



Support in school and college
for children and young
people with 'mild to
moderate' mental health
needs



Summary

This report sets out the findings of the ESPCF poll asking about support in school or college for children and young people with 'mild to moderate' mental health needs.

ESPCF has been told about the work of [Mental Health Support Teams](#) in schools and is interested to hear from parent carers if their child or young person has received such support, and if so, whether it is making a positive difference to their mental health.

Key findings

- **57%** of children/young people with mild-to-moderate mental health needs are not receiving any mental health support in school or college
- Of those receiving support, the majority - **53%** - are receiving it from school/college staff
- When asked if the support was making a positive difference to their child's mental health, **35%** of parent carers reported mixed experiences, **24%** said yes, and **24%** said no.

For this poll, we have used the NICE definitions of mild and moderate mental health needs:

*A **mild** mental health problem is when a person has a small number of symptoms that have a limited effect on their daily life.*

*A **moderate** mental health problem is when a person has more symptoms that can make their life much more difficult than usual.*

NICE guidance

Thank you to everyone who responded to this poll. It ran throughout March and April 2024 and received 68 responses.

Mental Health Support Teams (MHSTs)

Mental Health Support Teams (MHSTs) were announced in 2018 as part of a joint programme from the Department of Health and Social Care and the Department for Education. The teams were trialled and then introduced in waves in parts of the country, including across Sussex. MHSTs have three core functions (text below taken from [Sussex Partnership NHS Foundation Trust website](#)):

- To deliver evidence-based interventions for mild-to-moderate mental health issues
- Support the senior mental health lead in each school or college to introduce or develop their whole school or college approach
- Give timely advice to school and college staff and liaise with external specialist services to help CYP get the right support and stay in education.

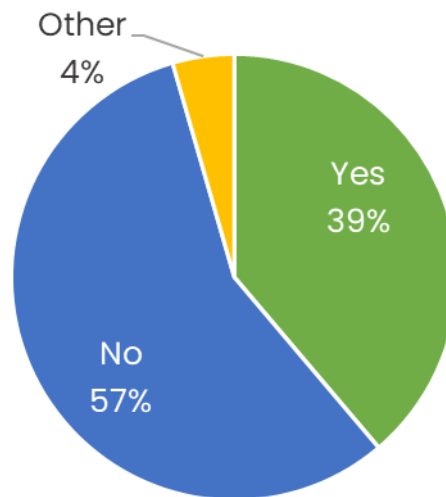
[Schools supported by Mental Health Support Teams](#)

School nurses

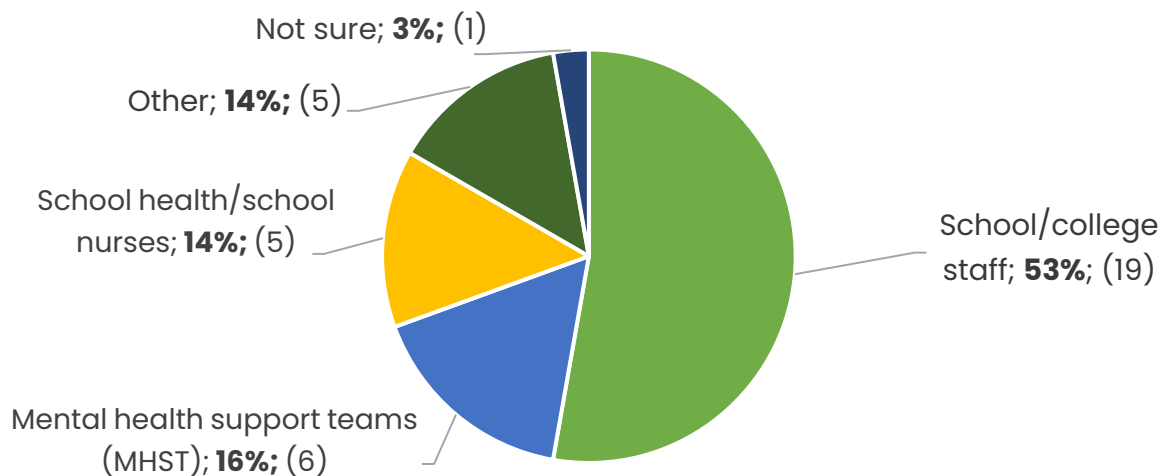
School nurses are part of the School Health Service. The service takes over from the Health Visiting Service when a child is of school age. It is led by registered, qualified nurses who have a specialist community public health degree. The team consists of community staff nurses, community nursery nurses and assistant practitioners, health improvement staff, school nurse assistants and administrators. Text taken from the [School Health Service website](#).

Poll results

1. Has your child or young person received any mental health support in school/college? 67 responses



2. If yes, who provided the support? 29 responses (respondents could select more than one option)



3. Can you tell us a bit about what support was given? 29 responses

The responses to this question could be categorised into the following themes:

Group sessions (13 comments)

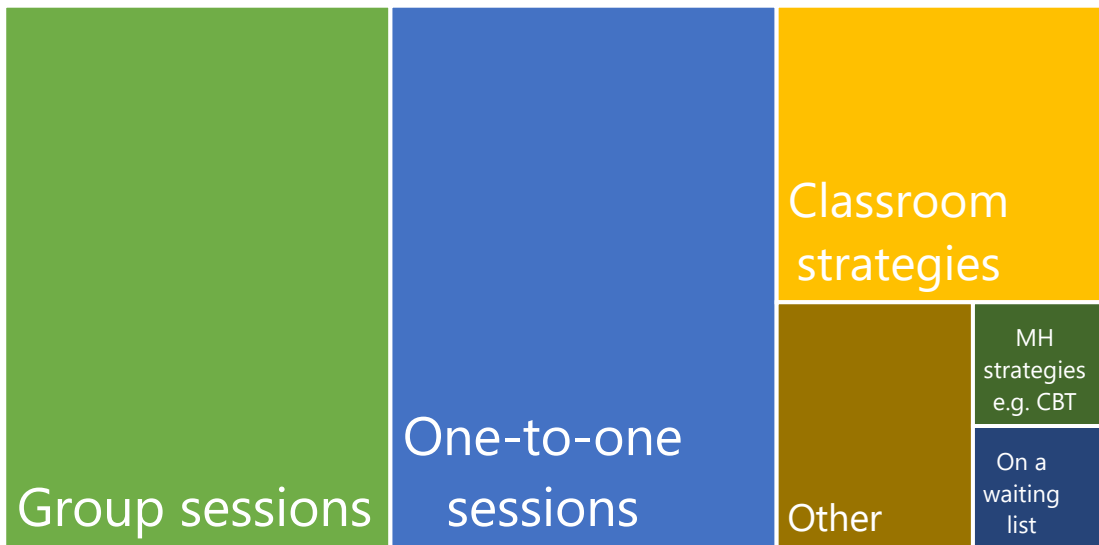
One-to-one sessions (13 comments)

Classroom strategies (6 comments)

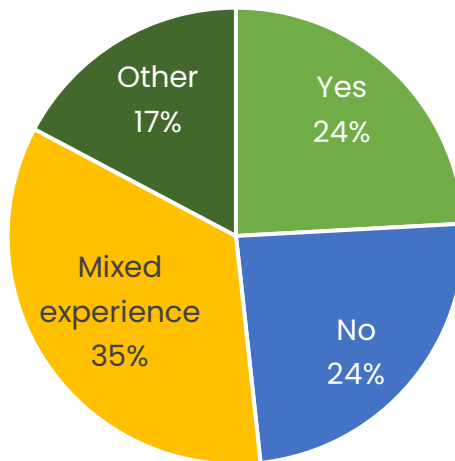
Mental health strategies – 1 comment which referenced cognitive behaviour therapy as a strategy which had been provided to their child.

One respondent said their child is on a waiting list for anxiety support.

The three comments that make up the 'other' category are: boxing for one term; MHSTs worked with the family rather than the child; and a parent who was initially told their child was on a waiting list, only to find out they weren't because the need was not severe enough.

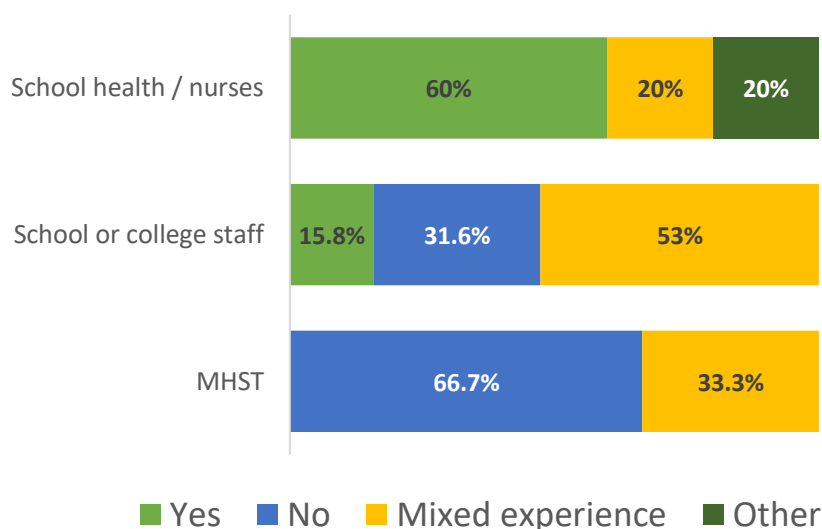


4. Did the support make a positive difference to your child or young person's mental health? 29 responses



Where support was reported to have made a positive impact, it was not always possible to definitively identify *which* interventions made the most positive difference. This is because respondents were able to select more than one provider when answering this question. However, it is noticeable that when answers cited school health / nurses as being involved, the responses were more positive, and when MHTSs were included in the response, it was generally more negative.

The table below shows the breakdown of responses according to where the support came from, i.e. where a provider is stated, was the answer (to **whether the support made a positive difference**) saying yes, no, mixed experience, or other.



5. Can you share further details about your answer to question 4? 25 responses

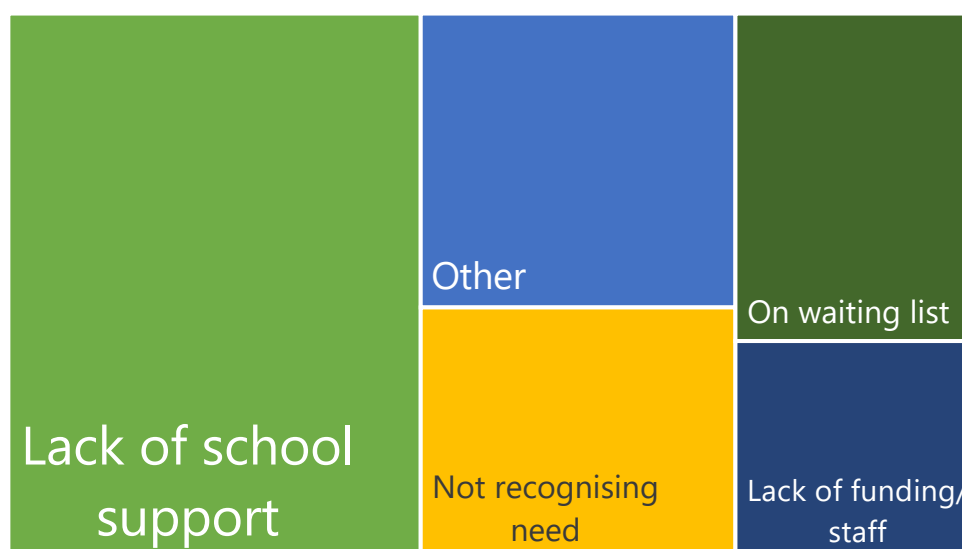
- Of the **24%** who said that the support **did make positive difference**, the comments included:
 - Nurse was great and very helpful and validated my child. Helped her open up and start the process with CAMHS although the wait was extremely long - 3 years.
 - Ongoing. Discussed the options in meeting with head and Sendco. Asked for support, this was offered. Helpful and appropriate support.
 - My son started self-harming 2 years ago and the school got him in to see the counsellor very quickly. She kept in touch when he first finished his sessions and then took him back on at the beginning of year 6. She's been fantastic!
 - His support started in year 1 and has continued on to year 6. It has been a really positive experience and has made a massive difference to his ability to attend school and enjoy his time there and to manage the learning. My son has autism and often struggles with severe anxiety and quite restricted behaviour so regular Thrive sessions for mental health have really helped him manage school. This support won't be there when he goes to secondary which is a worry.
 - Helped to regulate feelings, gave time out from the stress of school, varied from 5-minute check ins to full class support with a body double
 - Just talking to CYP to try and calm her down and help her.

- Of the **24%** who said that the support **did not make a positive difference**, the comments included:
 - No change in mental health needs
 - Just teaching her to mask. Dangerous people who don't know what they're doing for autistic kids.

- We are now looking at a referral to CAMHS for mental health support.
 - The support made no difference but was a chance to avoid lessons.
 - Nurture was offered and communication was so poor around key answers my child needed. My teen attended 3 sessions. The lead hadn't read up on why he was there. He couldn't attend one day and went to class instead where the teacher announced where he should be and broke confidentiality. He couldn't go back.
 - The mental health referral was not successful, but the school didn't tell me this, so we were left assuming we were on a waiting list. Because we were supposedly on a waiting list, CAHMS declined to support.
 - She said she needs movement breaks then was told she can't make demands so she now feels she can't ask anything.
- Of the **35%** who reported **mixed experiences** about the support their child received, comments included:
 - My child finds the sessions really helpful, but I have not seen any real difference in terms of anxiety of new situations and depression.
 - The support is currently ongoing but due to end soon. The techniques are helpful and have made a difference but some of the solutions don't take into account real life situations and are not transferable to real life situations. I also think it would be more helpful if it could be tailored to autistic anxiety rather than just general anxiety.
 - Only given in year 7. Year 8 no support. Curriculum support is no longer given. Form tutor does not check in.
 - Weekly 1-2-1 mentor session (including craft element) was most helpful for my daughter at primary (finished when my daughter left for secondary). Worrybusters at primary was ok, but CYP found it awkward and a little patronising. Struggled with formality of one-to-one sessions with MHST practitioner and stopped after 2 sessions as it was too distressing. At secondary, WorryTree group was not very successful... CYP didn't like the activities and struggled with the group and the intensity of the later sessions.
 - Support is ongoing. He accessed it himself and the counselling has helped but I contacted the wellbeing lead and she never responded.
 - It's too early to tell whether the school interventions are making a difference. However, as my child is only 4 years old, I'm keen for him to get support with any mental health quirks - but at the same time I don't want him to be regularly separated from the more neurotypical kids who might be able to have a positive influence on him.
 - My son only received these sessions after I had repeatedly raised issues regards his deteriorating mental health. This support had been a provision in his EHCP for 3 years at the school and hadn't been delivered.
 - School nurse was too brief and felt disconnected.
 - Thrive sessions at school have had a positive effect and provide a constant adult they can turn to.
 - The inconsistent support at school doesn't help, it seems to compound things.

- Overall, the ‘things’ put in place were ok (ELSA, sensory group, RAG cards, slightly later arrival, phased return, working outside the classroom etc), but the slow speed of intervention, how well/quickly we were listened to, the language used towards us/our child, and how we felt blamed instead of supported etc, made for a very miserable experience. Support is not just “things you do” but how you develop a real sense of partnership with a child and their family, and how you work together to solve problems and create a sense that they belong and are valued within the school community, for both child and parents. We feel that this point gets lost in discussions about reasons and interventions and staffing etc and should be more prominent in EBSA guidance for schools.
- Of the **17%** who responded ‘**other**’, comments included:
 - Support helped a little bit but not enough sessions of either to give real impact.
 - I think it will help but too early to tell.
 - Ongoing, but hope it helps.

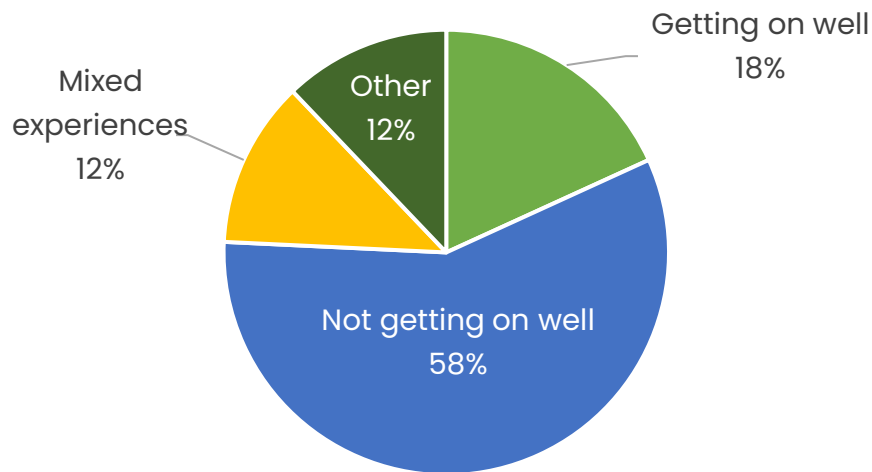
6. What are/were the barriers to your child or young person NOT receiving any support? 37 responses



7. How is your child or young person getting on now? 66 responses

The answers to this question could be categorised into the following four groups:

- Getting on well
- Not getting on well
- Mixed experiences
- Other



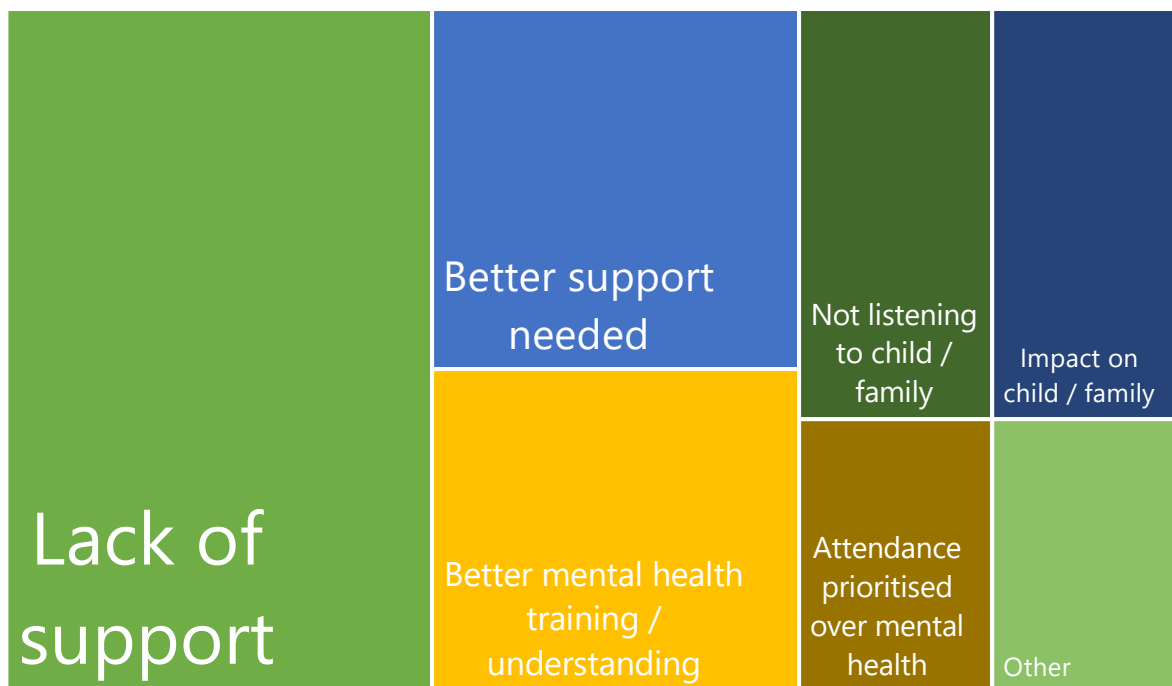
- The majority of respondents (**58%**) to this question said that their child or young person is **not** getting on well now. The answers ranged from, “Still struggling”, “Not well”, “Not good”, to, “Anxious, paranoid, fearful and depressed”, “...self-harms predominantly in school, occasionally at home. Did not find the worry tree group helpful”, “Suffers daily”, and “Mental health crisis. Deep depression and suicidal thoughts”.
- Of the **18%** who responded that their child or young person is getting on well, just over 50% said that this was because they had taken their child out of school or had paid for additional support themselves. Other answers included, “Making progress slowly”, “Doing really well, likes the Thrive sessions”, “They seem more relaxed, more open to talking about school, and are sleeping and eating better.”
- Those who answered saying **mixed experiences (12%)** included comments such as, “No worse, no better”, “Mixed, still self-harming”, “still self-harms when stressed, but is handling things in a more positive way”, “No worse, but no better”.
- Answers that fell into the **‘other’ category (12%)** did not explicitly state how well the child or young person was getting on. Responses included: “Too early to tell but he still often has massive meltdowns when he comes home from school”, “Has weekly private counselling”, “No choice but to deregister and opt for home schooling”, and “Not attending school which in itself was massively impacting their mental wellbeing”.

8. Is there anything else you’d like to add, or that your child or young person would like to say? 43 responses

The responses to this question could be grouped into the following themes:

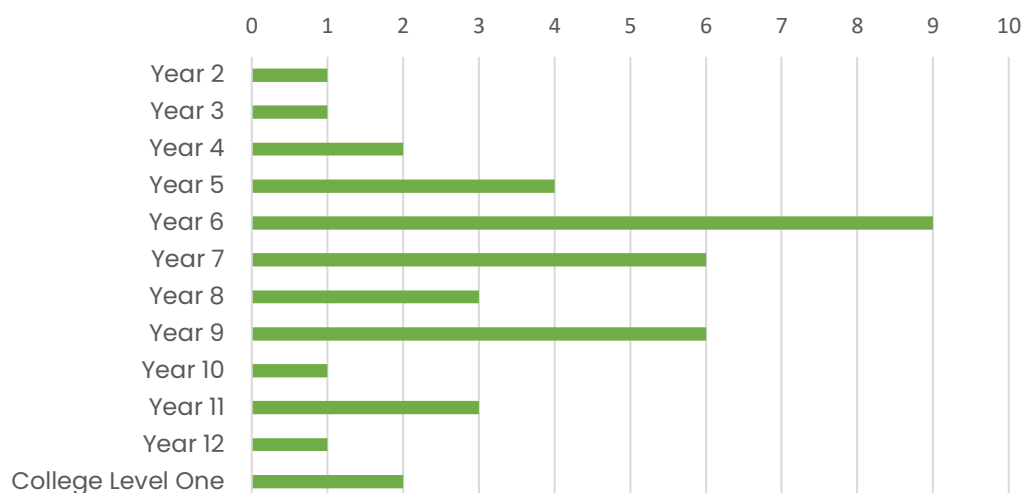
- Lack of support
- Better support needed
- Better mental health training / understanding
- Not listening to child / family

- Attendance prioritised over mental health
- Impact on child / family
- Other



The three categories of lack of support (36%), better support (16%), and better mental health training and understanding (15%) all fall under the broader **theme of support and provision, comprising 67% of answers** to this question.

9. Which school/college year group is your child/young person in? 39 responses



10. Child or young person's additional need or disability 46 responses (respondents could add more than one answer)

