

# More mental health support in schools makes sense—but some children may fall through gaps

April 9 2024, by Jo Ellins

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Schools and colleges have [a crucial role to play](#) in supporting children's mental health. They are places where young people's mental health difficulties are identified and help is provided, and they can promote all pupils' emotional well-being.

Most children spend more time in school than anywhere else other than home, and parents who are concerned about their [child's mental health turn to teachers and school staff](#) for advice more than any other professionals. Investing more in schools-based [mental health services](#) makes good sense.

This is something the government has been doing in England through the creation of mental health support teams. These are teams of mental health practitioners who work with clusters of schools and colleges. Most are based within the NHS, although some are provided by voluntary sector organizations or local councils.

The first 58 [mental health support teams](#) went live in 2020, working in and with more than 1,000 schools and colleges. By 2025, more than 600 teams will have been created, serving around half the schools in England.

I led an early [national evaluation of the first 58 teams](#). This study, published in *Health and Social Care Delivery Research*, looked at how they were set up, what support they were providing and how they were progressing. Together with colleagues, I found that increasing mental health support in schools was well received, but that some young people still faced difficulties getting appropriate help.

Mental health support teams are intended to provide support to young people with "mild to moderate" mental health difficulties, such as anxiety and low mood. Their role also includes working with [school staff](#)

to develop a positive culture focused on well-being, and giving schools and parents advice to help them access other types of support. This includes specialist mental health services for young people with more serious or [complex problems](#).

Much of the day-to-day work with young people and schools is delivered by [education mental health practitioners](#). This is a new role in the mental health workforce, created specifically for mental health support teams.

Education mental health practitioners receive one year's training with a focus on developing the skills to deliver cognitive behavioral therapy (CBT) to young people, either one-to-one or in [small groups](#).

We heard from staff in the teams, schools and colleges, and those working in other local services supporting children's mental health. We also spoke to young people at schools with mental health support teams.

Our study confirmed the importance of investing in schools-based mental health. School staff told us how valuable it was having ready access to advice when they were concerned about a pupil's emotional well-being, and that they felt more knowledgeable and confident talking to young people about their mental health.

Having access to a team made it easier for some young people to get support at the right time. Timely access is crucial for many reasons, not least because more than half of young people experience [a deterioration](#) in their mental health while they are waiting for support.

## **Through the gaps**

However, we also found that not all young people were benefiting from this investment. We heard that some young people were at risk of falling between gaps in provision. They had mental health problems that were

neither "mild to moderate," nor were they judged serious or urgent enough to meet the threshold for specialist NHS help.

There is evidence that [thresholds for specialist NHS help are rising](#) in response to growing demand, and so increasing numbers of young people may be falling into this gap between services.

Our early study was not designed to assess the effectiveness of the support that the teams were providing, but people we spoke to were keen to share their views about this. There were concerns from schools and colleges that the teams usually offered only one type of support, and that this was not suitable or beneficial for all young people.

The teams' early experiences suggested that the CBT approaches that education mental health practitioners were trained to deliver didn't work well for several groups. These included young people who had special education needs, or were neurodiverse, or whose mental health problems were related to traumatic circumstances or life events, such as poverty or domestic violence.

Wider research shows that CBT can be effective for these groups, but only when it is [carefully tailored](#) to their particular needs and circumstances, or is delivered in [trauma-informed ways](#).

These findings offer valuable information about how well mental health support teams are working, but our study only looked at the first wave of teams. We don't know if these experiences are the same for the teams that were set up later.

I am now co-leading a second, much larger, study of almost 400 mental health support teams, assessing their impact and cost-effectiveness. One of the main aims of our current study is to assess the impact of this support on [young people](#)'s mental health outcomes. As the study

progresses, we will know more about how well this support works and who it works for.

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