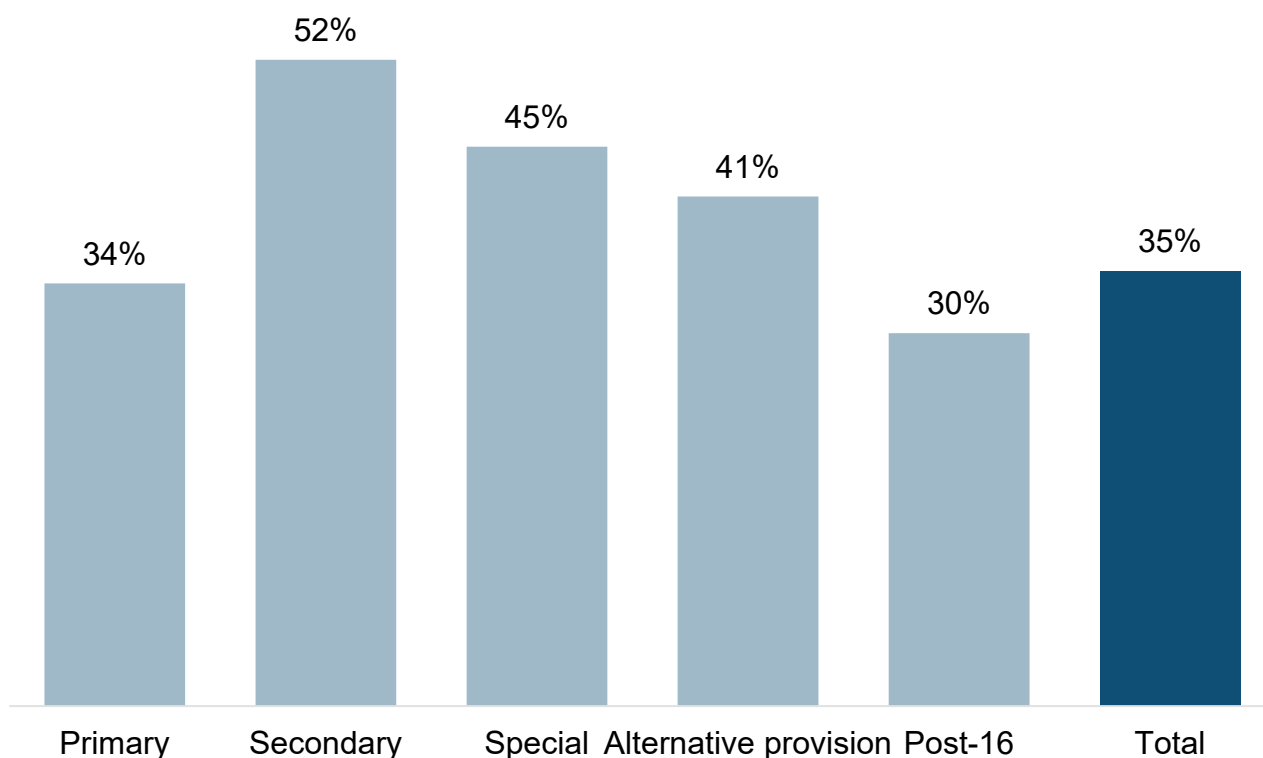
### **Role of the local authority**

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

### **Take up by setting type**

As in Figure 9, take up of the training grant varies by setting type. Just over half of state-funded secondary schools (52%) completed their application by 31 March 2022 compared to around a third (34%) of state-funded primary schools.

**Figure 9: Percentage of eligible settings who had completed their application for a senior mental health leads training grant, by setting type, applications up to 31 March 2022**



Source: DfE digital service grant application forms

Take up also varies by governance status; 34% of eligible LA maintained schools had completed a grant application by 31 March 2022 compared to 41% of eligible academy/free schools. Full details of the number of eligible settings and number of settings that had completed grant applications, by setting type is available within the data tables for this publication.

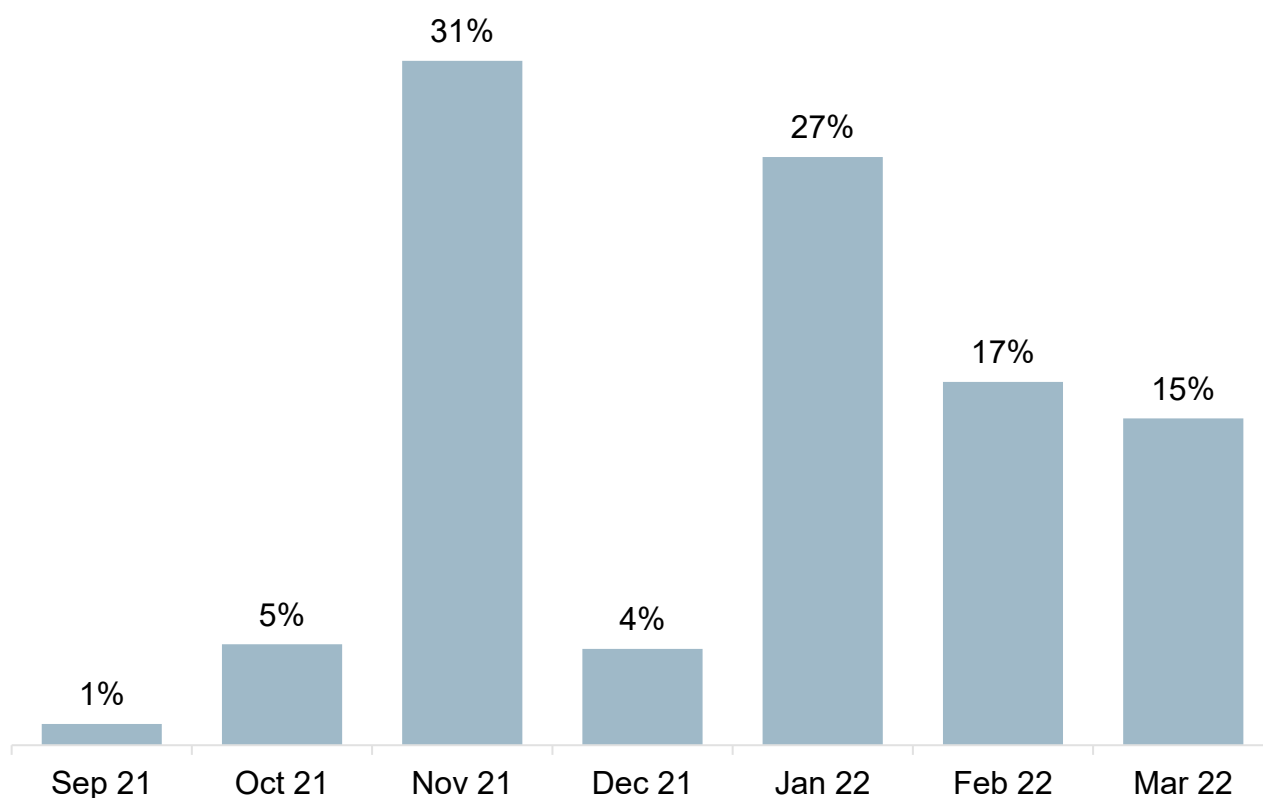
## Take up by MHST participants

Linking the senior mental health lead training grant application forms to the MHST data shows that settings that are participating in the MHST programme were more likely to have completed an application for a senior mental health lead training grant by 31 March 2022; 44% of settings that are currently participating in the MHST programme had completed a senior mental health lead training grant application compared to 31% of settings that are not currently participating in the MHST programme.

## Timing of training courses

To meet the conditions of grant<sup>7</sup>, applicants for the senior mental health lead training grant in 2021-22 had to start their training by 31 March 2022. However training start/ end dates and durations for the different training courses vary. Figure 10 shows the percentage of applicants who started their courses each month and data provided in the grant application forms shows that 41% (3,378 applicants) started their training course before 31 December 2021.

**Figure 10: Percentage of senior mental health leads starting their training courses each month, applications up to 31 March 2022**



Source: DfE digital service grant application forms

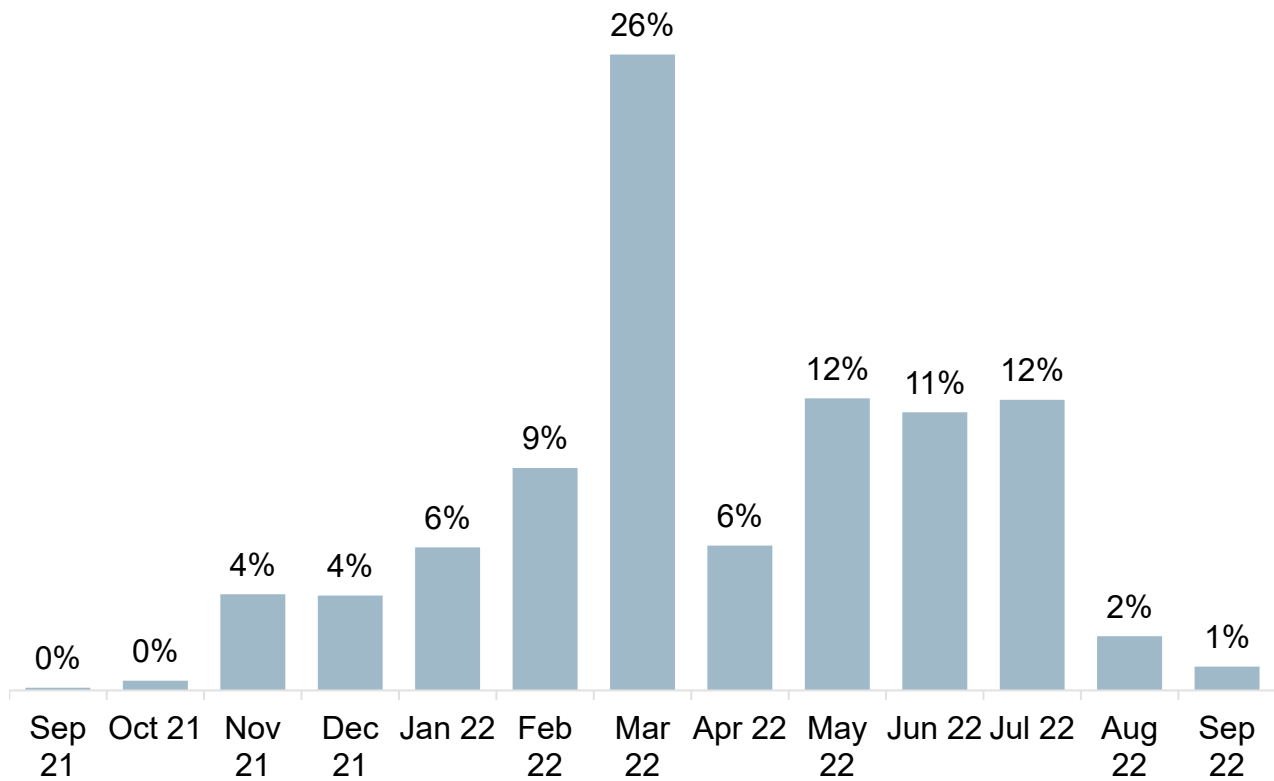
Figure 11 shows that the largest number and percentage of senior leads completed their training in March 2022 (2,128 applicants, 26% of all applicants up to 31 March 2022). Data

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<sup>7</sup> <https://www.gov.uk/government/publications/senior-mental-health-lead-training-grant-funding/senior-mental-health-lead-training-conditions-of-grant--3>

provided in the grant application forms shows that 8% of applicants completed their training by the end of December 2021 and 49% completed their training by the end of March 2022.

**Figure 11: Percentage of senior mental health leads completing their training courses each month, applications up to 31 March 2022**



Source: DfE digital service grant application forms

There are also a range of different durations for the training courses; of the applications completed by 31 March 2022, 257 applicants (3% of all applicants) participated in courses that lasted 1 day; 1,342 applicants (16%) participated in courses that lasted less than one month; 5,281 applicants (64%) participated in courses that lasted 1-6 months and 1,655 applicants (20%) participated in courses that lasted more than 6 months.

# Wellbeing for education return / recovery

## Background

The Wellbeing for Education Return (WER) programme ran from August 2020 to March 2021. It was an £8 million initiative set up to help local authorities<sup>8</sup> in England to provide additional temporary, urgent support to schools and colleges to enable education staff to support the immediate mental health and wellbeing challenges arising from the pandemic.

This was followed by a further announcement in May 2021 of £7 million provided to local authorities for the Wellbeing for Education Recovery (WER) programme, to support schools and colleges as we recover from the impacts of the pandemic.

Across the duration of the WER programmes, a series of surveys of local authorities took place to clarify how the programme was working in practice and how the money was being spent.

## Findings from Wellbeing for Education Return survey

The final survey was sent to local authorities in March 2021, 120 responses were received, giving a response rate of 80%.

It is estimated that local authorities delivered training to 11,000 schools and colleges (46% of all settings) as a result of, or using materials provided by, Wellbeing for Education Return<sup>9</sup>. Looking at the different setting types, it is estimated that training and support was provided through WER funding to the following: 50% of primary schools, 51% of secondary schools, 17% of special schools, 74% of alternative provision settings and 16% of FE providers. These estimates were produced using the responses received from 80% of local authorities and grossing up to the total number of settings to account for non-response.

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<sup>8</sup> [Wellbeing for education recovery: grant determination letter - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/92121/wer-grant-determination-letter-2020.pdf)

<sup>9</sup> For further details about resources provided by WER, see: [MindEd Hub](#) and [MindEd Hub](#)

## Findings from Wellbeing for Education Recovery survey

The survey was sent to local authorities in November 2021, 117 responses were received, giving a response rate of 79%.

### **Schools and colleges receiving training and support**

It is estimated that local authorities provided a range of support to 14,000 schools and colleges (65% of all settings) as a result of, or using materials provided by Wellbeing for Education Return or Recovery (WER) funding. Looking at the different setting types, it is estimated that support was provided through WER funding to the following: 64% of primary schools, 68% of secondary schools, 55% of special schools, 75% of alternative provision settings and 78% of FE providers. These estimates were produced using the responses received from 79% of local authorities and grossing up to the total number of settings to account for non-response.

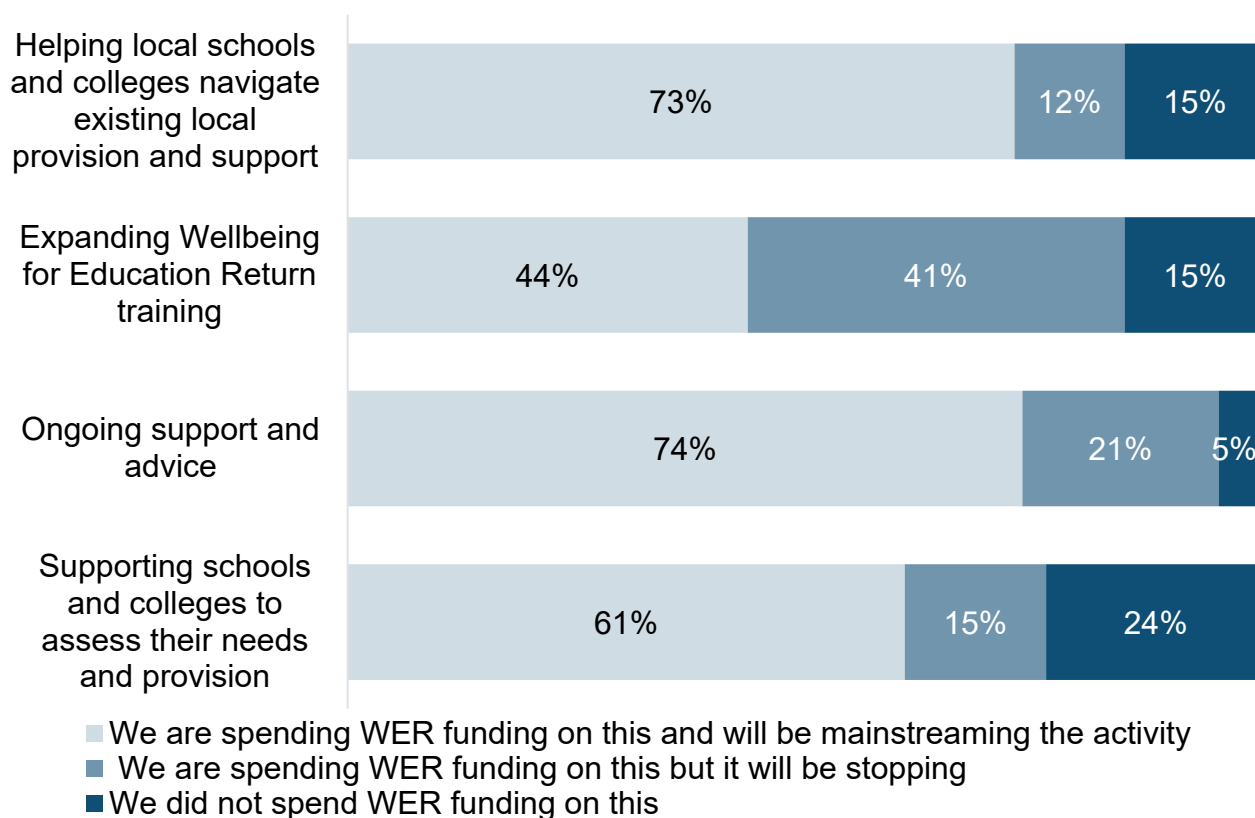
### **How grants were spent**

Respondents were positive about WER funding with 93% of local authorities saying the funding improved the plans they had to support schools, 56% saying the funding had a 'significant' impact.

As shown in figure 13, the most common activity which respondents reported having spent WER funding on was 'ongoing support and advice' (95% of respondents) while, the least common was 'supporting schools and colleges to assess their needs and provision' (76% of respondents).

In terms of activities which local authorities reported they planned to mainstream after WER funding ended, the most common activities were 'ongoing support and advice' and 'helping schools and colleges navigate existing local provision and support'.

**Figure 13: Activities local authorities spent WER funding on and which are continuing**



Source: Local authority WER management information survey

Local authorities reported that WER funding had a positive impact in a number of areas allowing them to help education staff increase their knowledge, confidence and awareness of Mental Health (MH) evidence, support and advice as well as improve joint working and local collaboration.

The top three most common reported significant impacts of WER funding were ‘improved local collaboration and joint working’ (43% of respondents reported WER had had a significant impact on this), ‘increased education staff knowledge of mental health and wellbeing impacts of Covid-19’ (39%) and ‘education staff more aware of evidence-based approaches, resources and services to support mental health and wellbeing’ (35%).

**Table 4: The extent to which WER funding helped local authorities achieve listed outcomes**

	Significantly	Moderately	Somewhat	Slightly	Not at all	Don't know
Increased Education staff knowledge of MH	39%	42%	10%	5%	0%	3%
Education staff better equipped to identify behaviour linked to MH	32%	52%	9%	6%	0%	2%
Education staff more aware of approaches to support MH	35%	46%	9%	8%	1%	1%
Education staff accessed specialist advice on MH	26%	36%	18%	9%	7%	5%
Improved joint working to support MH	43%	34%	12%	8%	2%	2%
Increased Education staff awareness of access to support	27%	53%	10%	8%	0%	2%
Direct reports of improved wellbeing of children and young people	3%	17%	29%	12%	4%	34%

Source: Local authority WER management information survey





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