

# **IMPROVING MENTAL HEALTH AND WELLBEING UPDATE:**

## **LEARNING WHAT WORKS IN A WORSENING CRISIS**

# Improving mental health and wellbeing: learning what works in a worsening crisis

## This update highlights:

- Changes since the Child of the North report in 2024 [1] sounded the alarm on rising rates of poor mental health in young people colliding with an **overstretched NHS system containing structural inequalities**.
- A worsening situation since the original report with the number of children and young people accessing NHS-funded mental health services **rising from 749,833 in 2023 to 829,308 in 2024/25** [2]
- Novel analysis showing the government's flagship school based **Mental Health Support Teams (MHSTs) approach is showing some positive impact**, but variations need further investigation.
- School-based support is vital, but **we must now focus on what works, for whom, and in what contexts**. That means building on the evidence, learning from diverse practice, and addressing the postcode inequalities.

## Mental Health Support Teams

The mental health of young people is declining [3] particularly in disadvantaged areas - with **young people in England's most deprived coastal towns around three times more likely to have an undiagnosed mental health condition** than inland peers [4].

Schools, where children spend most of their waking hours, must be central to the solution – not as a substitute for specialist care, but as the first line of prevention, identification, and early help. Since 2018, MHSTs have been rolled out across schools in England with over 700 teams covering half of the pupils in state-funded schools by the end of 2025, and **government pledging universal coverage by 2030**. MHSTs have three core functions: providing psychological support for pupils with mild-to-moderate difficulties; supporting whole-school approaches to wellbeing; and improving referrals to specialist services. MHSTs have been welcomed by many schools as a vital resource but it is imperative that they are evaluated to ensure the funding is used to maximum effect.

A Child of The North consortium comprising Bradford Institute of Health Research together with Universities in Yorkshire have conducted **the first comprehensive evaluation of the impact of MHSTs on mental health and school absences** [5].

## Impact on mental health

The WISH Project (Wellbeing in Secondary Schools) has gathered compelling evidence on how school based approaches can improve student mental health [6]. Through a realist review and workshops with young people, parents, carers, and teachers, the project identified the key contexts and mechanisms that make these approaches effective.

The findings are strikingly consistent: interventions that help pupils feel connected to their school, and that foster trusting relationships between students and teachers, make the greatest difference. These are achieved when schools:

- Genuinely consult young people on school matters, ensuring their voices shape decisions.
- Build teacher capacity for pastoral care, equipping staff with the time, skills, and confidence to support wellbeing alongside academic development.
- Recognise and value diverse identities and communities, tackling discrimination and fostering inclusion.
- Adopt inclusive policies, ensuring all students feel safe, respected, and able to thrive.

These findings reinforce the conclusions of the Child of the North report [1]: that schools are not just sites of learning, but key settings for health support.

When children feel they belong, when they trust adults in their school, and when their identities are affirmed, their mental health outcomes improve.

Crucially, the WISH project is also beginning to demonstrate - using the LifeSim economic model [7] - that such approaches can be cost-effective. While provisional, this suggests whole-school approaches are not just good for children – they also represent value for money for government.

## Impact on school absences

In parallel, Born in Bradford research has further built on earlier promising findings [8] and shown [9]:

- MHSTs can reduce persistent absence linked to mental health.
- MHSTs were linked to reduced absence rates and a decrease in persistent absence in Bradford and Craven. Over half of MHST schools in this area experienced meaningful reductions.
- MHSTs have not yet substantially reduced overall school absence rates suggesting a need for more defined delivery models as the rollout continues

**The evidence suggests MHSTs can be effective in addressing school absence – but only in certain contexts, and with specific delivery models.**

## Understanding what works

The evidence highlights a critical point: the impact of MHSTs depends not simply on their presence, but on how they are implemented. Early rollout has seen wide variation:

- Some MHSTs focus heavily on one-to-one therapeutic interventions, often due to pressing unmet need.
- Others invest more in whole-school approaches, embedding wellbeing into the school culture.
- Delivery models differ depending on whether teams are led by NHS providers, voluntary sector organisations, or local partnerships.

The Child of the North lens makes the challenge sharper. In disadvantaged communities - e.g., coastal towns in Northern England - unmet need is often greater, and schools are under more pressure. If MHSTs are absorbed into crisis management and one-to-one caseloads, their potential to transform school cultures may be lost.

This underlines two urgent priorities.

1. Determine what elements are working within MHSTs. We need robust evaluation of the relative impact of interventions – and how these interact in different contexts.
2. Learn how to make MHSTs most effective. That means identifying best practice, scaling models that work, and providing national guidance on implementation that is sensitive to local need.

## Measurement is critical

Universal school surveys are crucial in addressing the mental health crisis: they allow decision makers to tailor support to local need, detect emerging trends (e.g. rising anxiety or self-harm), and assess whether investments are working.

#BeeWell [10] and OxWell [11] are pioneering school-based surveys that capture students' self-reported wellbeing and mental health across multiple domains. These tools function as "emotional thermometers" for schools and local authorities, enabling identification of geographic "hotspots" of distress.

#BeeWell and OxWell illustrate how scalable, frequent student surveys can shift mental health systems toward proactive, equity-informed responses in schools [1] and allow for robust evaluation of interventions within the MHST framework.

## Policy implications

The government's commitment to universal MHST coverage by 2030 is ambitious and welcome. But the evidence to date shows that rollout alone is not enough. To succeed, the next phase must focus on quality, not just quantity. That means:

- Embedding MHSTs within approaches that build connectedness and belonging, rather than allowing them to be consumed solely by individual caseloads.
- Ensuring teacher capacity – with time and training – to support wellbeing. MHSTs cannot succeed without schools that are ready and able to engage.
- Developing inclusive policies that recognise diverse identities, tackle discrimination, and ensure equity in access to support.
- Providing national evaluation and guidance, so that best practice is identified and shared, and ineffective models are not scaled.

The stakes are high. Without action, the risk is that MHSTs become another stretched service, firefighting demand rather than transforming outcomes. With the right focus, they could be the foundation of a sustainable, equitable, and effective school-based mental health system.

## Conclusion

The 2024 report described an assessment and support mental health system under **"unsustainable pressure"**.

One year later, the evidence suggests **cautious optimism is warranted**. Whole-school approaches are showing promise, and MHSTs are beginning to make an impact on persistent absence. But the system is not yet delivering at the scale needed.

**The lesson is clear: schools matter.** They can be places of connection, belonging, and support – or places of stress, exclusion, and inequality. The difference lies not in rhetoric, but in resources, relationships, and readiness.

**The next phase must be about learning** – systematically evaluating what works, and ensuring that children in disadvantaged areas where needs are greatest - such as the North of England - are not left behind.

**The challenge now is to turn promise into practice.**

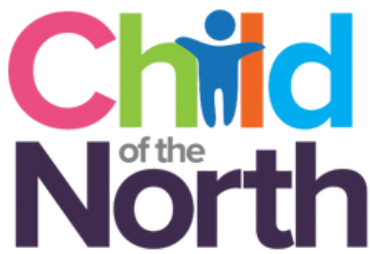
**"Quite simply, we are still spending billions on expensive crisis support, and on the costs of failing to provide help early."**

- Baroness Anne Longfield and Dr Camilla Kingdon

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This report is a collaborative programme of work between Child of the North and the Centre for Young Lives.

### **A note about language**

Please note that this report often uses “schools” as shorthand for “schools, nurseries, and other educational settings such as pupil referral units and special schools.” One central message of this report is the need for a “whole system” approach that includes all relevant stakeholders, and this includes all parts of the education system.

### **About Child of the North**

Child of the North is a partnership between the N8 Research Partnership and Health Equity North which aims to build a fairer future for children across the North of England by building a platform for collaboration, high quality research, and policy engagement. [@ChildoftheNort1](#) [@childofthenorth.bsky.social](#)

### **About the N8 Research Partnership**

The N8 Research Partnership is a collaboration of the eight most research-intensive Universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York. Working with partner universities, industry, and society (N8+), the N8 aims to maximise the impact of this research base by promoting collaboration, establishing innovative research capabilities and programmes of national and international prominence, and driving economic growth. [www.n8research.org.uk](http://www.n8research.org.uk) [@N8research](#) [@n8research.bsky.social](#)

### **About the Centre for Young Lives**

The Centre for Young Lives is a dynamic and highly experienced innovation organisation dedicated to improving the lives of children, young people, and families in the UK – particularly the most vulnerable. Led by former Children’s Commissioner, Baroness Anne Longfield CBE, who has been at the forefront of children’s issues for decades, the Centre’s agile team is highly skilled, experienced, and regarded. It is widely known and well respected across government departments, Parliament, local and regional government, academia, the voluntary sector, and national and local media. The Centre wants to see children and young people’s futures placed at the heart of policy making, a high priority for government and at the core of the drive for a future for our country which can be much stronger and more prosperous. [www.centreforyounglives.org.uk](http://www.centreforyounglives.org.uk) [@CfYounglives](#)

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