

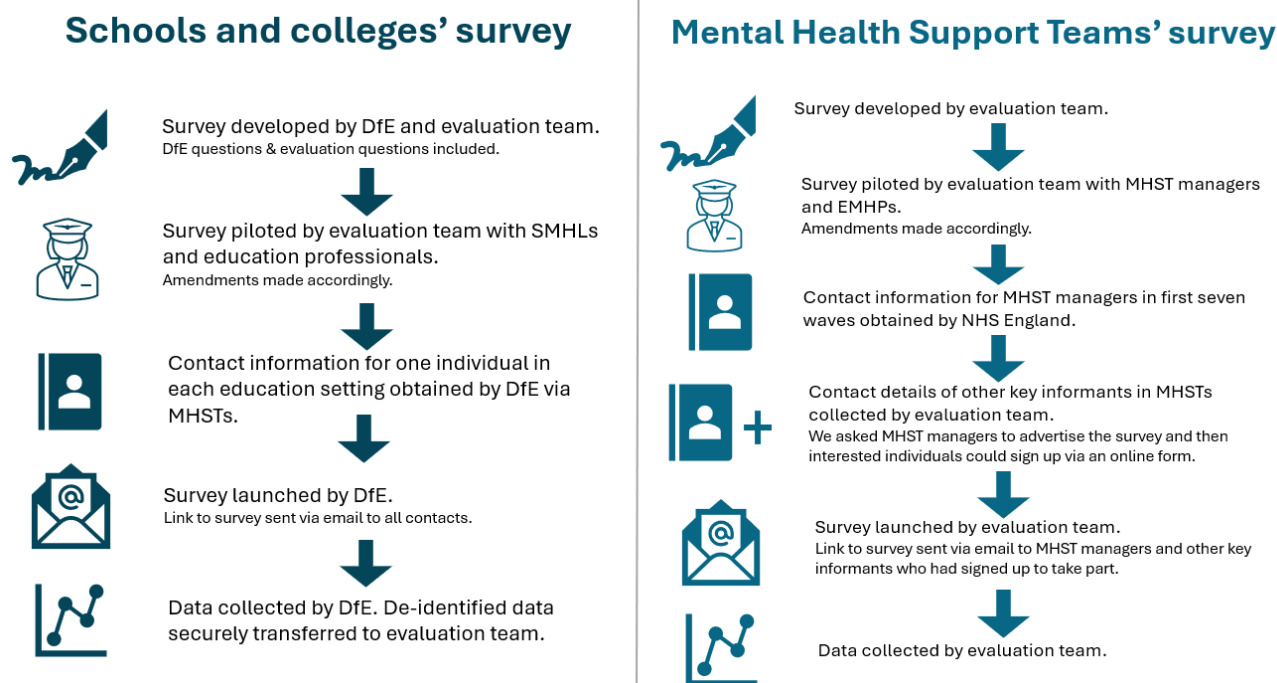
Evaluating the implementation of the Transforming Children and Young People's Mental Health Provision Green Paper programme

**Findings from surveys of schools and colleges and
Mental Health Support Teams (2024)**

July 2025

Supplementary material

Supplementary figures



Supplementary Figure 1: Flow-chart showing the development and distribution of surveys for schools and colleges (right) and Mental Health Support Teams (MHSTs), and the data collection process.

Note: DfE = Department for Education; EMHPs = Education Mental Health Practitioner; SMHLs = Senior Mental Health Leads

Supplementary tables

Supplementary Table 1. Information about the surveys of schools and colleges and Mental Health Support Teams

	Schools and colleges' survey	Mental Health Support Teams' survey
Survey dates	Friday 3 rd May 2024 – Friday 24 th May 2024* * Closed early due to pre-election period	Tuesday 9 th July 2024 – Friday 9 th August 2024* * Deadline extended for a small number who had unfinished surveys
Respondents	One respondent per school/college. Respondents: SMHL or equivalent role, SENCo, DSL, Head Teacher, Deputy Head Teacher, teaching staff.	Multiple respondents per MHST. Respondents: MHST managers, service leads, clinical leads, EMHPs (including senior and assistant EMHPs), mental health practitioners, supervisors, service leads, ICS leads, stakeholders from voluntary sector, education sector, local authority, and CAMHS.
N invitations sent	6,175	688
N responses (% response rate)	1,189 (19%)	303 (44%)
Respondents per school/college or MHST group	One	Multiple

Note: CAMHS = child and adolescent mental health services; DSL = designated safeguarding lead; EMHP = Education Mental Health Practitioner; ICS = Integrated Care System; MHST = Mental Health Support Team; SENCo = Special Educational Needs Co-ordinator; SMHL = Senior Mental Health Lead

Supplementary Table 2. Characteristics of the schools and colleges' survey sample compared to characteristics of all the schools and colleges who work with a Mental Health Support Team (MHST) in the first seven waves of the programme

Characteristic	Schools/colleges in survey n = 1,189 ¹	All schools/colleges who work with an MHST in first seven waves of programme n = 6,944 ¹
Region		
East of England	155 (13%)	689 (9.9%)
London	174 (15%)	1,098 (16%)
Midlands	174 (15%)	1,069 (15%)
North East and Yorkshire	187 (16%)	1,212 (17%)
North West	176 (15%)	1,050 (15%)
South East	168 (14%)	918 (13%)
South West	155 (13%)	908 (13%)
Wave of MHST		
Trailblazer	121 (10%)	909 (13%)
Wave 1	194 (16%)	1,027 (15%)
Wave 2	188 (16%)	1,219 (18%)
Wave 3	140 (12%)	811 (12%)
Wave 4	188 (16%)	967 (14%)
Wave 5	193 (16%)	928 (13%)
Wave 6	165 (14%)	1,083 (16%)
Phase		
Primary	774 (65%)	4,810 (69%)
Secondary/middle-deemed secondary	310 (26%)	1,538 (22%)
16 plus	29 (2.4%)	101 (1.5%)
All-through	18 (1.5%)	80 (1.2%)
Not applicable	58 (4.9%)	403 (5.8%)
Missing		12
¹ n (%)		

Note: The region relates to the region where the school/college's Mental Health Support Team is located. The first seven waves of the programme include the Trailblazer wave (the pilot wave) and waves 1 – 6.

Supplementary Table 3. Characteristics of the schools and colleges' survey sample compared to characteristics of the schools and colleges who did not respond to the invite to take part in the survey

Characteristic	Schools/colleges in survey n = 1,189 ¹	Schools/colleges that did not respond to invite to take part in survey n = 4,986 ¹
Region		
East of England	155 (13%)	472 (10%)
London	174 (15%)	791 (16%)
Midlands	174 (15%)	783 (16%)
North East and Yorkshire	187 (16%)	879 (18%)
North West	176 (15%)	767 (15%)
South East	168 (14%)	665 (13%)
South West	155 (13%)	629 (13%)
Wave of MHST		
Trailblazer	121 (10%)	689 (14%)
Wave 1	194 (16%)	719 (14%)
Wave 2	188 (16%)	868 (17%)
Wave 3	140 (12%)	583 (12%)
Wave 4	188 (16%)	682 (14%)
Wave 5	193 (16%)	644 (13%)
Wave 6	165 (14%)	801 (16%)
Phase		
Primary	774 (65%)	3,462 (69%)
Secondary/middle-deemed secondary	310 (26%)	1,105 (22%)
16 plus	29 (2.4%)	63 (1.3%)
All-through	18 (1.5%)	58 (1.2%)
Not applicable	58 (4.9%)	298 (6.0%)

¹n (%)

Note: The region relates to the region where the school/college's Mental Health Support Team is located.

Supplementary Table 4. n (%) of Mental Health Support Team (MHST) groups included in the MHSTs' survey sample compared to number and proportion of all MHST groups in England, by region

Region	n MHST groups responded to survey (% out of all MHST groups included in survey)		n MHST groups in region (% out of all MHST groups in England)		% MHST groups responded to survey out of all MHST groups in region
East of England	6	(8%)	7	(7%)	86%
London	15	(20%)	28	(26%)	54%
Midlands	11	(14%)	13	(12%)	85%
North East and Yorkshire	16	(21%)	21	(20%)	76%
North West	9	(12%)	13	(12%)	69%
South East	10	(13%)	15	(14%)	67%
South West	9	(12%)	9	(8%)	100%
Total	76	(100%)	106	(100%)	72%

Note: The final column shows the % of MHST groups in each region that had a staff member respond to the survey.

Supplementary Table 5. n (%) respondents to the Mental Health Support Teams' (MHSTs') survey (n = 303)

Wave	n survey responses	% of all survey responses
Trailblazers	70	23%
Wave 1	38	13%
Wave 2	50	17%
Wave 3	33	11%
Wave 4	26	9%
Wave 5	20	7%
Wave 6	41	14%
Unknown	25	8%
Total	303	100%

Supplementary Table 6. Comparison of how frequently the respondent's MHST accepted referrals outside 'mild to moderate' mental health needs between those who said that there were no groups of children and young people (CYP) for whom the interventions were less suitable (n = 60) vs. those who said that there were (n = 161)

Frequency MHST accepted referrals outside 'mild to moderate' mental health needs	% of those who said there were no groups of CYP for whom the interventions were less suitable (n = 60)	% of those who said there were groups of CYP for whom the interventions were less suitable (n = 161)
Never (0)	<5	3%
Rarely (1)	29%	12%
Sometimes (2)	37%	49%
Often (3)	25%	31%
Always (4)	<5	4%
Mean (SD)	1.93 (0.94)	2.22 (0.83)
Median (IQR)	2 (2)	2 (1)

Note: The mean (SD) and median (IQR) relate to the categorical answers being assigned numeric values (see below).

Respondents in MHSTs who thought that there were no groups of children and young people for whom the interventions were less suitable were more likely to work in MHSTs that 'rarely' accepted referrals outside 'mild to moderate' and were less likely to work in MHSTs that 'sometimes' or 'often' accepted these referrals.

We tested whether this finding was statistically significant. To do this, we assigned numeric values to the categorical answers about how frequently their MHST accepted referrals outside 'mild to moderate' (never = 0, rarely = 1, sometimes = 2, often = 3, always = 4) such that the lower the value, the less frequently the MHST accepted these referrals.

The mean of the group that thought there were no groups for whom the interventions were less suitable was 1.93 (SD = 0.94) and the median was 2 (IQR = 2). The mean of the group who thought that there were was 2.22 (SD = 0.83) and the median was 2 (IQR = 1). We then performed an unpaired two-samples Wilcoxon signed-rank test. This was statistically significant at the alpha value of 0.05 ($W = 3856$, $p = 0.01546$).

Supplementary Table 7. Comparison of how frequently the respondent's MHST accepted referrals outside low mood, generalised and social anxiety, and common behavioural problems between those who said that there were no groups of children and young people (CYP) for whom the interventions were less suitable (n = 60) vs. those who said that there were (n = 161)

Frequency MHST accepted referrals outside 'low mood, generalised and social anxiety, and common behavioural problems'	% of those who said there were no groups of CYP for whom the interventions were less suitable (n = 60)	% of those who said there were groups of CYP for whom the interventions were less suitable (n = 161)
Never	<5	4%
Rarely	22%	13%
Sometimes	47%	55%
Often	22%	25%
Always	<5	4%
Mean (SD)	1.93 (0.92)	2.12 (0.82)
Median (IQR)	2 (1.25)	2 (1)

Note: The mean (SD) and median (IQR) relate to the categorical answers being assigned numeric values (see below).

Respondents in MHSTs who thought that there were no groups of children and young people for whom the interventions were less suitable were more likely to work in MHSTs that 'rarely' accepted referrals outside low mood, generalised and social anxiety, and common behavioural problems, and were more likely to work in MHSTs that 'sometimes' or 'often' accepted these referrals.

We tested whether this finding was statistically significant. To do this, we assigned numeric values to the categorical answers about how frequently their MHST accepted referrals outside low mood, generalised and social anxiety, and common behavioural problems (never = 0, rarely = 1, sometimes = 2, often = 3, always = 4) such that the lower the value, the less frequently the MHST accepted these referrals.

The mean of the group that thought there were no groups for whom the interventions were less suitable was 1.93 (SD = 0.92) and the median was 2 (IQR = 1.25). The mean of the group who thought that there were was 2.12 (SD = 0.82) and the median was 2 (IQR = 1). We performed an unpaired two-samples Wilcoxon signed-rank test. This was not statistically significant at the alpha value of 0.05 ($W = 4198.5$, $p = 0.07744$).

Supplementary Table 8. The groups of children and young people (CYP) that the respondents in schools and colleges mentioned when asked whether there were any groups for whom the direct interventions from the Mental Health Support Team (MHST) were less suitable (n = 356)

Group	n (%)
Younger CYP	61 (17%)
Access issues mentioned	14 (4%)
Support offered for parents mentioned	16 (5%)
CYP with SEND	52 (15%)
Access issues mentioned	11 (3%)
CYP with complex needs/greater severity or who need higher tier service	51 (14%)
Access issues mentioned	13 (4%)
Neurodivergent CYP	32 (9%)
Access issues mentioned	5 (1%)
CYP with circumstantial factors*	25 (7%)
Access issues mentioned	7 (2%)
Poor-/non-attending CYP/CYP with EBSA	15 (4%)
Access issues mentioned	5 (1%)
CYP who have experienced trauma	11 (3%)
Access issues mentioned	<5
CYP with English as a second language	9 (3%)
Access issues mentioned	<5
CYP with communication difficulties	8 (2%)
Access issues mentioned	<5
CYP already working with another service	7 (2%)

Note: Only groups of CYP that were mentioned by at least five respondents are presented in the table.

Some of the answers were about issues regarding access to the support from the MHST, rather than the suitability of the interventions among children and young people who had already accessed support. Therefore, for each group of CYP that were mentioned, the table presents the n (%) who raised issues regarding suitability of direct interventions, the n (%) regarding access to the support from the MHST.

**'CYP with circumstantial factors' includes the following groups: CYP who have experienced adverse childhood experiences (ACEs), bereaved CYP, CYP who have experienced domestic violence/abuse, CYP involved with social services, looked after CYP, CYP with challenging/complex family factors or home lives, CYP with challenging/complex external circumstances, CYP from low socio-economic background or families with financial difficulties, vulnerable or disadvantaged CYP.*

EBSA = emotionally-based school avoidance; SEND = special educational needs and disabilities

Supplementary Table 9. The groups of children and young people (CYP) that respondents in Mental Health Support Teams (MHSTs) mentioned when asked whether there were any groups for whom the direct interventions from the MHST were less suitable (n = 161)

Group	n (%)
Neurodivergent CYP	79 (49%)
CYP with SEND	25 (16%)
CYP who have experienced trauma	23 (14%)
CYP with circumstantial factors*	22 (14%)
CYP with complex needs/greater severity or who need higher tier service	15 (9%)
Younger CYP	9 (6%)
Support offered for parents mentioned	<5
Poor-/non-attending CYP/CYP with EBSA	8 (5%)
CYP with English as a second language	8 (5%)

Note: Only groups of CYP that were mentioned by at least five respondents are presented in the table.

Some of the answers were about issues regarding access to the support from the MHST, rather than the suitability of the interventions among children and young people who had already accessed support. Therefore, for each group of CYP that were mentioned, the table presents the n (%) who raised issues regarding suitability of direct interventions, the n (%) regarding access to the support from the MHST.

**'CYP with circumstantial factors' includes the following groups: CYP who have experienced adverse childhood experiences (ACEs), bereaved CYP, CYP who have experienced domestic violence/abuse, CYP involved with social services, looked after CYP, CYP with challenging/complex family factors or home lives, CYP with challenging/complex external circumstances, CYP from low socio-economic background or families with financial difficulties.*

EBSA = emotionally-based school avoidance; SEND = special educational needs and disabilities

Supplementary Table 10. Comparison of time (as a % of total time dedicated to the three core functions) dedicated to direct interventions with children and young people and parents and carers (function one) between respondents who said that their MHST did not vs. did work with NHS children and adolescent mental health services (CAMHS)

Did MHST work with CAMHS?	Mean proportion of time dedicated to function one	Median proportion of time dedicated to function one
No	56%	60%
Yes	55%	55%

Statistical analysis: We performed an unpaired two-samples t-test for whether those who reported that their MHST did not work with CAMHS were from an MHST that dedicated a lower proportion of time to direct interventions (function one), compared to those who said that their MHST did work with CAMHS. To do this, we compared those who said that their MHST did not work with CAMHS to all the individuals who said that their MHST worked 'a little closely', 'somewhat closely', and 'very closely' with CAMHS. The mean time dedicated to direct interventions among those who said that their MHST did not work with CAMHS was 56%, and the mean time among those who did work with CAMHS was 55%. This difference was not statistically significant at an alpha value of 0.05 ($t = 0.045556$, $p = 0.51$).