Childrens Wellbeing and Schools Bill

House of Lords, Report Stage; Mental Health Support in Schools.

Barnardo's, Alliance4Children, the British Association for Counselling and Psychotherapy (BACP) and the National Counselling and Psychotherapy Society (NCPS) urge members to support for the new clause tabled by Baroness Tyler of Enfield, to guarantee children have access to mental health support in school.

Key points

- Barnardo's, Alliance4Children, BACP and NCPS welcome the government's commitment to expanding Mental Health Support Teams (MHSTs) to all schools and colleges in England. We also welcome the government's upcoming enhanced MHST pilot, aiming to improve and expand the support available through teams.
- 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.
- School-based counsellors improve outcomes for children whose needs are not being met through MHSTs, help reduce pressure on Child and Adolescent Mental Health Services, 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.

After Clause 36, insert the following new Clause:
Mental health support in schools

(1) In exercising functions relating to the commissioning, funding and guidance of Mental Health Support Teams, the Secretary of State must ensure that children and young people are able to access emotional and mental health support delivered by practitioners registered with, or accredited by, a body recognised by the Secretary of State.

(2) This must include access to school-based counselling or equivalent therapeutic support for pupils whose needs—
(a) are too complex for low-intensity interventions, but
(b) do not meet the threshold for referral to specialist child and adolescent mental health services.

(3) Guidance issued by the Secretary of State in connection with mental health support in schools must set out how teams can have access to counselling support alongside existing roles, including through commissioning arrangements, partnership working, or referral pathways.

Members explanatory statement
This amendment requires the Secretary of State to ensure Mental Health Support Teams provide access to counselling or equivalent therapeutic support for pupils whose needs exceed low-intensity interventions but fall below CAMHS thresholds.

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 (CBT)) 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 services 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. EMHPs are trained to deliver CBT interventions to children, alongside group work and whole school approaches to mental health. 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 proven to be effective. Barnardo's report "It's Hard to Talk" found an average improvement of 57% for children receiving CBT interventions across a range of mental health symptoms. As a result, we welcome 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. 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.

Ensuring access to suitable support in schools through provision of a school counsellor within an MHST, helps provide early intervention and prevents children reaching crisis point. School counselling recognises children as active participants in their own wellbeing and respects their developing autonomy. A system that only responds once needs become severe risks failing children at the point when early, relational support could make the greatest difference.

MHST+

We recommend that, as part of the government's commitment to development of an enhanced MHST pilot, 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.

The constraints of the current MHST model are leading to schools being left alone to manage the consequences of unmet emotional and mental health needs, without having the tools or resources to respond effectively. As they are unable to meet the needs of all pupils, this leaves school leaders to navigate complex situations with limited options.

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. 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 PBE 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.

Practitioner quality, safety, and governance

Research by Alliance4Children has found at least 19 separate, distinct professional roles focused on children's mental health and wellbeing in schools. Each requires different training and registration and are designed to meet different need within the student population.

By requiring that emotional and mental health support be delivered by practitioners registered with, or accredited by, a body recognised by the Secretary of State, it builds on existing, well-established governance frameworks rather than creating new regulatory burdens. Such bodies set clear standards for training, ethical practice, supervision, and continuing professional development, and operate transparent complaints and safeguarding processes.

This ensures that children and young people receive support from appropriately qualified professionals working within robust systems of accountability. Importantly, this approach is proportionate: it safeguards quality and safety while preserving flexibility in how support is commissioned and delivered and avoids narrowing provision to a single professional group or model of intervention.

Why legislation, not guidance

Placing access to appropriate mental health support for children on the face of legislation is essential to ensure consistency, equity, and long-term sustainability. Guidance and pilots, while valuable, have historically led to uneven provision, variable interpretation, and postcode lotteries, particularly when schools and local systems are under financial pressure. Without a statutory footing, access to counselling remains discretionary and vulnerable to short-term funding decisions, despite clear evidence of need.

Embedding this requirement in law would provide a clear national expectation as Mental Health Support Teams are expanded and enhanced, ensuring that all children, regardless of where they live or attend school, can access timely, appropriate support. Legislation also offers stability beyond individual programmes or spending cycles, giving schools, commissioners, and families confidence that provision will be maintained as part of a coherent, long-term approach to children's wellbeing. Access to appropriate mental health support for children is a matter of equity and public interest, not administrative discretion, and relying solely on guidance risks inconsistent application and weak accountability, particularly as programmes expand and evolve.

Suggested questions

- Will the government commit to funding school-based counselling as part of its enhanced MHST pilot, to ensure equitable access across all schools and regions?
- How will the government support schools currently funding counselling services from their own budgets, and address the postcode lottery in access this form of mental health support?
- What assurances can the minister give that children who have experienced abuse and exploitation will have access to appropriate specialist services outside the MHST framework?
- What safeguards exist to ensure that access to appropriate support does not depend on a school's financial capacity or leadership priorities?
- How will success of the enhanced MHST pilot be measured? Will the evaluation consider engagement, attendance, and longer-term wellbeing outcomes, in addition to short-term clinical measures?