NCPS

NATIONAL
COUNSELLING &
PSYCHOTHERAPY
SOCIETY

Investigating Referral Patterns of Mental Health Support Teams in Education

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ABOUT US

About the NCPS

The National Counselling & Psychotherapy Society (NCPS) is a leading professional body for counsellors and psychotherapists in the UK, committed to maintaining high standards in training and practice, as well as supporting and advocating for both the counselling/psychotherapy profession and the mental health of the nation. We hold one of the few Accredited Registers for Children and Young People's Therapy, which is underpinned by our highly-regarded competency framework. Our goal is to achieve better mental health provision for children and young people, and we work with a number of organisations across the UK to achieve this.

About TAC Access

TACaccess connects mental health commissioners e.g. Designated Safeguarding Lead/Team, Tutor/Teacher, self-referral, SENDCo, Parent/Carer and children/young people to therapists with ease and efficiency. It provides a community of therapists from around the country waiting to help either face-to-face or online. The software also offers specialist matching services allowing the CYP to choose the therapist they prefer increasing the chance of a positive outcome; simple, integrated contracts and payments detailing budget spend, and booking directly with the therapists, cutting-out agencies and getting more support for your money. The TACaccess platform provides the directory and engagement framework to make this process simple and painless while also reducing the cost of specialist provision.

EXECUTIVE SUMMARY

This research paper shows that counsellors play a crucial role in supporting the mental health of children and young people across a variety of education settings UK-wide, covering 74% of establishments surveyed. Among those surveyed in this study, an overwhelming number chose to access counsellors – either externally or through direct contracts – to support their learners' mental health. This was true for those without a formalised Mental Health Support Team (MHST), and those with an MHST but without a dedicated counsellor/ psychotherapist as part of that team. This does mean that 26% of learners do not have access to counselling/psychotherapy through the education system.

Our findings demonstrate the critical importance of counselling/psychotherapy within educational settings, despite its current lack of recognition at a policy level.

Isolating patterns and trends in the data was a challenge, as there was such a huge range of approaches to running an MHST, and significant diversity in the composition of the teams. What this shows us is that more guidance is required to support MHSTs in understanding minimum standards of team composition, and clearer processes and referral pathways should be implemented in collaboration with MHSTs rooted in best practice.

A comparison of the findings between establishments also revealed a tailored approach to the provision of mental health, which we consider critical to assuring the quality of services even when a more standardised approach is adopted.

For example, in Further Education and Higher Education settings, learners are given significantly more autonomy, including through access to peer support networks, self-referral and setting-led workshops around mental health.

Meanwhile, learners in Primary settings have greater access to Emotional Literacy Support Assistants, and more active, direct support, compared to the increasingly facilitative approaches adopted from Secondary Schools upwards.

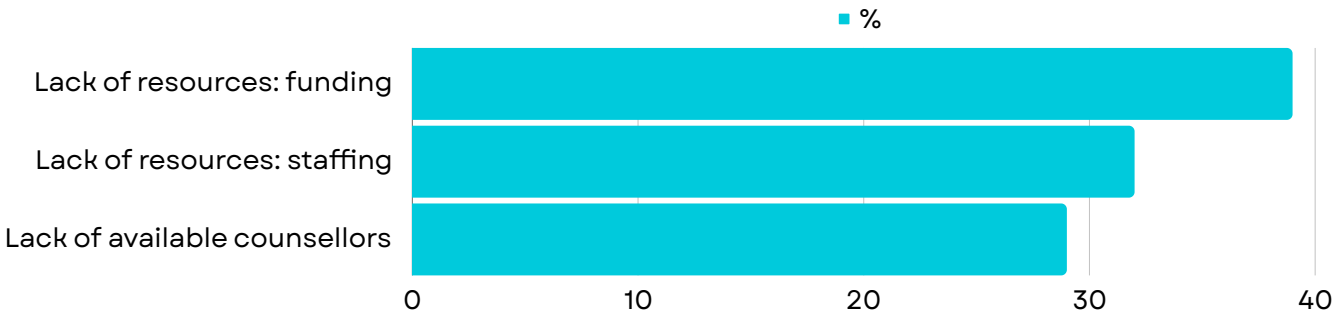
A common thread across institutions surveyed was the incorrect assertion that counselling is not considered suitable for complex cases, with children and young people tending to be referred immediately to CAMHS.

The findings in this paper propose a number of ways in which we could improve mental health support provision in educational establishments, ranging from low-cost solutions such as improving guidance to teams in order to improve referrals, streamlining processes, and working with MHSTs to develop best practice guidelines (with the acknowledgement that this research appears to indicate that flexibility and variety is somewhat driven by the needs of the establishment and their learners); to the best possible solutions that would involve mandated integration of counselling into the educational system or a UK-wide roll out of Barnardo's MHST+ model.

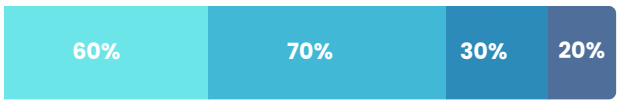
KEY DATA

What are the reasons that establishments give for not referring complex cases?

A lack of access to resources such as funding or staffing were most commonly cited as reasons why an establishment would not refer complex cases to counsellors/psychotherapists.



Primary



60% of teams have a Counsellor/Psychotherapist on their team. **70%** have a Children's Wellbeing Practitioner (CWP), and **30%** have an Educational Psychologist on their team. **20%** have Mental Health First Aiders as part of their Mental Health Support Team. Other professions include Family Link Workers, High Level CBT Practitioners, ELSAs, Mental Health Nurses, and Learning Support.

Secondary

69% of teams have a Counsellor/Psychotherapist on their team. **38%**have a Children's Wellbeing Practitioner, and **31%** have an Educational Psychologist on their team. Other professions are mixed, including Social Workers, Mental Health First Aiders, ELSAs, Trainee Counsellors on placement, and Support Mentors.

Further Education

100% of MHSTs in Further Education that responded have a Counsellor/Psychotherapist on their team. **29%** have a Mental Health Co-Ordinator or Advisor on their team, and then there is a huge variety in professions such as Educational Psychologist, CWP, Mental Health First Aider, EMHP, Safeguarding Officers, Youth Workers, Student Support, TAF/CAF, CAMHS practitioners, Trainee Counsellors, and Safeguarding and Wellbeing Officers. No two teams have the same make-up of professionals.

Higher Education

Of those that responded, **100%** of MHSTs comprised a counsellor/psychotherapist, and the remainder of the teams were made up of a mixture of educational psychologists, mental health nurses, social workers, children's wellbeing practitioners, CAMHS practitioners, Youth Workers, TAF/CAF, Trainee Counsellors, Mental Health Co-Ordinators / Advisors, Welfare or Safeguarding Officers, and Wellbeing Practitioners.

How do establishments without MHSTs use referrals to support learners' mental health?

75% **75% Access to external mental health services or referrals to specialists**

43% **43% Employs a salaried counsellor / mental health worker directly**

21% **21% Local Authority counselling service**

18% **18% Individual contact with self-employed counsellors**

14% **14% Voluntary sector counselling service**

RECOMMENDATIONS

GOLD TIER

1. **Implement appropriate, UK-wide in-establishment counselling provision.** Depending on the size of the establishment, they may need less than one full time counsellor for smaller establishments, or even an in-house counselling service for larger establishments. Counselling provision would complement existing mental health support provision.
2. **Expand the UK rollout of Mental Health Support Teams to cover 100% of learners, ensuring that a counsellor is always part of an MHST** (as per Barnardo's MHST+ model)

SILVER TIER

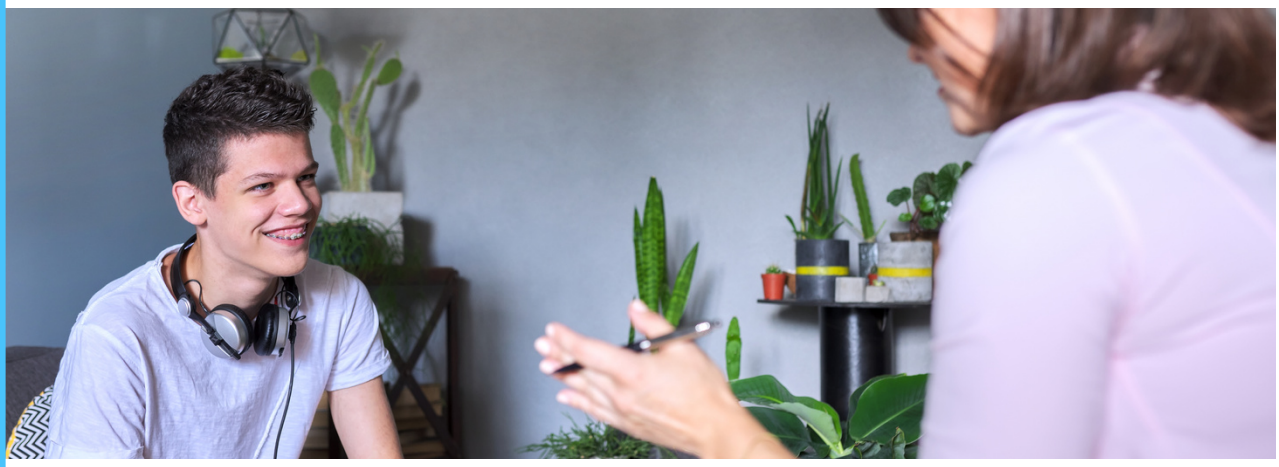
1. **Understand and Address the Causes of High Turnover:** Address the high turnover of Mental Health Support Teams (MHSTs) and the over-reliance on trainees by ensuring more stable, qualified staffing.
2. **Increase Funding for Mental Health Support in Schools:** Allocate additional resources to expand in-house mental health services, addressing both the hiring of qualified counsellors and overcoming logistical challenges. This should include funding for ongoing training for staff on MHSTs to better support the students in their establishments.
3. **Promote a Multidisciplinary Approach:** Develop a programme aimed at embedding referrals to counselling services [MOU1] within the school system, encouraging collaboration between counsellors, the team at the school, and other external and internal mental health professionals. Aim to strengthen the coordination between counsellors and the team within the educational establishment to ensure they are working together effectively. This includes clarifying roles, ensuring counsellors are referred cases appropriate to their competence, and addressing any systems or process challenges.

BRONZE TIER

1. **Improve Guidance:** Introduce clear, usable guidance to schools so they can understand how and when to utilise counselling, such as an updated version of the Counselling in schools: a blueprint for the future
2. **Streamline Referrals:** Develop and implement a standardised, efficient referral system to quickly identify and support students; introduce a standardised pro forma to collect necessary information and ensure no critical details are missed
3. **Promote Best Practice:** clearer guidelines for MHST best practice[MOU1] , to include things like frequency of meetings, make up of teams, and number of sessions offered to learners.

INTRODUCTION

Mental and emotional health issues in children and young people are increasing; they were increasing before the COVID pandemic hit, and the impacts of the pandemic exacerbated those pre-existing issues whilst also creating more. The polycrises that are being witnessed and experienced by many young people, including pollution and the effects of climate change; prolonged global conflicts; economic instability and growing poverty; the growth of AI and fears for their future employment prospects; the negative impacts of social media; cyberbullying, and online misinformation can all contribute to the national decline in mental health. As a professional body for counsellors and psychotherapists, these aren't issues over which we have any control, but we do know that the strengths of counselling include resilience building, supporting young people to build their self-esteem, and helping them to achieve their personal goals. All of these things can have a positive impact on the day-to-day lives of children and young people and can help them to face the ever-changing world in which they find themselves. Counsellors across the UK are currently working to support young people who are experiencing trauma, self-harm, suicidal ideation, issues with food and eating, bereavement, bullying, and more, yet do not meet the threshold for CAMHS. This research corroborates that, but also shows another side to what is happening within MHSTs; namely, a lack of funding and resources, which are currently hampering mental health support in education, as well as a lack of understanding about what support is available, how to access it.



There are roles other than counselling available to support mental and emotional health in children and young people. They can be broadly divided into two main categories: low-intensity interventions, which include Children's Wellbeing Practitioners, Educational Mental Health Practitioners, and Emotional Literacy Support Assistants, and high-intensity interventions, which include CAMHS, psychiatry, and in-patient mental health services.

Counselling, including Humanistic, Psychodynamic, Systemic counselling and practitioner-led Cognitive Behavioural Therapy, fall across and between those two categories, and, due to the client-led nature of counselling, can support with most presenting issues from those that would typically be considered low-intensity (e.g. motivation, exam anxiety, mild-to-moderate anxiety and depression, behavioural difficulties), to high-intensity (e.g. depression, issues with food and eating, self-harm, abuse, violence and anger).

The importance of supporting the mental health and wellbeing of children and young people in educational establishments has been increasingly recognised in recent years. Many educational establishments have engaged Mental Health Support Teams (MHSTs) to provide early intervention and support for students with mental health issues.

NHS England, jointly with the Department for Education, first introduced MHSTs in 2018 as part of the Government's mental health Green Paper; teams are still being rolled out across the country, with projections showing a coverage of 35% of schools and colleges and 44% of learners by April 2024.

The intention for MHSTs was to work with mental health leads, advise educational establishments around mental health issues, and support with referrals to onward services.

It was unclear how establishments with MHSTs were dealing with complex cases, including how they were utilising referrals to either counselling/psychotherapy or Child and Adolescent Mental Health Services (CAMHS). This research investigates the referral patterns of MHSTs in education, looking at what is happening, what the challenges are, and what establishments with MHSTs feel they need.

To understand more about how MHSTs are working in practice when it comes to composition and referrals for complex cases, with a further exploration of the relationship between MHSTs and counselling/psychotherapy, the NCPS undertook some research from June 2023 to December 2023, surveying educational establishments across the UK.

One of the key take aways from this data is that there is huge inconsistency in MHSTs – the make up of the professionals on the team, the number of support sessions offered to students, the number of members that sit on the team, and how often they meet to discuss cases. This report provides a breakdown of how each type of establishment broadly utilises MHSTs and submits an analysis of the strengths and weaknesses of their practices as experienced by the establishments.

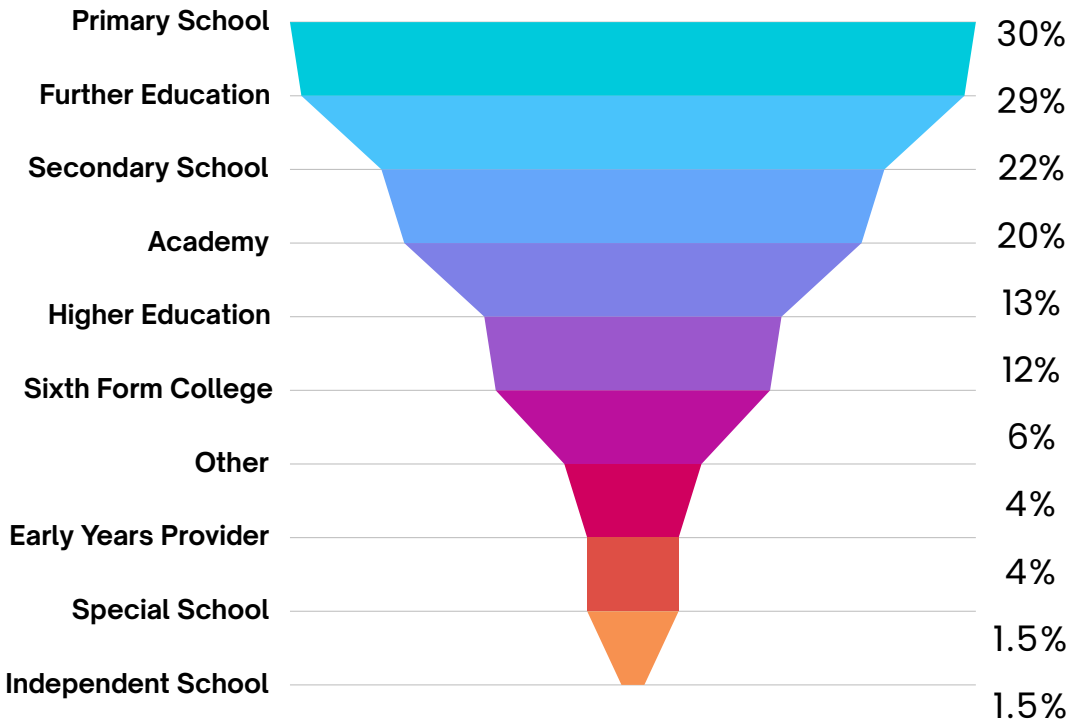
When considering the recommendations made within this report, it's important to also keep in mind the following:

- The qualifications and experience of the counsellors/psychotherapists that are utilised within the education system. It's important that therapists can demonstrate suitability to work with children, through – for example – membership of a specialist Accredited Register such as the NCPS Children and Young People's Therapist Accredited Register, or similar.
- How technology can be utilised in order to support flexibility in provision of therapy. For example, the use of video-based counselling services. This could support rural settings, or establishments in the FE and HE sectors where a greater level of autonomy is offered to learners.
- Where there are limited numbers of counsellors in specific areas, or perhaps demand for counselling begins to outstrip availability of therapists, how provision might be scaled up using specialist training to ensure minimum quality levels.

The NCPS is well-placed to provide guidance around these topics, and is available for further consultation.

BREAKDOWN OF RESPONSES

Please note that some respondents were from MHSTs covering more than one type of establishment



Primary Schools represent the largest group of respondents, followed closely by Further Education, then Secondary Schools. Academies, Higher Education, and Sixth Form Colleges are less represented but still constitute a reasonable body of responses. This is likely due to the overall numbers of these establishments in the UK. Further Education establishments are over-represented in this data, which could be due to the keen interest in this topic by those who work in those establishments, driving comparatively more to respond to the survey.

58%

58% of the educational establishments surveyed had an MHST in place

42%

42% of educational establishments surveyed did not have an MHST in place

This data doesn't represent the picture of establishments that have MHSTs vs those that do not as things currently stand in the UK. However, this may be because the survey was primarily designed to capture referral patterns in establishments that already have MHSTs in place.

Of those establishments that did not have an MHST in place, here is how they supported mental health issues within their student body:

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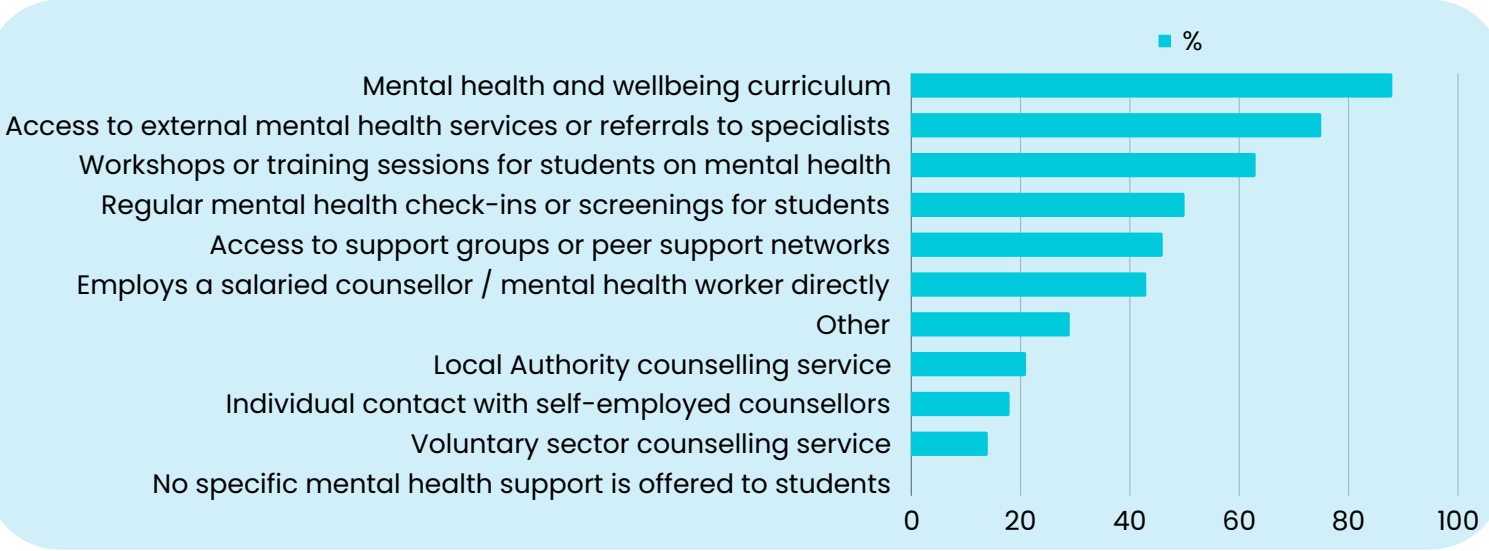
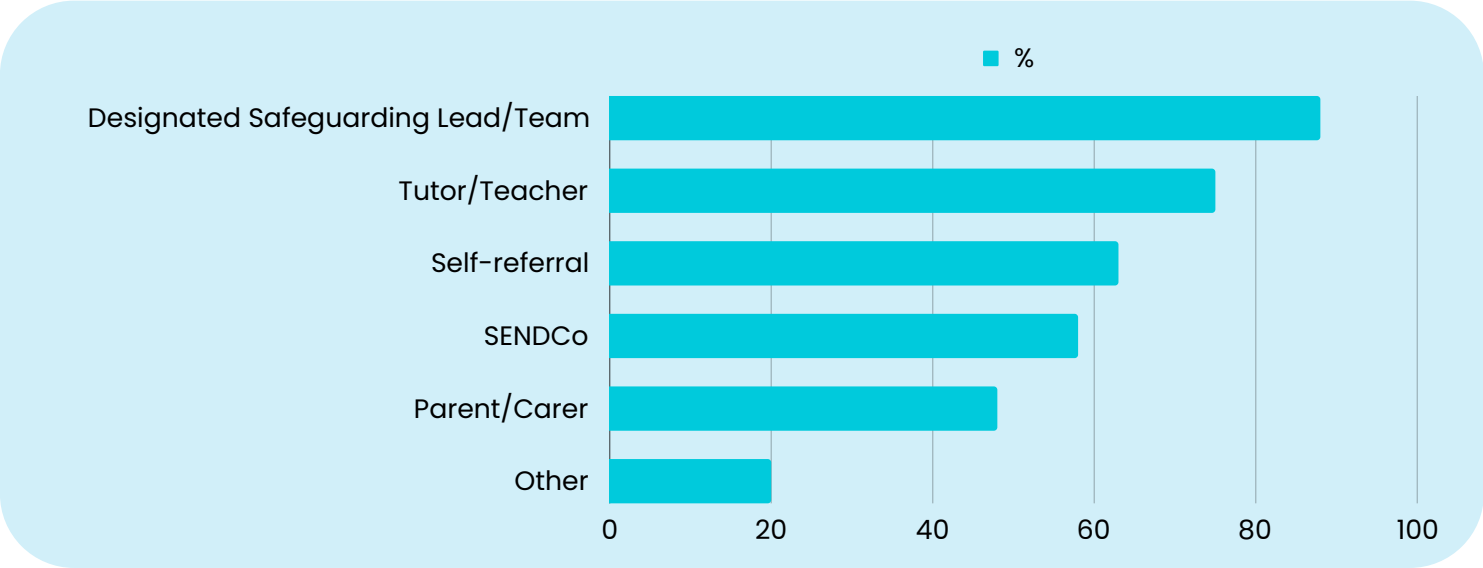


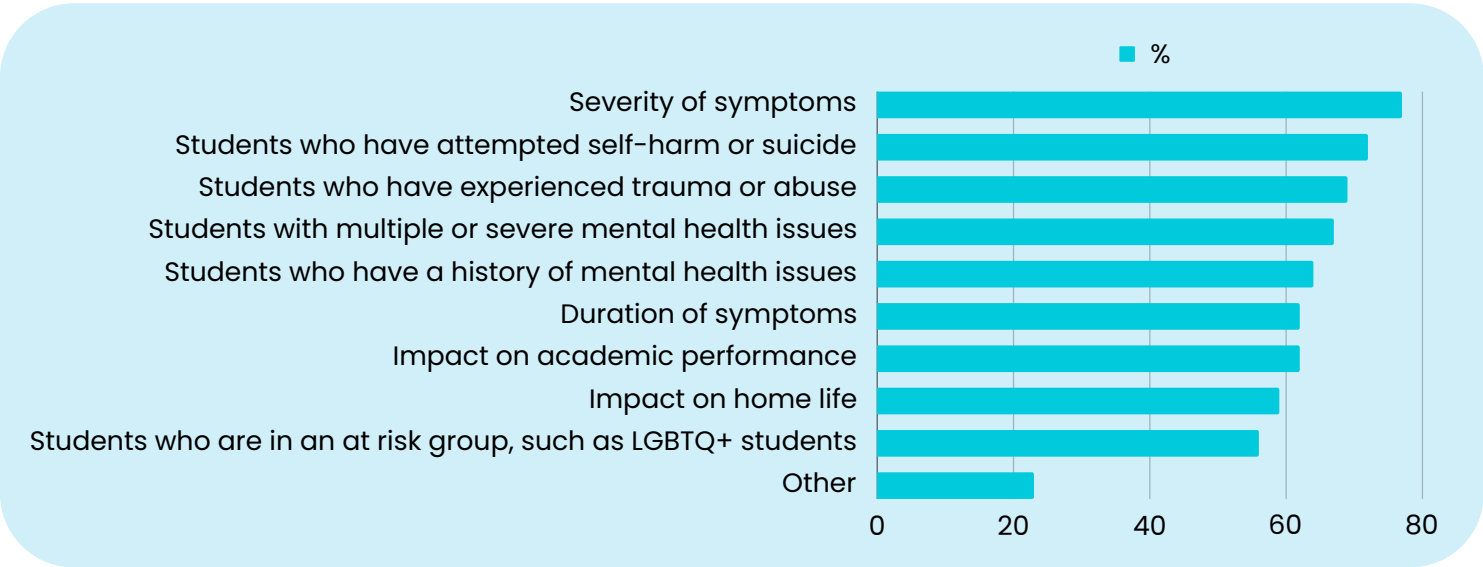
The data shows that access to external mental health services, or referrals to specialists, is a very high priority for schools that do not have an MHST in place. Almost all respondents offered a mental health and wellbeing curriculum to their learners. Mental health support is clearly on the radar of every establishment, as every establishment offered some form of support for their learners.

Respondents were asked who in their organisation can refer a student to the MHST. The results are as follows:



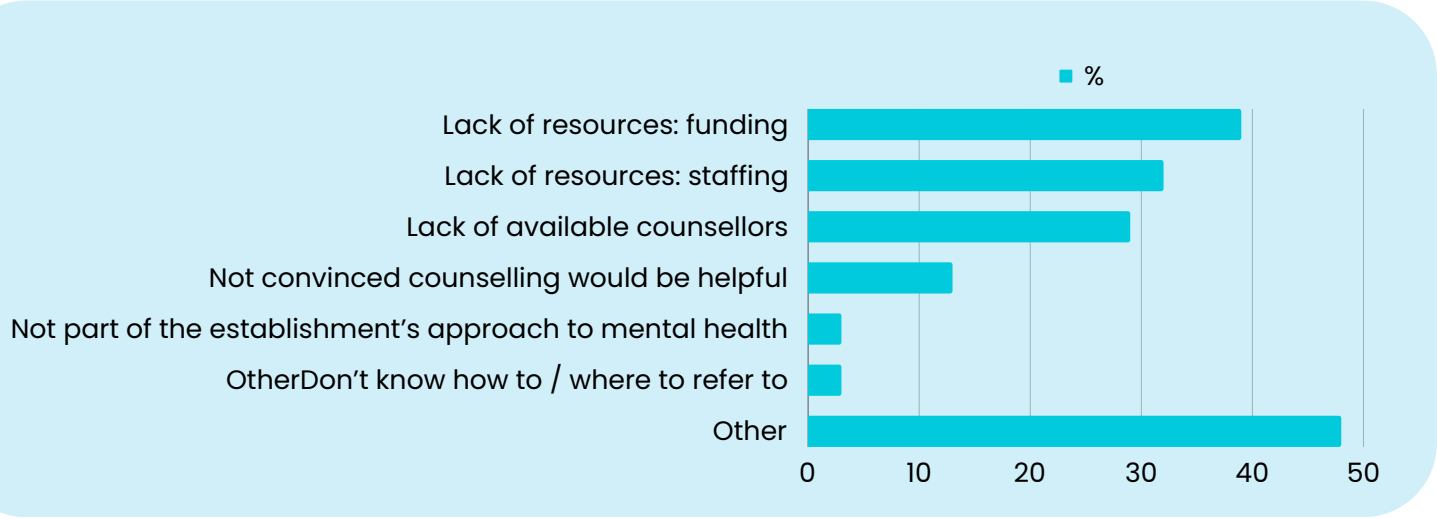
This shows a great deal of flexibility when it comes to referrals. A significant number of establishments gave learners the opportunity to self-refer, offering them autonomy and empowerment within the system. Parents and carers are also often able to be involved in the process, which shows good links with the wider school community. These results show that, generally, establishments are operating a whole-school approach, and the results of this survey more broadly seem to indicate that this is a 'best practice' way of working.

When considering what makes a case complex, and therefore constitutes referral, respondents cited the following:



The data shows that MHSTs take a number of things into account when considering whether or not a case is complex and requires referral. Many establishments chose the 'Other' field to indicate that they considered 'all of the above'. Factors that implied an increased safeguarding risk were more likely to lead to referral.

When asked why they would not refer a complex case to a counsellor, respondents indicated the following:



A lack of funding was closely followed by a lack of staffing, which is unsurprising given the close nature of the two issues. This shows that more resources need to be provided in order to support referrals for complex cases. Many respondents also cited a lack of available counsellors, which, given data gathered by both the NCPS and BACP indicates capacity in counsellors that are qualified in working with Children and Young People, that MHSTs are unaware of how or where to access counsellors or counselling services.

For those that were not convinced counselling would be helpful (13%) or where it was not part of the establishment's approach to mental health (3%), this indicates that there should be improved guidance around the issues with which counselling/psychotherapy can support.

'Other' included when service users request not to be referred, concerns about long waiting lists, being told counsellors 'aren't for complex cases', have been told not to refer as they should be identifying low-level difficulties for early intervention only, or a policy to refer to GPs or CAMHS.

All of the responses can be found in Appendix A

THEMATIC ANALYSIS

In conducting this research, we asked three qualitative questions:

In your opinion, what are the benefits of involving counselling in supporting complex cases?

What are the challenges of involving counsellors in supporting complex cases?

Do you have any additional comments or suggestions on how to improve the referral process for complex cases?

Respondents overwhelmingly recognised the advantages of having counsellors onsite, acknowledging that having access to that resource means they can provide timely and appropriate support that meets the needs of students. Respondents write about counsellors ability to create a safe, therapeutic environment that fosters trust and openness, and allows for early professional intervention that can facilitate positive change. Their involvement is seen to benefit addressing immediate mental health concerns, as well as supporting the broader educational and emotional development of students. This holistic approach, something that counselling/psychotherapy is perfectly placed to adopt, appears to enhance the overall support system within educational settings, and offers a variety of therapeutic interventions that contribute to a number of things, including academic success and emotional development.

However, the integration of counsellors into educational institutions is not without its challenges. Systemic constraints, such as funding limitations and logistical issues, including the availability of suitable practitioners, inconsistent and cumbersome referral processes, and a lack of space and/or time within schools, present some limiting barriers. As well as that, interpersonal and operational challenges, such as maintaining confidentiality while fostering collaboration with the broader team and, simultaneously, ensuring student engagement, add layers of complexity to the provision of counselling services in schools.

We asked survey participants for their suggestions for improving the referral process for complex cases, and these included advocating for systemic reforms, increased access to resources (such as funds, and staff), and changes to processes and procedures. Specifics include making counsellors a compulsory presence in schools, addressing staffing stability, and streamlining the referral process to ensure timely and effective support.

All of the responses can be found in Appendix B

Q. In your opinion, what are the benefits of involving counsellors in supporting complex cases?

1. **Timely, Appropriate Support:** Counsellors provide onsite support with a competency level suited for handling complex cases, offering a range of therapeutic approaches over potentially longer terms than other talking therapies. Their expertise allows for early professional intervention, creating a safe, therapeutic relationship where students can open up and trust, facilitating positive change
2. **Internal and External Relief:** The involvement of counsellors helps alleviate the strain on external mental health services by providing in-house support, and reducing reliance on long waiting lists. This in-house capability not only ensures easy access to mental health support but also integrates a multidisciplinary approach that enhances the overall support system within educational settings.
3. **Educational and Emotional Development:** Counsellors support the emotional intelligence development of students, help in managing their emotions, and work through mental health issues, which, in turn, aids in their academic success. They provide a professional, boundaried, therapeutic intervention tailored to the young person's needs, facilitating a holistic approach to education and mental health..

HERE'S WHAT THEY SAID

"Counselling can be longer-term compared to some talking therapies so can give the complex student more time within a therapeutic relationship and a greater range of approaches."

"Easy to access mental health support which is in-house and with shorter waiting times."

"Very much needed! We need more specialist counsellors for complex cases."

"To get professional support at an earlier point."

"They have the cognitive skills to help more involved cases and are more experienced."

"To create a safe space, a therapeutic relationship to allow the CYP to trust and be open. We have seen great results."

"Supporting young people to process whatever has happened to them or to consider coping strategies."

"Support the students to succeed both academically and manage their emotions."

Q. What are the challenges of involving counsellors in supporting complex cases?

1. **Systemic Constraints:** Respondents highlighted systemic issues such as funding limitations, long waiting lists, and the difficulty of obtaining referrals. There's a noted preference for NHS teams to manage cases with risk, suggesting a gap in service provision for non-critical but still complex cases. Overreliance on term-time support and the challenge of integrating counselling services within the school system, particularly in multidisciplinary discussions, are also significant concerns.
2. **Logistical Issues:** Practical challenges include finding suitable practitioners, ensuring the availability of counselling sessions, and managing the time and space within schools for counselling. The logistical problems are exacerbated by financial constraints, making it difficult to either contract in counsellors or access external support services. Waiting times for counselling services, often extending several weeks, deter engagement, with students potentially losing interest or feeling unsupported in the interim.
3. **Interpersonal and Operational Challenges:** Maintaining confidentiality while fostering a collaborative environment poses a challenge. The difficulty of ensuring student engagement and attendance at sessions, along with the need for coordination between counsellors and school staff, adds to the complexity. Additionally, there is a challenge in ensuring that counsellors work within their competence level and are effectively integrated into the school's support system.

HERE'S WHAT THEY SAID

"Service preference is for NHS teams to be holding/managing cases where there is risk."

"Because they don't work in school, it can be difficult to have a multidisciplinary discussion… Also, the 12-week wait can be difficult for students."

"Getting the referral through, long waiting lists, poor ease of access, limited availability."

"Funding, waiting lists, etc. Getting to see one has to be the biggest challenge."

"Needs to be weekly and often attendance to school limits the accessibility to counselling."

"Having a Counsellor on staff is really important… One local organisation currently have a 36-week waiting list!"

"Ensuring that the counsellor's time is not wasted by no shows - we only have our counsellor for one day a week."

"Access to counselling services, finding space in school for the meetings to take place."

Q. Do you have any additional comments or suggestions on how to improve the referral process for complex cases?

1. **Systemic Reforms:** A common thread among responses is the call for systemic changes, such as making counsellors compulsory in schools across all regions, similar to the model in Wales. This suggests a desire for a more unified and mandatory approach to mental health support in educational settings.
2. **Resource Allocation and Accessibility:** The high turnover of mental health support teams (MHSTs) and the reliance on trainees are noted concerns, pointing towards a need for more stable and qualified staffing. The issue of long waiting times for services like CAMHS (Child and Adolescent Mental Health Services) is recurrent, with suggestions for easier access to support, indicating a critical need for increased funding and resources to meet demand promptly.
3. **Procedural Enhancements:** Suggestions for procedural improvements include the establishment of a more streamlined referral process, potentially through professional vetting to distinguish between behavioural issues and mental health needs. The use of a standardized pro forma to collect necessary information from learners or parents was also suggested to speed up referrals and ensure no critical details are missed.

HERE'S WHAT THEY SAID

"In Wales, counsellors in schools are compulsory - the same should happen in England."

"MHST are a few resources, not a counselling service. High turnover, trainees."

"Referral process less of a problem - the problem is there is no-one to refer to!"

“If there wasn’t a 3 month wait, we would be likely to refer. As a team, we have a counsellor, a trainee psychotherapist and an ex MH social worker on our team. We are more likely to deal with issues in house, because we have the skills for be able to do so.”

“MHST counsellors that deal with some of the more complex cases. At least to refer on to priority places for higher needs service such as CAMHs team. MHST has been a brilliant success and support however we need a more instant route for children suffering from suicidal thoughts ect.”

“These children are not seen for weeks when a child with a bit of anger and worry is seen sooner as it fall into the correct criteria for MHST.”

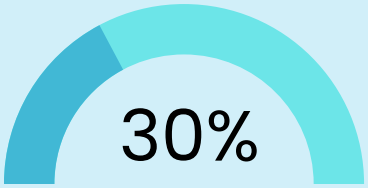
“We have good links to outside agencies, who we can refer on to. We use mainly trainee counsellors who would not be experienced enough to work with more complex cases. We are then limited to the high needs clients being placed with our experienced counsellors. This number varies year on year.”

“A pro forma of the questions education staff need to ask learners/parents to help speed the referral on, sometimes there are gaps in information we give which can slow the referral”

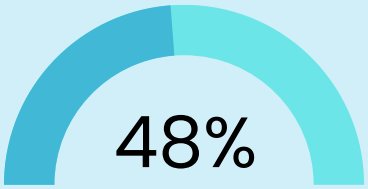
“More government funding for Mental Health support is needed”

ANALYSIS OF DATA BY ESTABLISHMENT TYPE

PRIMARY SCHOOLS



30% of respondents were from Primary Schools



48% of Primary Schools that responded have an MHST in place.

Where they did not have an MHST in place, 91% of those noted that they support mental health through a wellbeing curriculum, and 64% said that they sought support for mental and emotional health through external provision, such as self-employed counsellors, external mental health services, and local authority counselling services. 9% said that they employ a salaried counsellor or mental health worker directly. We also saw some other ways of working, including:

- A pastoral team made up of Home School Link Worker, two Learning Mentors (one Emotional Literacy Support Assistant (ELSA)), who are lined managed by the SENDCo who is also Mental Health Lead for the school
- Inclusion Manager running group and individual session
- Standalone Learning Mentor and ELSA
- ELSA staff only

This suggests that while MHSTs are not universally present, schools are nonetheless seeking ways to address mental health needs through both curriculum-based and external support mechanisms. 60% of teams have a Counsellor/Psychotherapist on their team. 70% have a Children's Wellbeing Practitioner, and 30% have an Educational Psychologist on their team. 20% have Mental Health First Aiders as part of their Mental Health Support Team. Other professions are included more sporadically, including Family Link Workers, High Level CBT Practitioners, ELSAs, Mental Health Nurses, and Learning Support. This diversity highlights a multidisciplinary approach to addressing mental health in schools.

Teams vary in size, with the most common size of a team being 2 to 3 people (50%). The structure and roles within these teams can vary significantly, incorporating roles like pastoral teams, Inclusion Managers, Learning Mentors, ELSAs, and more. This variability may reflect the differing needs and resources of each school.

The amount of support sessions offered to students in Primary Schools is inconsistent – learners can be offered anything from 1-3 sessions to ongoing support as needed. This inconsistency could indicate a lack of standardisation in mental health support across schools, or the tailoring of support to individual student needs.

30% of those with MHSTs said that their teams met weekly to discuss cases, while another 30% met only as needed. Others ranged from meeting monthly, once per half term, or never.

When asked how often their Mental Health Support Team refers complex cases to counsellors, 10% responded 'Always', 40% responded 'Often', 40% responded 'Sometimes' and 10% responded 'Rarely'. For those who only referred 'Sometimes' or 'Rarely', and some comments around that were as follows: "We have tried to refer more complex cases but have been told the support isn't appropriate - we should be identifying low-level difficulties for early intervention."

"Referral forms via Thought-full programme if low level. More severe it's about sign posting parents to agencies"

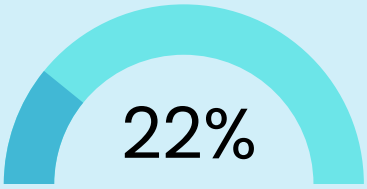
When asked why their teams do not refer complex cases to counsellors, respondents from Primary Schools cited:

Lack of funding – 71%
Lack of staffing – 29%
Lack of available counsellors – 57%

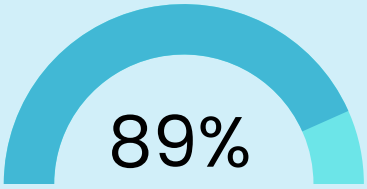
Some schools also mentioned again that referring complex cases isn't in their remit, or that they only refer to CAMHS.

This highlights significant barriers to providing comprehensive mental health support, particularly for more complex needs.

SECONDARY SCHOOLS



22% of respondents were from Secondary Schools



89% of Secondary Schools that responded have an MHST in place.

Where they did not have an MHST in place, they supported their student's mental health through individual contracts with self-employed counsellors, or employed a salaried counsellor or mental health worker directly. They also have a Mental Health and Wellbeing curriculum in place, and either access to external mental health services, or workshops / training sessions for students on mental health and wellbeing.

There was a lot more consistency around how mental health support is provided in Secondary Schools, in comparison to – for example – Primary Schools.

Secondary Schools are very likely to offer ongoing support to learners as needed, with 54% offering this. 23% offered 4-6 sessions, and another 20% offered at least 7 sessions.
46% of MHSTs consist of 2-3 people, 31% have more than 5 people in their team, 15% have 4-5 people, and 8% have just 1 person as part of their MHST.

69% of teams have a Counsellor/Psychotherapist on their team. 38% have a Children's Wellbeing Practitioner, and 31% have an Educational Psychologist on their team. Other professions are mixed, including Social Workers, Mental Health First Aiders, ELSAs, Trainee Counsellors on placement, and Support Mentors.

There is a slight preference for meeting weekly to discuss cases, with 31% of Secondary Schools sharing that they did this, followed closely by 23% meeting either monthly or as needed. Some schools met termly, fortnightly, or even daily in one instance.

When asked how often their Mental Health Support Team refers complex cases to counsellors, 17% responded 'Always', 50% responded 'Often', 25% responded 'Sometimes' and 8% responded 'Rarely'.

One comment that stood out for those who referred 'Rarely' was:

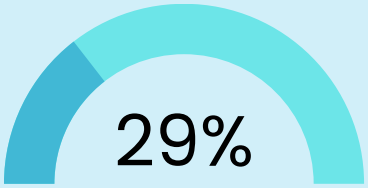
"Generally, duration of symptoms is the reason for referring. Referrals are generally seen after 12 weeks, if we needed to refer something urgently, we would refer to the child and young person's mental health team."

When asked why their teams do not refer complex cases to counsellors, respondents from Secondary Schools cited:

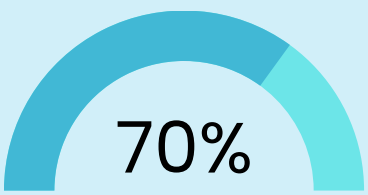
Lack of funding – 57%
Lack of staffing – 29%
Lack of available counsellors – 29%

Other reasons for not referring complex cases to counsellors included a lack of available counsellors, the time it takes to see a counsellor if relying on the NHS, policies being to refer to CAMHS or GP, or that they have counsellors in-house so have no need to refer cases onward.

FURTHER EDUCATION



29% of respondents were from Further Education.



70% of Further Education establishments that responded have an MHST in place.

Where they did not have an MHST in place, 100% said they offered regular mental health check-ins or screenings for students, 83% said that they offered access to external mental health services, and employed a salaried counsellor or mental health worker directly. 67% said that they supported their student's mental health through a Mental Health and Wellbeing Curriculum. Many establishments also offered peer groups and networks, as well as workshops and training sessions for students. The preference in Further Education is to offer 4 to 6 sessions to learners, with 43% offering this. 36% offer 7 – 10 sessions, and 21% offer ongoing support as needed.

MHSTs tend to be larger in Further Education, with 57% having a team larger than five people. 29% have a team of four to five people, and the remainder have smaller teams of three or less.

100% of MHSTs in Further Education that responded have a Counsellor/Psychotherapist on their team. 29% have a Mental Health Co-Ordinator or Advisor on their team, and then there is a huge variety in professions such as Educational Psychologist, Children's Wellbeing Practitioner, Mental Health First Aider, Educational Mental Health Practitioner, Safeguarding Officers, Youth Workers, Student Support, TAF/CAF, CAMHS practitioners, Trainee Counsellors, and Safeguarding and Wellbeing Officers. No two teams have the same make-up of professionals.

Roughly half of MHSTs in Further Education meet as needed to discuss cases. 29% choose to meet monthly, and the remainder meet either weekly or daily. This shows that there is a huge gap in terms of what is considered best practice, with some establishments operating more flexibly, and others having a set meeting schedule in place.

When asked how often their Mental Health Support Team refers complex cases to counsellors, 50% responded 'Sometimes', 43% responded 'Often', 7% responded 'Always' and no establishments said they 'Rarely' or 'Never' referred complex cases to counsellors.

The reasons for this are largely around the fact that many Further Education establishments have their own internal counselling service, or employed/contracted counsellor that makes up their own MHST.

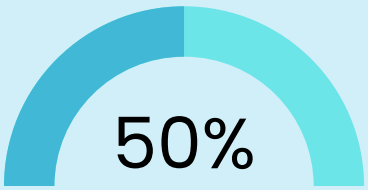
Other reasons they might not refer complex cases to counsellors are because students do not wish to be referred, or in particular cases they don't feel that counselling would be helpful. Some establishments also cite a lack of resources around staffing, or a lack of available counsellors, with a small number noting that they don't know how to or where to refer to, and not convinced that counselling would be helpful.

There was no significant data when asked why their teams do not refer complex cases to counsellors. 21% cited a lack of staffing, and there were a mix of other responses.

Other reasons for not referring complex cases to counsellors included a lack of available counsellors, the time it takes to see a counsellor if relying on the NHS, policies being to refer to CAMHS or GP, or that they have counsellors in-house so have no need to refer cases onward.

ACADEMIES

20% of respondents were from Academies.



50% of Academies that responded have an MHST in place.

Where they don't have an MHST in place, 100% of Academies offer access to counselling of some sort, either through an individual contract with a counsellor, employing a salaried counsellor themselves, or by accessing voluntary or Local Authority counselling services. 86% had a Mental Health and Wellbeing Curriculum, and 86% also gave access to their students to external mental health services or referrals to specialists. 57% offered regular mental health check ins, as well as workshops or training sessions for students around mental health and wellbeing.

Where they have an MHST in place, a number of sessions are usually offered, with 83% generally offering at least 7 sessions, with 50% of those saying that they will offer ongoing support as needed. MHSTs in Academies tend to be on the smaller side, with 43% being between 2 and 3 people, and 29% having just on person on their team. This means 72% of MHSTs are 3 people or less.

We see this reflected in the make up of the teams; 57% of teams include a counsellor, with two teams comprising solely counsellors/psychotherapists (both teams of 2-3 people). 43% of teams include a Children's Wellbeing Practitioner, and teams can also include a mix of Social Workers, ELSAs, and Mental Health Nurses.

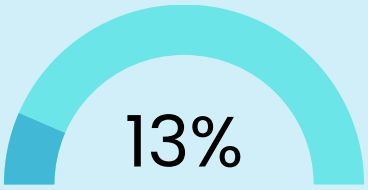
There is a wide variety in how often the teams meet to discuss cases, ranging from daily to monthly, with no stand-out preference to the most common frequencies. Some meet simply as needed, although 86% do meet with some regularity.

When asked how often their Mental Health Support Team refers complex cases to counsellors, 43% of Academies responded 'Sometimes', 29% responded 'Often', and 29% responded 'Always'. No establishments said they 'Rarely' or 'Never' referred complex cases to counsellors.

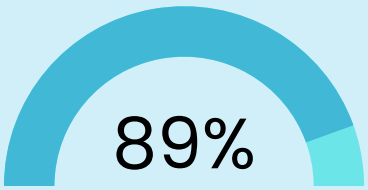
This is likely due to the fact that many MHSTs include a counsellor, and that every Academy that responded shared that they offer access to counselling of some sort.

Where they don't refer complex cases to counsellors, funding was an issue for 75% of establishments, and staffing and lack of available counsellors was an issue for 50% of respondents. Other reasons noted include the length of time they may have to wait if they're relying on a referral via the NHS, and one respondent shared that they have been told the counsellors they have "aren't for complex cases".

HIGHER EDUCATION



13% respondents were from Higher Education



89% of respondents have an MHST as part of their establishment

Of those who didn't, ways in which they supported students with their mental health include employing a salaried counsellor/mental health worker directly, a mental health and wellbeing curriculum, workshops or training sessions for students on mental health and wellbeing, regular check-ins or screenings for students, access to external mental health services or referrals to specialists, and wellbeing teams.

In terms of the number of sessions offered to students, the preference is for 4-6 sessions, with 50% of establishments offering this amount, closely followed by 37.5% that offer 7-10 sessions. Only 12.5% offer ongoing support as needed.

Mental Health Support Teams in Higher Education tend to be on the larger side, with 87.5% of MHSTs comprising more than 5 people, and the remainder being between 4 and 5 people.

Of those that responded, 100% of MHSTs comprised a counsellor/psychotherapist, and the remainder of the teams were made up of a mixture of educational psychologists, mental health nurses, social workers, children's wellbeing practitioners, CAMHS practitioners, Youth Workers, TAF/CAF, Trainee Counsellors, Mental Health Co-Ordinators / Advisors, Welfare or Safeguarding Officers, and Wellbeing Practitioners.

Respondents with MHSTs in Higher Education appear to either meet monthly or as needed, with respondents indicating these options equally at 37.5% each. This could potentially indicate that there is little formalisation and rigidity within higher education, implying that teams have a high level of autonomy. There are some teams that meet either daily or weekly, showing variety in ways of working between different establishments.

There are no absolutes within Higher Education's MHSTs, with no respondents indicating that complex cases are referred to counsellors 'Always', 'Rarely' or 'Never'. 87.5% of teams say that they 'Often' refer complex cases to counsellors, and only 12.5 say they refer 'Sometimes'.

When talking about referrals, those with MHSTs in Higher Education say:

"Students can be referred to in-house short-term counselling or CBT service, or referred externally to NHS IAPT service, local organisations offering specialist support, and/or signposted to private sector for longer-term counselling options"

"We have internal counselling service, managed by professional counselling coordinators, students are assessed and referred to our internal trainee counsellors if deemed suitable for their level of skill/training/experience. If not deemed suitable, students are supported to refer outside of the college, to GP, CAMHS, specialist agencies i.e. for abuse, etc."

Referrals to counsellors are made for things such as:

- Self-harm
- Trauma
- Suicidal ideation
- Eating disorders
- Anxiety
- Depression

When complex cases aren't referred to counsellors, MHSTs in Higher Education cite reasons such as:

Lack of staffing – 57%
Not convinced counselling would be helpful – 43%
Lack of available counsellors – 29%
Lack of funding – 29%

As well as things such as a policy to refer to CAMHS, and not knowing where to or how to refer.

OTHER ESTABLISHMENTS

Sixth Form Colleges / Early Years Provision / Free Schools / Independent Schools / Secondary Schools / Grammar Schools / Special Schools

We did not have a large enough data set to support any conclusive analysis or assessment of these educational establishments, however, their comments have been included within the overall thematic analysis of responses to our qualitative questions, as their perspectives are still valuable.

SUMMARY

We hope that this research adequately conveys how important counselling and psychotherapy are within educational settings. Counsellors are largely overlooked in discussions of mental health provision at policy level, but those 'on the ground' and working within mental health settings are drawing on the skills and expertise of counsellors/psychotherapists every day.

Despite their lack of formalised integration within mental health support in education settings, counsellors/psychotherapists still play a major role in mental health provision. The consistent effort to integrate counsellors - whether internally employed or accessed externally – shows that they are highly valued at a local level.

This report demonstrates a real need for systemic change, including more funding, increased and stable staffing levels, and improved integration of counselling services into the educational system. In addition to this, we can also see the importance of a multifaceted approach to mental health support, which changes based on the diverse needs of educational establishments and their students.

Our recommendations span from immediate, low-cost solutions, such as improving guidance and streamlining referral processes, to more comprehensive measures like mandating counsellor integration into educational systems and expanding the UK rollout of MHSTs to include counsellors in every team. This approach not only aims to address immediate mental health concerns, such as lengthy waiting lists and lack of access to adequate support, but respondents show that it supports the holistic development of students, enhancing both their emotional wellbeing and academic success.

We hope that this data will serve to support future policy developments in this area, and add positively to the discourse around Mental Health Support Teams and counselling provision in schools, both of which are proving to be a benefit to the mental health and wellbeing of students across the UK.

Report authored by Meg Moss, Head of Policy & Public Affairs at NCPS. For more information please contact meg@ncps.com

APPENDICES

APPENDIX A – Quantitative Data

What type of educational establishment are you?

Academy	14	20.30%
Early Years Provider	3	4.35%
Free School	1	1.45%
Further Education	20	29.00%
Higher Education	9	13.04%
Independent School	1	1.45%
Primary School	21	30.43%
Secondary School	15	21.74%
Sixth Form College	8	11.60%
Special School	3	4.35%
Other	4	5.78%

Does your educational establishment have a mental health support team?

Yes	40	58%
No	29	42%

If you selected 'No' to the previous question, how does your educational establishment support mental health issues within your student body?

Employs a salaried counsellor / mental health worker directly	12	42.86
Individual contact with self-employed counsellors	5	17.86
Local Authority counselling service	6	21.43
Voluntary sector counselling service	4	14.29
Mental health and wellbeing curriculum	25	89.29
Workshops or training sessions for students on mental health	17	60.71
Access to support groups or peer support networks	13	46.43
Regular mental health check-ins or screenings for students	14	50.00
Access to external mental health services or referrals to specialists	21	75.00
No specific mental health support is offered to students	0	0.00
Other	8	28.57

Who can refer a student to the Mental Health Support Team?

Self-referral	25	62.50
Tutor/Teacher	30	75.00
Parent/Carer	19	47.50
SENDCo	23	57.50
Designated Safeguarding Lead/Team	35	87.50
Other	8	20.00

How many support sessions do students generally receive?

1-3	1	2.56
4-6	13	33.33
7-10	10	25.64
10+	2	5.13
Ongoing as needed	13	33.33

How many members are on your Mental Health Support Team?

1	4	10.00
2-3	13	32.50
4-5	9	22.50
More than 5	14	35.00

What type of professionals make up your Mental Health Support Team?

Educational Psychologist	6	15.00
Counsellor / Psychotherapist	30	75.00
Mental Health Nurse	4	10.00
Social Worker	3	7.50
Psychiatrist	0	0.00
Children's Wellbeing Practitioner	14	35.00
Other	18	45.00

How often does your Mental Health Support Team meet to discuss cases?

Daily	2	5.00
Weekly	11	27.50
Monthly	8	20.00
Termly	1	2.50
Annually	0	0.00
As Needed	13	32.50
Never	1	2.50
Other	4	10.00

What factors does your Mental Health Support Team consider to determine which cases are considered 'complex' and require referral to counsellors?

Severity of symptoms	30	76.92
Duration of symptoms	24	61.54
Impact on academic performance	24	61.54
Impact on home life	23	58.97
Students with multiple or severe mental health issues	26	66.67
Students who have attempted self-harm or suicide	28	71.79
Students who have experienced trauma or abuse	27	69.23
Students who have a history of mental health issues	25	64.10
Students who are in an at risk group, such as LGBTQ+ students	22	56.41
Other	9	23.08

How often does your Mental Health Support Team refer complex cases to counsellors?

Always	4	10.26
Often	17	43.59
Sometimes	15	38.46
Rarely	3	7.69
Never	0	0.00

What are the reasons why your educational establishment does not refer complex cases to counsellors?

Lack of resources: funding	12
Lack of resources: staffing	10
Lack of available counsellors	9
Not convinced counselling would be helpful	4
Not part of the school's approach to mental health	1
Don't know how to / where to refer to	1
Other:	15

Referred to GP / CAMHS / Only in cases where service users request they are not referred / Told the counsellors we have aren't for complex cases / student does not wish to be referred

What is your role at the educational establishment?

Headteacher	11	16.18
Deputy Headteacher	3	4.41
Dean	0	0.00
Vice Dean	0	0.00
Sudent Support	10	14.71
Mental Health Lead	10	14.71
Designated Safeguarding Lead	9	13.24
SENDCo	3	4.41
Class Teacher	1	1.47
Business Manager / Bursar	0	0.00
Head of Department	2	2.94
Professor / Lecturer	1	1.47
Other	18	26.47

Inc: School Counsellor, Higher Level Teaching Assistant, Tutor, Counselling/Wellbeing Support, Assistant Head for Inclusion, Student Engagement Manager, Head of Wellbeing, Vice Principal

How long have you worked at the educational establishment?

Less than 1 year	4	5.88
1 – 3 years	12	17.65
3 – 5 years	12	17.65
More than 5 years	40	58.82

APPENDIX B – Qualitative Data

What is the general nature of the referral?

MULTIPLE TEXT-BASED RESPONSES

“Students can be referred to in-house short-term counselling or CBT service, or referred externally to NHS IAPT service, local organisations offering specialist support, and/or signposted to private sector for longer-term counselling options”
“MHST only cover low mood and low level anxiety”
“We have internal counselling service, managed by professional counselling coordinators, students are assed and referred to our internal trainee counsellors if deemed suitable for their level of skill/training/experience. If not deemed suitable, students are supported to refer outside of the college, to GP, CAMHS, specialist agencies i.e. for abuse, etc.”
“We have tried to refer more complex cases but have been told the support isn't appropriate - we should be identifying low-level difficulties for early intervention.”
“Referrals are made on an online form which are not too onerous. Following the next triage meeting, communication is made and it is either accepted, declined with an option to get feedback on why, or further information is requested before a final decision. How many referrals we make varies across the year. Not many referrals are referred on to counsellors because we know that complex cases would not fall in their remit, so we would not refer them in the first place”
“usually 5 referrals a week, I am the school counsellor and I complete a thorough assessment of each student.”
“School Counsellor on staff and is involved in triage meetings where pupils are allocated to the right support.”
“Usually to OT/CAHMS this is normally because of self harm or suicidal thoughts. We have some low level CBT s an offer for children with depression and anxiety”
“We have our own College counsellor who has a caseload of 6-7 for an average of 6 sessions. Cases requiring counselling support are referred on a regular basis and we have a list of who is next to fill a counselling slot.”

In your opinion, what are the benefits of involving counsellors in supporting complex cases?

Onsite support available
Counsellors competency level
External waiting lists too long
It’s definitely necessary but schools are using unqualified staff to see students because we have no other option.
using the 'expert in the room'
trauma
Counselling can be longer-term compared to some talking therapies so can give the complex student more time within a therapeutic relationship and a greater range of approaches
Extremely important, MHST aren’t competent.
Easy to access mental health support which is in-house and with shorter waiting times.
Supporting the studen't feelings, developing their emotolnal intelligence

As a school we don't have a school counsellor, we only refer to the NHS school counselling service. They offer up to 12 sessions of CBT based therapy. It can be beneficial to have a multidisciplinary approach and give the young person an opportunity to experience a relationship with an emotionally available adult.
Very much needed! We need more specialist counsellors for complex cases. It would be brilliant to have paid and trained counsellor in every setting, or at least have access to, or priority for students to specialist services.
Counsellors offer the next level of expertise after therapeutic play alone - they alo offer signposting and a trained, safe standard of interaction
To get professional support at an earlier point.
Working collaborative to get the best for the student
Support for the child and family, preventing future problems.
They have the cognitive skills to help more involved cases and are more experienced.
Any early intervention, no matter the reason ie level of need, has to help
Trained professionals with correct skillset.
Builds capacity to the team trying to support . Sharing of ideas. New knowledge if needed.
If we don't involve counsellors often complex cases just get left untreated and issue's continue to spiral. Annoying children who are assessed as too complex for MHST are being left on longer wait list for the services such as CAMHs and Service Six and need much earlier support and intervention.
To create a safe space, a therapeutic relationship to allow the CYP to trust and be open. We have seen great results
Another way of working to support children
The relationship can enable positive changes
It is vital for children to receive the right level of support. Here, Camhs only take on a very small proportion of referrals, and I know they do not accept input from the School Counsellor within their referral process - they have told me previously that children need to have seen other agencies before they will take them on, but School Counsellors do not count because (in their exact words) "some School Counsellors are not very good"!!
Professional people dealing rather than teachers who have had limited training
They are trained to deal with cases- feedback has been good
To have qualified and boundaried, therapeutic intervention using a modality that can support the young persons need.

We can support the students to succeed both academically and manage their emotions working through difficult mental health issues. We can aid them is seeking extra support. We have worked alongside other agencies to create a round the client support system. By involving the counsellors we allow the academic staff who work with students to focus on education whilst knowing the student is accessing emotional and mental health support.
Our Students will encounter different issues being in College and University , so supporting them in their educational journey is vital especially if they go into crisis , also we can be the only support they can access while waiting for NHS support.
A fresh perspective on types of support, other strategies considered to support learners, direct support to the student
Supporting young people to process whatever has happened to them or to consider coping strategies. Ultimately, therapeutic support helps to keep young people in education.
To access their knowledge and further support
Invaluable. We refer to outside counselling agencies where we do not have capacity or that would be more appropriate.
Professionals can give the correct support
More appropriate support for pupils

What are the challenges of involving counsellors in supporting complex cases?

Threshold criteria not in counsellors remit
Time and catch up sessions for kids
Getting a suitable practitioner
mental health issues and beavement
I think the service preference is for NHS teams to be holding/managing cases where there is risk.
None
Over reliance on support which is term time only
Funding
Because they don't work in school, it can be difficult to have a multidisciplinary discussion. Because of the contract and boundaries in counselling, it can be difficult for discussions to be helpful. Also the 12 wk wait can be difficult for students - often by the time this comes around they have changed their mind or say they don't need counselling anymore.
Getting the referral through, long waiting lists, poor ease of access, limited availability
Having enough budget to pay them, finding a balance between supporting the child appropriately for the right amount of time but being aware of so many children waiting for counselling, having a key person to liaise with the counsellor amid frantic busy school life
We have been told the cases aren't appropriate for this support.
Confidentiality, children playing people off against each other

Funding/ waiting lists etc.
Getting to see one has to be the biggest challenge
no-one out there to help as CAMHS only see suicidal children
The cost to schools.
Funding. Knowing where to find them
Waiting lists
Safeguarding, and attendance. As if not in school.they can not attend therapy.
Cost, accessing the right person for children involved
Needs to be weekly and often attendance to school limits the accessibility to counselling
Having a Counsellor on staff is really important here. Locally it is very difficult to get any other support. One local organisation providing self-harm support currently have a 36 week waiting list!
Getting a referral accepted
Once CAHMS is involved they need to disengage.
Waiting list; not conflict with outside support such as CAHMS; occaisionaly other staff buy in- freeing students from lessons
There work load is very complex
Making sure the counsellor is working within their level of competence.
Complex care can take long term Counselling, also the severity of the cases and the capability of the Counsellor , and comfort zone . We cannot prescribe medications .
Waiting lists
Making time to see students, students not wanting to engage- some are 18 and don't have to
ensuring that the counsellor's time is not wasted by no shows - we only have our counsellor for one day a week
finding space in school for the meetings to take place
Access to counselling services

Do you have any additional comments or suggestions on how to improve the referral process for complex cases?

in wales counsellors in schools are compulsory - the same should happen in england
MHST are a few resource, not a counselling service. High turnover, trainees.
If there wasn't a 3 month wait, we would be likely to refer. As a team, we have a counsellor, a trainee psychotherapist and an ex MH social worker on our team. We are more likely to deal with issues in house, because we have the skills for be able to do so.
I welcome a conversation and to be on board in this process.
Our school is working with Mental Health Support Team , a subsidiary of CAMHS which works well
How can you improve the service when this government has stripped services to the bone.
REferral process less of a problem - problem is there is no-one to refer to!
MHST counsellors that deal with some of the more complex cases. At least to refer on to priority places for higher needs service such as CAMHs team. MHST has been a brilliant success and support however we need a more instant route for children suffering from suicidal thoughts ect. These children are not seen for weeks when a child with a bit of anger and worry is seen sooner as it fall into the correct criteria for MHST.
Have a professional vetting referrals, as sometimes I see behaviour not mental health. We have mentors to aid with behaviour difficulties or sometimes we work along side this.
no
Easier access to further support, such as CAMHS
As previously stated, referrals to other services outside out School Counsellor have long wait times. As School Counsellor, I have tried to make links with local Camhs but this is proving almost impossible. Support above that which I can give, is very hard to get.
No
We have good links to outside agencies, who we can refer on to. We use mainly trainee counsellors who would not be experienced enough to work with more complex cases. We are then limited to the high needs clients being placed with our experienced counsellors. This number varies year on year.
We would prefer Students to have support from their Doctors , before they attend the College /University and have a local Doctor .
A pro forma of the questions education staff need to ask learners/parents to help speed the referral on, sometimes there are gaps in information we give which can slow the referral
A route to CAMHS would be fantastic!!
More government funding for Mental Health support is needed

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