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**Barnardo’s, BACP and Place2Be briefing for Children’s Wellbeing and Schools Bill**

Barnardo’s, the British Association for Counselling and Psychotherapy and Place2Be urge members to support new clause 462, tabled by Baroness Tyler of Enfield, to guarantee children have access to mental health support in school.

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| **New Clause 462. Tabled by Baroness Tyler of Enfield.****After Clause 62, insert the following new Clause—** **“Duty of school governing bodies regarding mental health provision** (1) Subject to subsection (3), the governing body of a maintained or academy school in England has a duty to make arrangements for provision in the school of a dedicated education mental health practitioner. (2) In subsection (1) “education mental health practitioner” means a person with a graduate-level or postgraduate-level qualification of that name earned through a course commissioned by NHS England. (3) Where a school has 100 or fewer pupils, the duty under subsection (1) may be satisfied through collaborative provision between several schools. (4) The Secretary of State must provide, or make arrangements for the provision of, appropriate financial and other support to school governing bodies for the purposes of facilitating the fulfilling of the duty in subsection (1).” **Member's explanatory statement** This amendment requires the governing body of a maintained or academy school in England to make arrangements for provision in the school of a dedicated education mental health practitioner. |

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| **Key points** * Barnardo’s, the British Association for Counselling and Psychotherapy and Place2Be welcome the government’s commitment to expanding Mental health support teams (MHSTs) to all schools and colleges in England.
* MHSTs work with children, parents and wider school staff to promote good mental health and wellbeing and offer early interventions for children with mild to moderate symptoms.
* However, the current standard MHST model is not effective for all children and many who are currently underserved by the MHST model, but who do not meet the threshold for Child and Adolescent Mental Health Services (CAMHS) are falling through a “missing middle” gap in accessible support.
* In the last 12 months, CAMHS have closed 28% of referrals without offering support. This results in MHST’s often being asked to hold cases they are not trained or competent to ethically work with, leaving children at risk.
* School-based counsellors improve outcomes for children whose needs are not being met through MHSTs, they help reduce pressure on CAMHS and are cost effective.
* We recommend that as part of the government’s enhanced MHST offer, the workforce is expanded to ensure that all children have access to a school-based counsellor as part of the funded roll out of MHSTs. We call this model, MHST+.
* MHST+ should be part of a wider pathway of mental health support, not a replacement for specialist support services.
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**Mental health support teams (MHSTs)**

Mental health support teams (MHSTs) are a service provided through schools and colleges, and funded through the health system, providing prevention and early intervention support for children with a range of mild to moderate mental health needs including low mood and anxiety.

Teams work with school staff, parents, carers and children to provide three core functions;

* deliver evidence-based interventions (low-intensity cognitive behavioural therapy) for mild-to-moderate mental health issues:
* support the senior mental health lead (where established) in each school or college to introduce or develop whole school or college approach and;
* give timely advice to school and college staff, liaising with external specialist service to help children and young people get the right support and stay in education.

Teams are staffed by Educational Mental Health Practitioners (EMHPs), a relatively new role within the children and young people’s mental health workforce system. As MHSTs expand at scale, EMHPs in training are recruited within a work-based placement whilst completing a diploma or post graduate qualification over a period of one academic year.

During this time, practitioners are trained to deliver low-intensity cognitive behavioural therapy (CBT) to children or in some cases to parents to allow them to directly support their children.

This approach has been effective. Barnardo’s report [“It’s Hard to Talk”](https://www.barnardos.org.uk/research/its-hard-talk-expanding-mental-health-support-teams-education) found an average improvement of 57% for children receiving CBT interventions across a range of mental health symptoms. As a result, Barnardo’s, BACP, Place2Be and many others have welcomed the government’s commitment in the June spending review to expand MHSTs to all schools and colleges. This will provide early mental health support to more children in schools and colleges, benefitting thousands of children who currently lack access to any support in education or their communities.

However, while the interventions offered by MHSTs improve outcomes for many children, CBT is not appropriate for all. Evidence has shown that some groups of children are less likely to benefit from the interventions currently offered within MHSTs, including those with special educational needs, younger children and children experiencing moderate or complex mental health needs.

**The Missing Middle**

For a significant number of children, the support offered by MHSTs does not meet their needs, either because CBT is not an intervention they can engage with and benefit from, or because their level of need is too high for MHSTs. Nevertheless, many of these children do not meet the referral threshold criteria for more specialist support provided through Child and Adolescent Mental Health Services (CAMHS) because their needs are not deemed severe enough.

This creates a **missing middle in support** for children whose needs are too complex for early intervention CBT support but who are not considered to have severe enough needs for more specialist help. These children include those with symptoms of moderate depression and anxiety, who are at risk of or have self-harmed, and who have experienced trauma or loss.

Research published by the Children’s Commissioner’s Office found that 28% of all referrals to CAMHS were closed before first contact. These children are falling through gaps in the pathway for mental health support. They are unable to be supported in schools under the current MHST model and too often face long waits for CAMHS support, only to have their referrals closed after either one appointment or no appointment at all. In some cases, their condition may worsen, and they may present at emergency care settings in crisis.

Though there is clearly a missing middle in service provision for these children, they are often the most visible to professionals through repeat presentations at health services, often struggling, for example, with emotional based school avoidance and not attending school. They are also more likely to be excluded from school, and experience worse outcomes throughout their life. In these instances, children, parents, carers and professionals lack options other than to refer children to CAMHS, increasing pressure on the service, adding to long waiting times and to inappropriate referrals which could have been better managed much earlier on

**MHST+**

Barnardo’s, BACP and Place2Be recommend that as part of the governments roll out of MHSTs, the model is expanded to include provision of funded pathways to school-based counselling. We have named this model MHST+. School-based counselling can fill in the “missing middle” to ensure that all children in mental distress can access timely support in a suitable setting.

Many schools have recognised the benefits of a counsellor in improving outcomes for children’s mental health and have invested in a school-based counselling offer, regardless of their access to an MHST. They pay for this out of depleting school budgets, and it remains a postcode lottery whether a school has access to a counsellor. School counselling should be part of an established mental health workforce infrastructure, and be embedded in the school community but clinically independent from school management as in Wales, Scotland and Northern Ireland.

School counsellors can work effectively with children who are currently underserved by the MHST model, but who do not meet the referral criteria for CAMHS. In 2024/25 around 37% of children supported by Place2Be’s school-based counsellors had severe mental health difficulties. School counsellors can improve outcomes for children with mental health needs including suicidal ideation and self-harm. Common themes in counselling include family issues, relationships, anxiety, emotional difficulties, bullying, low-self-esteem, identity issues, exploring neurodiversity, bereavement and loss. Evidence from Place2Be’s services show that 78% of primary and 91% of secondary aged pupils had improved mental health after the support. Overall, 75% of children with severe difficulties showed improved mental health after Place2Be’s interventions. [New evidence from PBE](https://www.place2be.org.uk/media/z15j0nct/pro-bono-economics-report-place2be-2025.pdf) shows that improvements in children’s mental health could:

* Boost GCSE attainment by up to 1.6 grades per child.
* Reduce the likelihood of school exclusion by up to 0.4 percentage points.
* Reduce the need for Special Educational Needs (SEN) support by up to 1.1 percentage points.

In economic terms, this equates to a £51 billion lifetime benefit across the current school-aged population. This works out as an average of £5,300 per child and is achieved through higher earnings (£50bn), lower exclusion costs (worth £17m) and redistributed SEN support (worth £606m). Embedding a school counsellor within MHSTs would also be cost effective. A report by Public First found that for every £1 spent on school counselling for 11–18-year-olds there was an £8 return on investment, rising to a £10 return on investment for primary school counselling.

In addition, evidence from other UK nations demonstrates how embedding school counsellors can reduce pressure on CAMHS. In Wales, where school counselling services are statutorily funded, only 1.7% of those accessing counselling needed to be referred on to specialist CAMHS following counselling. We have a clear opportunity to offer world class evidence-based interventions in England for our children with a clear pathway between MHSTs and CAMHs, inclusive of counselling.

**MHSTs are not a substitute for specialist support services for children**

Whilst we strongly support MHSTs, Barnardo’s, BACP and Place2Be are concerned that they are becoming a catch all support for all children requiring any form of mental health support, despite the current and known MHST models limitations. Children experiencing abuse and exploitation must be able to access specialist support services, and MHSTs cannot offer a level of support or a setting to meet these children’s needs.

For example, the government’s response to the Casey Review, stating that children who have experienced sexual abuse and exploitation may be supported through MHSTs fails to recognise the narrow therapeutic offer within the MHST model, and the specialist support needs of children who have experienced complex trauma and who may not be attending school on a regular basis.

We believe that all children should have access to an MHST+ model in school, allowing them to receive the form of support that best meets their needs. However, school-based support is not the solution for all children including those who have experienced abuse and exploitation and who would benefit from tailored mental health support in specialist settings. MHST+ should be part of a wider pathway of mental health support, not a replacement for specialist support services.

**Case studies in the missing middle**

**My Time North Barnardo’s**

Barnardo’s MyTime service supports children whose needs are too acute for MHSTs but who are not appropriate for CAMHS. MyTime provides bespoke and flexible counselling for children and young people aged 5-18yrs on issues including severe anxiety, self-harm and difficulties with emotional regulation.

The service receives referrals from GPs, MHSTs and CAMHS and acts as a step service for children whose needs cannot be met under the current MHST model, or who require support to transition away from more intensive CAMHS support. In this way, MyTime fills the missing middle in support available to children and young people.

The service works by putting the young person at the heart of the intervention, taking a holistic approach that focuses on their strengths. Therapists use a variety of approaches that are not part of the current MHST model including person centred and creative techniques.

**Let’s Talk Well**

Let’s Talk Well are an established BACP accredited counselling service based in Gloucestershire.

Let’s Talk Well have been commissioned for a number of years to receive counselling referrals directly from MHSTs. The local MHST and CAMHS have a direct pathway to counselling when an intervention needs a more open, relational space for children and young people to explore deeper emotional experiences, making it a vital part of the comprehensive support offer in the county.

Issues referred to counselling are diverse but typically include bereavement or loss, self-harming or thoughts of suicide. MHST referrals are sent through to Talk Well who then take on the initial assessment (ensuring a child or young person doesn’t have to be assessed twice).

The counselling service typically works with those young people who fall between the remit of CAMHS and what Educational Mental Health Practitioners working in MHSTs can provide.

Let’s Talk Well provides counselling to approximately 3000 local young people per year, inclusive of those stepped up to counselling from MHSTs and those who are either closed by CAMHs or who don’t meet the threshold. Let’s Talk Well only refer about 3% of children and young people on to higher tiered CAMHS or statutory services themselves demonstrating value for money as well as taking pressure away from CAMHS.

**Place2Be’s MHST+ work in Greater Manchester**

Since 2018 Place2Be has been commissioned in Greater Manchester to provide a 1-day counselling service in primary schools as the local MHST programme, with the charity 42nd Street providing support in secondary schools. Between 2018/19 and 2023/24 our counsellors worked across 118 schools, supporting 2,300 children with one-to-one counselling. This MHST+ service reaches children with greater difficulties: 6% of children we supported were subject to a child protection plan and around half were eligible for pupil premium funding. 77% of pupils had an improvement reported in their mental health after one-to-one counselling.

In total, the practitioners delivered 33,000 individual sessions of mental health support under the MHST+ framework. Evaluation of MHSTs in Greater Manchester shows that VCSE providers (e.g. Place2Be) can offer more mental health sessions compared to the NHS model, and the blended VCSE-NHS model offers value for money in comparison to a singularly NHS MHST service. This demonstrates the benefit of offering schools an MHST programme that goes beyond the standard NHS model.