



HL Bill 16 of 2023–24

## Schools (Mental Health Professionals) Bill [HL]

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On 27 November 2023, Baroness Tyler of Enfield (Liberal Democrat) introduced her private member's bill, the [Schools \(Mental Health Professionals\) Bill \[HL\]](#), in the House of Lords. The bill would require every school in England to have access to a mental health professional. Second reading in the House of Lords is scheduled to take place on 1 March 2024.

The latest data on the mental health of children and young people in England, published by NHS Digital in November 2023, found that the prevalence of probable mental disorders among children and young people in England had increased since 2017. The proportion of children aged between eight and 16 years with a probable mental disorder rose from 12.5% in 2017 to 20.3% in 2023. Similarly, the prevalence among those aged between 17 and 19 years increased from 10.1% in 2017 to 23.3% in 2023. Additionally, data from NHS England in December 2023 revealed an increase in the number of children and young people accessing NHS-funded mental health services in England.

Successive governments have introduced measures aimed at improving the mental health and wellbeing of children and young people in schools. These include introducing compulsory health education in schools and colleges, providing grants to train senior mental health leads in schools and the creation of a mental health support teams service for children and young people.

The provisions in the bill extend to England and Wales but as health is a devolved matter, this briefing will provide information on England only.





## I. What would the bill do?

The Schools (Mental Health Professionals) Bill [HL] would require every school to have access to a mental health professional. Setting out the purpose of the bill, Baroness Tyler stated:

There is a crisis in children and young people’s mental health, with more children needing support than ever. The huge gap in provision where children are being forced to endure extremely lengthy waiting times impacts their day to day lives and often makes their situation worse. This is affecting children’s education, health and futures with 1 in 5 children waiting for support missing 6 months or more of school.

My bill would ensure that schools have access to a mental health practitioner so that every child has mental health support when they need it. This would not only tackle current inequalities in provision but also alleviate stress on the system—and wider NHS—by encouraging early intervention.<sup>1</sup>

The bill consists of three clauses.

**Clause 1** would place a duty on governing bodies of state-funded schools in England to provide access to a qualified mental health practitioner or school counsellor. It defines a state-funded school as a “school funded wholly or mainly from public funds”, for example, an academy school, an alternate provision academy, a 16 to 19 academy established under the [Academies Act 2010](#) or a community, foundation or voluntary school within the meaning of the [School Standards and Framework Act 1998](#). Subsection 2(b) states that a qualified mental health professional or school counsellor is an individual with a graduate-level or postgraduate-level qualification of that name earned through a course commissioned by NHS England. Subsection 2(c) states that schools with 100 pupils or fewer may collaborate with other schools and share access to mental health provision.

**Clause 2** would place a duty on the secretary of state to give, or make arrangements for the giving of, financial assistance to state-funded schools to help them meet their duty to provide mental health support. Subsection 2 states that any expenditure incurred by the bill, secretary of state or government department must be money provided by Parliament.

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<sup>1</sup> Text provided by Baroness Tyler of Enfield at the request of the Library.



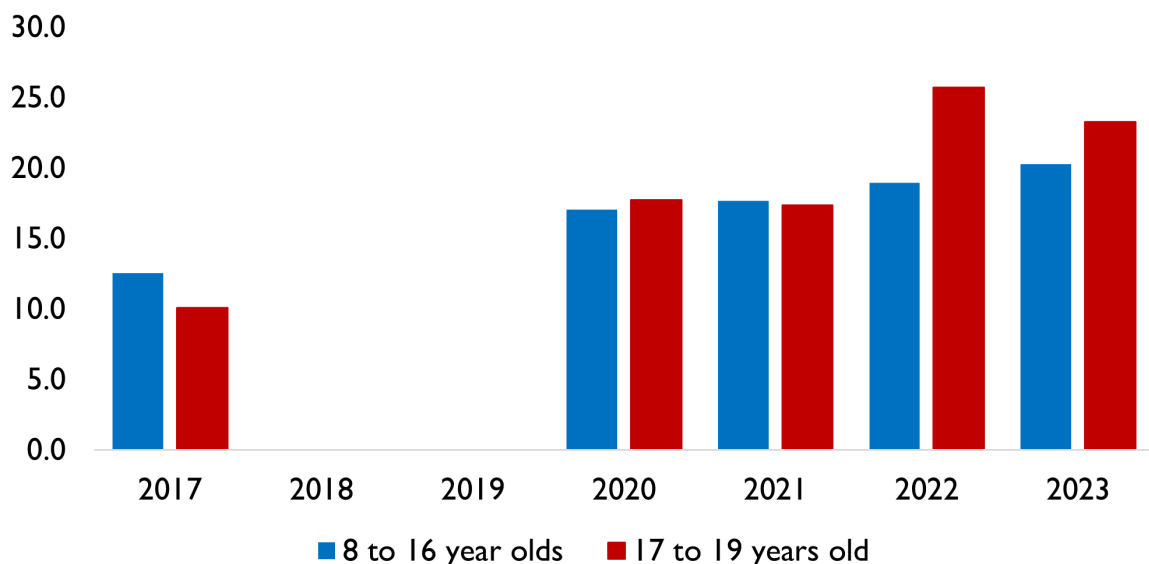
**Clause 3** would make provisions for the bill’s commencement, extent and short title. It would extend to England and Wales.

## 2. Prevalence of mental health disorders among children and young people in England

A survey of children and young people in England, conducted by NHS Digital in November 2023, found that 20.3% of children aged between eight and 16 years had a probable mental disorder in 2023.<sup>2</sup> This represented an increase from 12.5% in 2017. Levels remained stable between 2022 and 2023.<sup>3</sup> Among those aged between 17 and 19 years, 23.3% had a probable mental disorder. This revealed a large increase compared to 10.1% in 2017. However, levels also remained stable for this age group between 2022 and 2023.

The chart below details the proportion of children and young people in England with a probable mental disorder since 2017. It is worth noting that the survey was not conducted in 2018 or 2019.

**Chart 1: Proportion of children and young people aged between eight and 19 years in England with a probable mental disorder**



(NHS Digital, [‘Mental health of children and young people in England 2023: Wave four follow-up to the 2017 survey—data tables’](#), 21 November 2023, table 1.2)

<sup>2</sup> NHS England, [‘One in five children and young people had a probable mental disorder in 2023’](#), 21 November 2023.

<sup>3</sup> NHS Digital, [‘Mental health of children and young people in England 2023: Wave four follow-up to the 2017 survey’](#), 21 November 2023.



In 2023, participants were also questioned for the first time since 2017 about eating disorders. The results found that the prevalence of eating disorders among children aged between 11 and 16 years increased from 0.5% in 2017 to 2.6% in 2023.<sup>4</sup> Similarly, the prevalence of eating disorders among 17 to 19-year-olds also increased, from 0.8% in 2017 to 12.5% in 2023.

There has also been an increase in the number of children using NHS-funded mental health services in England. In its latest mental health services monthly statistics, published in December 2023, NHS Digital reported that 749,833 children and young people had accessed NHS-funded mental health services in England in the previous twelve months.<sup>5</sup> This represented an increase of 7.7% from 2022, when 696,121 children and young people were accessing the same services. Concern has been raised about waiting times following initial contact. Analysis by the Royal College of Paediatrics and Child Health suggested that 403,955 children and young people were waiting for treatment in March 2023.<sup>6</sup>

### 3. Existing mental health support for children and young people

In England, there are a range of children and young people's mental health services (CYPMHS).<sup>7</sup> These services are provided by various organisations, including the NHS, local authorities, schools, and the private and voluntary sectors. These services cover a wide range of mental health needs, providing support for:

- managing feelings, such as low mood (depression) and anxiety
- managing behaviours, such as eating disorders and self-harm
- coping with the impact of difficult things in an individual's life, such as bereavement or bullying
- managing experiences an individual may have, such as seeing or hearing things that are not real

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<sup>4</sup> NHS Digital, '[Mental health of children and young people in England 2023: Wave four follow-up to the 2017 survey—data tables](#)', 21 November 2023, table 1.2.

<sup>5</sup> NHS England, '[Mental health services monthly statistics dashboard: Children and young people accessing mental health services](#)', 9 November 2023.

<sup>6</sup> Royal College of Paediatrics and Child Health, '[Record high: Over 400,000 children waiting for treatment amidst child health crisis](#)', 11 May 2023.

<sup>7</sup> National Health Service, '[Children and young people's mental health services](#)', accessed 20 February 2024.



CYPMHS, such as counselling, can be provided following referral from a general practitioner, paediatrician, social worker, teacher, school nurse or through self-referral.<sup>8</sup>

Most funding for CYPMHS is not ringfenced. Therefore, the government and NHS England do not decide how much is spent on local health services. Instead, integrated care boards (ICBs) determine their own budget for CYPMHS from their overall funding allocation.<sup>9</sup> However, they are expected to meet the mental health investment standard, which requires ICBs to increase their planned spending on mental health services by a greater proportion than their overall increase in budget allocation each year.<sup>10</sup> In 2023/24, ICBs planned to spend £1.1bn on CYPMHS, excluding eating disorders and learning disabilities.<sup>11</sup> Additionally, ICBs allocated £95.9mn towards eating disorders. This represented an increase compared to the previous year, in which ICBs spent £998mn on CYPMHS and £83.5mn on eating disorders.<sup>12</sup>

## 4. Recent government policy to improve the mental health and wellbeing of children and young people

In recent years, successive governments have introduced measures aimed at improving the mental health and wellbeing of children and young people in schools and colleges. This includes making relationships, sex and health education compulsory for pupils in primary education, establishing the mental health support teams service for children and young people and introducing grants to train senior mental health leads in schools.

### 4.1 Relationships, sex and health education

Relationships education has been compulsory for pupils in primary education since September 2020.<sup>13</sup> Similarly, secondary schools are required to teach students relationships and sex education. In all schools, health education is compulsory. Together these are known as relationships, sex and health education (RSHE). Within this curriculum, students are

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<sup>8</sup> National Health Service, '[Where to get mental health support: Children and young people](#)', accessed 20 February 2024.

<sup>9</sup> NHS North East London, '[The mental health investment standard](#)', accessed 20 February 2024.

<sup>10</sup> As above.

<sup>11</sup> NHS England, '[NHS mental health dashboard](#)', updated 8 February 2024, tables Q2 2022/23 and Q2 2023/24.

<sup>12</sup> As above.

<sup>13</sup> Department for Education, '[Sex education: What is RSHE and can parents access curriculum materials?](#)', 24 October 2023.



taught how to identify the early signs of mental wellbeing concerns, including common types of mental health conditions, such as anxiety and depression, both in themselves and others.<sup>14</sup> Additionally, students are taught where and how to seek support, including who to approach within schools if they are worried about their own or someone else's mental wellbeing.

In November 2023, the Department for Education said that it had started working on reviewing RSHE statutory guidance.<sup>15</sup> This included examining adding the subject of “suicide prevention” to the curriculum, which it described as a “priority area”.

## 4.2 Mental health support teams

In December 2017, Theresa May's government published a green paper on transforming children and young people's mental health provision.<sup>16</sup> The green paper noted that half of all mental health conditions were established before the age of 14, highlighting that early intervention could “prevent problems escalating” and had “major societal benefits”.<sup>17</sup> It also reported that there was “clear evidence” that schools and colleges played a “vital role” in identifying mental health needs at an early stage, referring young people to specialist support and working jointly with others to support young people experiencing problems. The government made several proposals in the green paper, including announcing that it would fund mental health support teams (MHSTs), supervised by NHS children and young people's mental health staff, to provide “specific extra capacity for early intervention and ongoing help”.

In 2018/19, the first wave of MHSTs were commissioned, comprising 58 teams.<sup>18</sup> More teams have been commissioned each year. These support the mental health needs of children and young people in primary, secondary and further education by using an evidence-based approach to provide early intervention on some mental health and wellbeing issues, such as mild to moderate anxiety.<sup>19</sup> They collaborate with existing mental health and wellbeing

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<sup>14</sup> Department for Education, [‘How we're helping look after the mental health of children and young people’](#), 10 October 2023.

<sup>15</sup> House of Commons, [‘Written question: Schools—Mental health services \(4274\)’](#), 6 December 2023.

<sup>16</sup> Department of Health and Department for Education, [‘Transforming children and young people's mental health provision: A green paper’](#), December 2017, Cm 9523.

<sup>17</sup> As above, p 3.

<sup>18</sup> NHS England, [‘Mental health support in schools and colleges’](#), accessed 20 February 2024.

<sup>19</sup> Department for Education, [‘Transforming children and young people's mental health implementation programme: Data release’](#), May 2022, p 4.



support structures within educational settings, such as counsellors, educational psychologists and school nurses. MHST have three primary functions. They are to:

- deliver evidence-based interventions for mild-to-moderate mental health issues
- support the senior mental health lead, where established, in each educational setting to introduce or develop their “whole-school or college approach” to mental health and wellbeing
- give timely advice to school and college staff, and liaise with external specialist services, to help children and young people get the right support and stay in education

NHS England’s regional teams are tasked with leading local areas through the rollout of MHSTs.<sup>20</sup> As part of this process, each integrated care system (ICS) is allocated a share of MHSTs in each year based upon their local population of children and young people. When determining where MHSTs will be placed, regional teams and an ICS consider:

- how MHSTs will reach those children and young people with high level of need and most at risk of poor outcomes
- how an MHST will add to the emotional and mental health support already in place
- the “state of readiness” within a local area, for example if a local health provider is ready to recruit and employ staff or if an education setting is ready to host the MHST or needs more time to prepare

NHS England notes that each MHST is expected to provide “sufficient capacity” to deliver services to a population of approximately 7,000 to 8,000 pupils, or between 10 and 20 education settings.

In December 2023, the government reported that nearly 400 mental health support teams were operational in schools and colleges across England. These teams covered 3 million children, representing approximately 35% of pupils.<sup>21</sup> The government said that it aimed to increase this coverage to 50% by April 2025.

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<sup>20</sup> NHS England, ‘[Mental health support in schools and colleges](#)’, accessed 20 February 2024.

<sup>21</sup> House of Commons, ‘[Written question: Mental health services—Children \(4472\)](#)’, 5 December 2023.



### 4.3 Grants to train senior mental health leads in schools

In the 2017 green paper, the May government also proposed encouraging all school and colleges to identify and appoint a designated senior lead for mental health. This individual would be responsible for overseeing the school or college's approach to mental health and wellbeing.<sup>22</sup>

Since 2021, state-funded schools and colleges in England can apply for a government grant of £1,200 to train a senior mental health lead.<sup>23</sup> This grant covers the cost of an individual attending a quality-assured course and may also be used to hire supply staff whilst leads are in training. The aim of the grant is to support the development and implementation of a whole-school or college approach to mental health and wellbeing. The Department for Education notes that although this training is optional, the government is committed to offering it to all eligible schools and colleges by 2025. An additional grant is available for situations where the previously trained senior mental health lead has left the school or college before fully integrating their approach.

In February 2024, the Department for Education reported that over 15,000 schools and colleges had claimed the grant.<sup>24</sup>

## 5. Recent reviews into children and young people's mental health services

### 5.1 House of Commons Health and Social Care Committee inquiry into children and young people's mental health services: January 2021

In January 2021, the House of Commons Health and Social Care Committee launched an inquiry into children and young people's mental health services.<sup>25</sup> The inquiry focused on the

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<sup>22</sup> Department of Health and Department for Education, '[Transforming children and young people's mental health provision: A green paper](#)', December 2017, Cm 9523, p 3.

<sup>23</sup> Department for Education, '[Senior mental health lead training](#)', updated 27 November 2023.

<sup>24</sup> Department for Education, '[Six ways we're supporting children and young people with their mental health](#)', 5 February 2024.

<sup>25</sup> House of Commons Health and Social Care Committee, '[MPs seek evidence on mental health services offered to children and young people](#)', 29 January 2021.





progress government had made on children and young people's mental health, including on the provision of mental health in schools.

The committee published its report in December 2021.<sup>26</sup> It noted that despite progress in the number of young people receiving treatment for mental health conditions, it was “unacceptable” that more than half of young people did not receive the mental health support that they needed.<sup>27</sup> Examining mental health services in schools, the committee stated that MHSTs represented a “valuable opportunity to identify and support children and young people” who were “beginning to experience problems with their mental health”. However, the committee expressed concern about the lack of identified funding to roll out the teams nationally in the government's spending review settlement and that planned timescales “lack[ed] ambition”. Therefore, the committee called on the government to increase the funding and scale of MHSTs to cover two-thirds of schools in England by 2024/25 and all schools by 2027/28.<sup>28</sup>

The committee also said that it was “vital” that the Department for Education “urgently” rolled out training for designated senior mental health leads at all schools, requesting a “comprehensive update” on its progress from the department. Additionally, recognising the rising prevalence and severity of mental health issues among children and young people, the committee recommended reviewing the training of education mental health practitioners to “integrate their skills into a new psychological professions structure”. They also called for collaboration between the Department for Education and the Department of Health and Social Care to ensure all schools received support for implementing a whole-school approach to mental health. This would include access to digital self-help tools, school counselling for every child in need and best practice guidance for staff on providing appropriate support.

The government published its response to the committee in March 2022.<sup>29</sup> The response welcomed the report and stated that supporting the mental health of children and young people “remain[ed] a priority”. Discussing training for senior mental health leads in schools, the government partly accepted the committee's recommendation, stating that it had allocated over £9.5mn to fund training in 2021/22 and was making “good progress” in offering this training to interested schools and colleges. The government also partly accepted the recommendation on a whole-school approach to mental health. The government noted

<sup>26</sup> House of Commons Health and Social Care Committee, [‘Children and young people's mental health’](#), 9 December 2021, HC 17 of session 2021–22.

<sup>27</sup> As above, p 4.

<sup>28</sup> As above, p 29.

<sup>29</sup> House of Commons Health and Social Care Committee, [‘The government's response to the Health and Social Care Committee report: Children and young people's mental health’](#), 17 March 2022, CP 629.



that despite schools in England not being mandated to provide counselling services, the government had recognised that school-based counselling could be an “effective part of a whole-school approach”. Therefore, it stated that the Department for Education had provided guidance on how to deliver “high quality” counselling. In addition, it had allocated £15mn through its ‘Wellbeing for education recovery and return’ programmes to support education staff dealing with the mental health impacts of Covid-19 on children and young people.

The government also noted that several recommendations remained under consideration, including those related to expanding MHSTs and reviewing training of education mental health practitioners.<sup>30</sup>

Responding, the committee’s then chair, Jeremy Hunt, stated that it was “unacceptable” that the government had not made decisions on many of the committee’s recommendations.<sup>31</sup> He also said that he had written to the then health secretary, Sajid Javid, and the chair of the House of Commons Liaison Committee, Sir Bernard Jenkin, about the government’s response, which he considered “disrespectful not only to the committee but more importantly to the witnesses who spoke to us often about very difficult personal experiences”.

In April 2022, the then minister of state for care and mental health, Gillian Keegan, responded to Mr Hunt.<sup>32</sup> Ms Keegan stated that the Department of Health and Social Care had published its ‘mental health and wellbeing plan’ call for evidence in April 2022 and that once the final plan had been published, she would share an updated response to the committee’s recommendations.

The government published its response to the call for evidence in May 2023.<sup>33</sup> It stated that plans to improve mental health would be included in their upcoming ‘major conditions strategy’, instead of a separate mental health strategy. In February 2024, the government said that the strategy was expected to be published “later in 2024”.<sup>34</sup>

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<sup>30</sup> House of Commons Health and Social Care Committee, [‘The government’s response to the Health and Social Care Committee report: Children and young people’s mental health’](#), 17 March 2022, CP 629.

<sup>31</sup> House of Commons Health and Social Care Committee, [‘Government response to calls for urgent action on mental health unacceptable, says Jeremy Hunt’](#), 17 March 2022.

<sup>32</sup> House of Commons Health and Social Care Committee, [‘Correspondence from the minister of state for care and mental health on children and young people’s mental health’](#), 26 April 2022.

<sup>33</sup> Department of Health and Social Care, [‘Mental health and wellbeing plan: Discussion paper and call for evidence’](#), updated 17 May 2023.

<sup>34</sup> House of Commons, [‘Written question: Mental health services: Children and young people \(12136\)’](#),



## 5.2 House of Commons Education Committee inquiry into persistent absence and support for disadvantaged pupils: January 2023

In January 2023, the House of Commons Education Committee launched an inquiry into persistent pupil absence and support for disadvantaged pupils.<sup>35</sup> This included examining potential links between pupil absence and various factors, such as economic disadvantage.

The committee published its report in September 2023.<sup>36</sup> The report expressed concerns that the Covid-19 pandemic and its aftermath had a “damaging effect on school attendance”, highlighting a significant increase in absence rates in schools in England since the pandemic.<sup>37</sup> Based on the latest full-year data available at the time of publication, the report identified an overall absence rate of 7.6% for the 2021/22 academic year, which represented an increase from 4 and 5% compared to pre-pandemic levels.

Discussing the mental health of pupils, the committee stated that it had seen “overwhelming evidence indicating a radical increase in mental health difficulties amongst school pupils since the Covid-19 pandemic”.<sup>38</sup> Additionally, the committee argued that the capacity of mental health services was “grossly inadequate”.<sup>39</sup>

Therefore, the committee made several recommendations to the government.<sup>40</sup> These included:

- Increasing funding to ensure the department reached its goal of providing senior mental health leads training to all secondary schools and colleges in England by 2025
- Leading a cross-government assessment of the scale of mental health difficulties among pupils and reviewing existing support within and outside schools. The committee noted that this review should report its findings by summer 2024.

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2 February 2024.

<sup>35</sup> House of Commons Education Committee, [‘MPs launch new inquiry into persistent absence and support for disadvantaged pupils’](#), 12 January 2023.

<sup>36</sup> House of Commons Education Committee, [‘Persistent absence and support for disadvantaged pupils’](#), 27 September 2023, HC 970 of session 2022–23.

<sup>37</sup> As above, p 3.

<sup>38</sup> As above, p 48.

<sup>39</sup> As above, p 49.

<sup>40</sup> As above.



- Working across government to ensure child and adolescent mental health services provision was “adequate” to meet the needs of school-aged children.
- Introducing a mental health code for absences from school.

The government published its response to the committee in December 2023.<sup>41</sup> The government rejected the recommendation for a cross-government assessment on the scale of mental health difficulties amongst pupils, stating that it did not believe it was “necessary at this time”, citing existing initiatives to monitor children’s mental health and “extensive” cross-government working on several projects relating to children’s mental health.<sup>42</sup>

Discussing the committee’s recommendation to introduce a mental health absence code, the government said that it understood the “intent” behind the recommendation but expressed concerns that creating an additional code was “unhelpful in practice” and “could place a burden on schools”.<sup>43</sup> It said that this was because at the point of taking the register (at the beginning of each morning session and once during each afternoon session), it would be “difficult” for a teacher to determine whether an absence due to illness was related to a mental health or physical reason, or a combination of both.

## 6. Read more

- House of Commons Library, ‘[Children and young people’s mental health: Policy and services \(England\)](#)’, 26 January 2024
- House of Lords Library, ‘[Mental health support for children and young people](#)’, 16 November 2023

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<sup>41</sup> House of Commons Education Committee, ‘[Persistent absence and support for disadvantaged pupils: Government response to the committee’s seventh report](#)’, 6 December 2023, HC 368 of session 2023–24.

<sup>42</sup> As above, p 13.

<sup>43</sup> As above, pp 15–16.

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