



From policy to practice: a review of whole school approaches to mental health and wellbeing guidance

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& the Schools Wellbeing Partnership

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Children & Young People's
Mental Health Coalition



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Executive Summary

2025 marks a decade since Government guidance on whole school approaches to mental health and wellbeing was first published, and positive progress has been made on implementing whole school and college approaches.

Education settings play a crucial role in protecting, promoting and supporting children and young people's mental health and wellbeing. This is a role that has become ever more important amidst rising mental health need in children and young people, with one in five children and young people now experiencing a mental health problem. Educational settings are a natural place for services (both within and outside the school) to respond to this need.

The Government's Green Paper on Transforming Children and Young People's Mental Health Provision, published in 2018, further set out the vision for whole school and college approaches (DfE & DHSC, 2018). The policy introduced new Mental Health Support Teams and provided training to schools for a new senior mental health lead role to facilitate the development of a whole school approach.

Successive governments have recognised the important role that education settings have to play. In 2015, guidance was first published by the Government to schools and colleges on implementing whole school and college approaches to mental health and wellbeing. A whole school and college approach consists of eight principles, which aim to ensure the framework is incorporated within all aspects of an education setting. Centring mental health within education settings has been found to not only boost overall mental health and wellbeing for pupils, but also their educational and health outcomes.



What we found

We surveyed the mental health and education sectors, including schools, to understand how they have implemented guidance on whole school approaches to mental health and wellbeing.

Overall, we found there has been **good progress** in implementing whole school and college approaches. Most education settings (85%) who responded to the survey had implemented whole school approaches and thought they had done this well.

Leadership and management that supports and champions efforts to promote mental health and wellbeing was seen as the principle that is easiest to implement from the perspective of schools who responded to our survey.

The principles identified as being more difficult to implement included **identifying students in need of support and monitoring the impact of interventions**, and **working with parents and carers**.

While most schools who responded to the survey reported having some guidance from the Government to implement a whole school approach, they identified principles where they regularly had to find additional information to supplement government guidance. These principles included:

- **curriculum, teaching and learning,**
- **identifying need and monitoring impact,**
- **working with parents and carers, and**
- **providing targeted support.**

Responses to our survey also identified additional challenges that can act as barriers to implementing whole school approaches. These includes:

- A lack of dedicated resources that schools and colleges can access to embed mental health and wellbeing within their setting.
- Long waiting times and high access thresholds to specialist children and young people's mental health services.
- Limited roll out of the green paper proposals. Around 50% of schools and colleges currently have access to a Mental Health Support Team, and there have been no additional commitments regarding continued training for the senior mental health lead role, which finished in March 2025.



What needs to change?

While some good progress has been made in implementing whole school and college approaches, gaps in implementation still remain. To ensure full implementation of such approaches in all education settings, the Government should:

1. Commit to developing a fully costed plan to embed whole school and college approaches to mental health and wellbeing across all education settings, including early years settings, to ensure that all children and young people can thrive wherever they receive their education.

2. Review and update the guidance on whole school and college approaches. Any update to the guidance must be done in partnership with education settings, children and young people, and families.

3. Any updated guidance on whole school and college approaches must support and unify other practice to support mental health and wellbeing, including the curriculum, as well as being used as foundational guidance to update other relevant documents such as guidance on bullying, behaviour and attendance.

4. Review the Mental Health Support Team (MHST) model to address any limitations and learning from the current evaluation and other relevant evidence, including how the model could be adapted to meet the gap in need between MHSTs and specialist children and young people's mental health services. This review should inform the future roll out of the MHST programme.

5. Not all schools were able to take advantage of initial funding for senior leadership training. Therefore, the Government should commit to a funding pot that will ensure that all schools and colleges can train and maintain a senior mental health lead and provide continuous professional development for this role until 2030.

6. Increase investment in NHS specialist children and young people's mental health services.

7. Establish a national wellbeing measurement for assessing the wellbeing of children and young people, as recommended by the Fair Education Alliance, Bee-Well, Pro Bono Economics and The Children's Society.

Introduction

2025 marks ten years since whole school and college approaches to mental health and wellbeing became part of the Government's vision for education. In 2015, the Government first published guidance to schools and colleges on implementing such approaches, recognising that mental health and wellbeing should pervade all aspects of the life of an education setting (HM Government, 2021).

A decade later, and this vision is more important than ever. Rates of mental health problems have increased significantly over the last decade. One in five children and young people now display symptoms of a probable mental health problem, compared to one in nine in 2017 (NHS Digital, 2023). Over a third of children and young people with a probable mental health problem also have recognised special educational needs (Sadler et al, 2018). 500 children a day are being referred to mental health services for anxiety (Children's Commissioner, 2024).

While the guidance on whole school and college approaches was updated in 2021 to reflect the impact of the Covid-19 pandemic, the guidance remains non-statutory and does not reflect rising mental health need in children and young people. There is no way to identify which schools have adopted a whole school approach, and there is no national audit or data collection on how this approach has impacted children and young people's mental health and wellbeing.

The Children and Young People's Mental Health Coalition and the Schools Wellbeing Partnership have consistently called for full implementation of whole school and college approaches to mental health and wellbeing across all education settings.

Research demonstrates that centring mental health and wellbeing within education settings can be effective in not only boosting young people's overall wellbeing, but also in improving their future health and academic outcomes (Centre for Mental Health, 2019).

School-based interventions are more likely to be effective if used as part of a whole-school approach (Cefai et al, 2021). Additionally, Goldberg et al (2019) noted a 'small but significant' improvement of children's social and emotional wellbeing after being involved in whole school approaches.

We welcome the Government's mission to 'break down barriers to opportunity' to ensure that every child can achieve and thrive at school. We believe that whole school and college approaches have an important role to play in achieving this. As the Government looks to deliver this mission, we believe that there is a unique opportunity to build on the good progress that has taken place: making this guidance statutory, which will place mental health and wellbeing at the heart of the education system.

We were keen to review the current guidance to see how this could be strengthened to better support education settings, so leaders can create cultures that truly protect, promote and support young people's mental health. We surveyed a range of schools and mental health sector colleagues about the guidance, seeking their views about how the guidance works practically, and where it could be improved. This report summarises their responses and offers recommendations to ensure that the guidance can be reviewed and strengthened.

What are whole school approaches?

Whole school and college approaches are not new. The World Health Organization defined a health promoting school as one where the entire school community is involved in coordinated action between three interrelated components: (i) curriculum, teaching, and learning; (ii) school ethos and environment; and (iii) family and community partnerships (WHO, 1998).

In relation to mental health, this definition has since been expanded to one that encompasses a complete, setting-wide, and multi-component approach to the promotion of children and young people's mental health and wellbeing (Langford et al., 2014). Such approaches involve the universal and continuous promotion of good mental health across all parts of the school.

In 2015, the National Children's Bureau published work in partnership with Professor Katherine Weare, which highlighted the key evidence for a whole school approach to mental health and wellbeing in the English educational context, based on current evidence (NCB, 2015). This included the importance of:

- **academic learning**, motivation, and sense of commitment and connectedness with learning and with school
- **staff wellbeing**, reduced stress, sickness and absence, improved teaching ability and performance
- **pupil wellbeing** including happiness, a sense of purpose, connectedness and meaning
- the development of the **social and emotional skills** and attitudes that promote learning, success, wellbeing and mental health, in school and throughout life



Graphic courtesy of MentalHealthHub:
<https://mentalhealthhub.com/eight-principles>

- the **prevention and reduction of mental health problems** such as depression, anxiety and stress
- **improving school behaviour**, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence
- **reductions in risky behaviour** such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, and alcohol and drug use (NCB, 2015).

The Government guidance published in 2015 (and updated in 2021) built on the foundations offered by Professor Weare's work and specified the following elements required for a whole school and college approach:

- Leadership and management that supports and champions efforts to promote emotional health and wellbeing
- Curriculum, teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions
- Staff development to support their own wellbeing and that of students
- Identifying and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity



Why are whole school approaches important?

Education settings have an important role to play in promoting and supporting children and young people's mental health and wellbeing. They can have both positive and negative effects on young people's mental health and wellbeing. This includes aspects of the school's culture, ethos, policies, and relations with the wider community, including parents and carers (Abdinasir, 2019).

Mental health and experiences of education are inextricably linked. Research links mental health problems to both lower levels of attainment and higher levels of persistent absence (UCL, 2019). Schools, colleges, and other educational establishments are also often the first port of call for children, young people, and families in need of advice. Data from NHS Digital indicates that education services are the most reported source of help and advice for children aged 8 to 16 years and their parents (NHS Digital, 2023).

The Government has identified a whole school approach as an important tool in promoting good mental health in children and young people. A whole school approach offers the chance to create an emotionally literate setting (Glazzard, 2019). It is also linked to a range of benefits including improved wellbeing, improved staff wellbeing and retention, improved academic learning, improving a school's overall effectiveness, development of social and emotional skills, prevention of mental health problems and improved school behaviour (reduction in fights, bullying, exclusions and absence) (National Children's Bureau, nd). Anna Freud has also highlighted that whole school approaches can improve attendance and attainment (Anna Freud, 2020). A recent review of school-based mental health programmes highlighted the need to continue to investigate, iterate and improve said programmes to ensure effectiveness (Birrell et al, 2025).

Transforming Children and Young People's Mental Health: a green paper

Since the publication of the 2015 guidance, whole school and college approaches have been the foundation for the Government's work on improving mental health support in education. This was demonstrated in the Transforming Children and Young People's Mental Health Provision: a green paper, published in 2018, which further set out the Government's vision for whole school and college approaches.

The green paper aimed to put schools and colleges at the centre of plans to embed a culture of openness around mental health and forge stronger links between education and health to ensure children and young people can access appropriate support (DfE, 2021). It included proposals to encourage and support all schools and colleges to identify and train a senior mental health lead (SMHL) to facilitate and roll out whole school approaches within a setting, as well as funding new Mental Health Support Teams (MHSTs).

Positive progress has since been made on these proposals. First established as a 'trailblazer' programme in 2018, MHSTs have been expanded to reach 41% of schools and colleges in England by March 2025, with around 5 million children now under the remit of a Team (Department for Education, 2025). We welcome the Government's recent commitment in the 2025 Spending Review to fully roll out MHSTs to 100% of schools and colleges by 2029-30.

An early evaluation of the MHST programme indicated a range of positive outcomes, although schools were concerned about lengthy waits to access specialist support services (Ellins et al, 2023). In particular, the evaluation highlighted that children and young people continue to fall through the gaps in support between the remit of MHSTs and specialist services. Some groups of children and young people are also underserved by MHSTs included those with specialist educational needs or neurodiversity, those from some

ethnic minority communities, and children with challenging family or social circumstances (ibid).

Latest data also suggests that 81% of state-funded schools and colleges have claimed their senior mental health lead training grant as of 31st January 2025, although take up of the training grant varies by region (Department for Education, 2025).

In addition, a raft of guidance and tools have been produced to support mental health and wellbeing within education settings. This includes:

MindEd: This is a government funded platform developed by experts in children and young people's mental health and wellbeing, which provides free resources for professionals working across health and education

Mental health lead resource hub: Anna Freud, in partnership with the Department for Education, have created an online resource hub for mental health leads to support implementation of a whole school and college approach.

Targeted Support Toolkit: Funded by the Department for Education and delivered in partnership with Anna Freud, this toolkit provides practical information to help schools and colleges review, refresh and develop effective targeted support for pupils with mental health or social and emotional wellbeing needs.

Whole School and College Approach Measurement Toolkit developed in partnership with the University of Sussex, Charlie Waller Trust and NIHR.

What did we do?

We wanted to understand how school and college settings understood and used the non-statutory guidance on embedding a whole school approach, and how the children and young people's mental health sector saw this guidance being used by settings. Being able to gain perspectives from both groups was valuable.

Between June and September 2024, we surveyed both education settings and members of the Children and Young People's Mental Health Coalition and the Schools Wellbeing Partnership about each of the eight principles of a whole school and college approach, and how these principles were applied in practice. Each survey contained both quantitative and qualitative questions, asking respondents to rate or rank the ease of implementing a principle, as well as additional qualitative questions to understand the challenges and opportunities schools and services are facing in implementing the guidance.

Who responded?

We received detailed responses from 75 sector respondents and similarly, received detailed responses from 39 educational settings.

Of the 39 responses from educational settings:

- 26 were from primary schools (with 16 from multi-academy trusts – MATs),
- 7 from secondary schools (with 6 from MATs)
- 1 was from a further education setting or college, which was not part of a MAT
- 4 were from settings that specifically supported children and young people with special educational needs (with 1 setting being part of a MAT)
- 1 was from an alternative provision setting (which was part of a MAT)

Interestingly, 60% stated that they were not members of either the Schools Wellbeing Partnership nor the Children and Young People's Mental Health Coalition, which means that we were able to reach beyond our usual membership base. However, it is important to note that our convenience sample of those recruited through membership channels and social media may have a particular interest and expertise in the topics under consideration.

Additionally, our sample size was relatively small and our findings give an indication of views from schools in the sample, rather than offering a representative sample of schools and settings across England.

A note on terminology

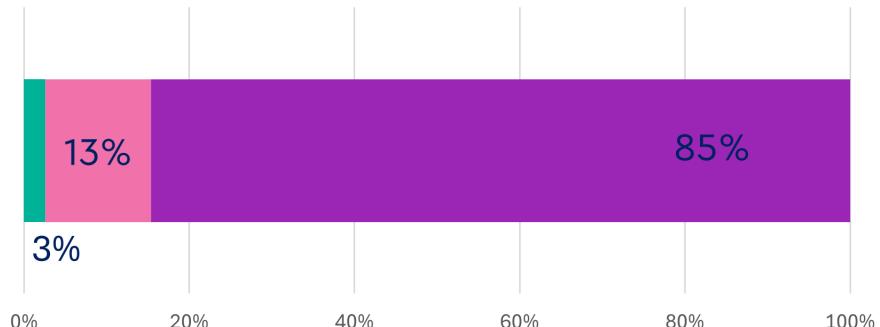
We acknowledge that whole school and college approaches are key to improving mental health and wellbeing in educational settings. As most educational respondents were schools, we have occasionally referred to whole school approaches in the rest of this report. We warmly support and encourage colleagues from other education settings, including colleges and early years settings, to implement and embed whole school and college approaches.

Implementing whole school approaches

We were keen to understand how far whole school and college approaches to mental health and wellbeing have been implemented by education settings, and where gaps remain.

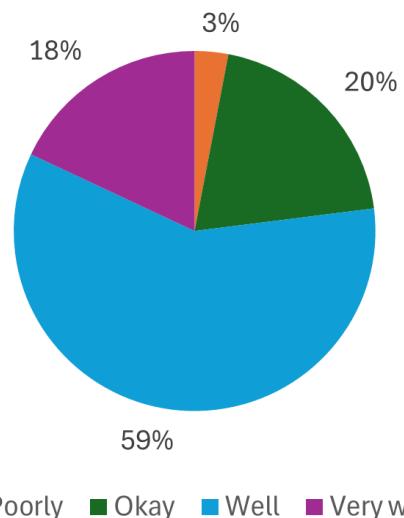
In our survey of education settings, we asked how many have implemented or attempted to implement a whole school and college approach to mental health and wellbeing. Of those who responded, **85%** said they had implemented such approaches.

Percentage of respondents who have implemented or attempted to implement a Whole School Approach to Mental Health and Wellbeing in their school or educational setting (N=39)



When asked how well their setting had implemented a whole school approach, the majority thought their setting had done this 'well' (59%), or 'very well' (18%). Only 3% of responses stated they had 'poorly' implemented a whole school approach.

How well do you think your education setting has implemented a Whole School Approach? (N=34)



Although based on a small sample size, these results give a positive indication that education settings are aware of the Government guidance and have implemented approaches based on that guidance.

Implementing the eight principles

There are eight clear principles of a whole school and college approach that if implemented consistently, will help contribute towards protecting and promoting mental health and wellbeing (DfE, 2021).

These are:

- Leadership and management that supports and champions efforts to promote emotional health and wellbeing
- Curriculum, teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions

- Staff development to support their own wellbeing and that of students
- Identifying and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity

We wanted to explore schools' and the wider mental health sector's views on the implementation of these principles.

Overall, respondents to the school survey identified that the majority of principles set out in the whole school and college approach guidance were 'easy' to implement (Table 1). The **leadership and management** principle was viewed as the principle that is easiest to implement from the perspective of schools.

The principles identified by schools as being more difficult to implement included **identifying need and monitoring impact**, and **working with parents and carers**.

Respondents to both the schools and sector surveys provided further insight into the benefits and challenges of implementing each principle.



Table 1: Whole school approach principles ranked from easy to implement to difficult to implement, based on responses from education settings. (N=39)

	Easy to implement	Difficult to implement	Neither easy nor difficult
Leadership and management	82%	3%	15%
Student voice	73%	9%	18%
Ethos and environment	73%	0%	27%
Targeted support	64%	24%	12%
Curriculum, teaching and learning	58%	18%	24%
Staff development	55%	9%	36%
Identifying need and monitoring impact	43%	27%	30%
Working with parents and carers	24%	21%	55%

Leadership and management

Both educational settings and the sector echoed that senior leadership buy-in was crucial to support implementation.

The majority of education settings (82%) who responded to our survey found the leadership and management principle easy to implement.

Some schools offered insights into the effort needed to successfully integrate a whole school approach from the leadership team and through the setting.

"Developed staff training on mental health and wellbeing for the Senior Leadership Team [who are] fully invested in promoting and developing mental health and wellbeing."

A maintained primary school, North East England

"Strategic priority for a senior leader as Mental Health Lead who oversees a school action plan and implementation plan."

A MAT primary school, East of England

The senior mental health lead role is intended to provide leadership for implementing a whole school approach within education settings. Of the schools who responded to our survey, 85% confirmed that their school had a senior mental health lead. Some settings recognised that the introduction of this role had broadly helped with implementing a whole school approach.

"Mental Health Lead has a clear understanding of the role and has developed an action plan in collaboration with the mental health in schools team."

A MAT primary school, East of England

"Staff approach the Lead for advice and support. There is an established small team who work together on the school's approach to wellbeing."

A maintained primary school, Greater London

Significantly, several schools who responded to our survey noted that the senior mental health lead also had more than one non-teaching role, including safeguarding, pastoral or special education needs lead. This indicates that in some settings, the responsibility of integrating mental health and wellbeing is falling to the same person who also has significant responsibilities for pupil welfare. While these roles may complement each other, there may be times where the operational priorities of these multiple roles may prevent strategic elements of a whole school approach from being considered and implemented.

The evidence

Government guidance recognises that implementing a whole school and college approach requires commitment from the senior leadership team to ensure that the collective cultural shift can be accepted and embedded (NICE, 2022; DfE, 2018). School leadership is a key lever in improving teaching and learning, irrespective of sector or context (Harris & Jones, 2023). It is especially important in supporting organisational change (*ibid*) and provides spaces for both instructional and transformational leadership (Day et al, 2016). Strong leadership in a school community supports better outcomes and attainment (*ibid*) and assists senior leaders to motivate the school community through typical management practices (Bloom et al, 2015).

Curriculum, teaching & learning

Over half (58%) of the education settings who responded to the survey felt this was an easy principle to implement.

Some offered insights into what success looked like when implementing this principle in their school.

"We take a whole school approach to curriculum by ensuring our PSHE is intertwined with bespoke approaches to supporting children to understand their needs. By taking a whole school approach to the zones of regulation to ensure that children can recognise a feeling to match it to an emotional response and name it as well as giving them the tools to support with regulation and develop their independence with this so they become attuned with their emotions and self-advocate for what they need to support them. We use pupil voice to test the effectiveness of this as well as tracking behaviour and supporting on an individual and bespoke manner."

A maintained school focusing on special educational needs

"Repeated exposure to toolkit for students through lessons, tutor time, assemblies and 1:1"

A MAT secondary school, East of England

However, there was consensus across both the schools and sector survey that progress on this principle was hampered by a narrow focus on attainment. This was seen as detrimental to children and young people's mental health and could contribute to mental health challenges for pupils and staff.

"The focus on outcomes and the heavy curriculum has meant schools have had to focus on exam results/SATs at the expense of mental health."

A maintained school focusing on special educational needs

"Government needs to understand that the needs of children attending our schools has changed. We have a 'new normal' measured against an outdated curriculum model and this will always be problematic contributing to mental health challenges for our children and our staff."

Sector survey respondent

The evidence

A curriculum that promotes resilience and social and emotional learning equips pupils with knowledge and skills greatly benefits their health and wellbeing (DfE & OHID, 2015). Social and emotional learning refers to the development of skills such as motivation, self-regulation, self-awareness and resilience (Early Intervention Foundation, 2015). Research has suggested that social and emotional wellbeing is an important determinant of children and young people's development (Miyamoto, 2015), can tackle the risk factors for poor mental health (CASEL, nd) and has a positive impact on mental wellbeing (Taylor et al., 2017) and academic attainment (Gedikoglu, 2021).

Student voice

A majority of respondents to our school survey felt that this was an easy principle to implement (73%) and some schools offered insight on how they have achieved this.

"We have a strong pupil (student) voice in our school with children at the heart, leading and advocating for one another. The children formed a working party around each of our core school values; Kindness, collaboration, ambition, pride and creativity. They attend regular meetings which then feed back to class discussions giving children the voice to be heard and views shared. Information is shared by the children to our wider community such as in newsletters, posters, videos on social media."

Maintained primary school, South East England

Respondents to the sector survey, however, were concerned that efforts to include student voice could be seen as tokenistic. This is a principle where better guidance and support from the Government would be welcomed.



The evidence

Involving students in decisions that impact them can benefit their mental health and wellbeing, encouraging autonomy and increasing meaningful participation. Research has shown that children's views on their learning, behaviour and relationships are different from those of adults, and that their unique insider experience is a valuable source of knowledge in seeking to understand and promote their own mental health (McAuley & Rose, 2010). The National Institute for Health and Care Excellence suggests involving children and young people in discussing and agreeing whole school approaches and communicating with them regularly about decisions, so they understand how their views inform practice (NICE, 2022).

Staff development and wellbeing

Just over half (55%) of respondents to our school survey felt this principle was easy to implement. When asked about the successes and challenges of implementing this principle, schools raised a variety of ways that they successfully embed staff development in schools:

"Staff development – our schools have looked at ways of reducing workload. Staff wellbeing is prioritised. Part of package through the MAT staff can access counselling services. Continuous Professional Development linked to mental health and the trust is adopting a trauma informed approach working with an external trainer."

A MAT primary school, North East England

"For staff: We have a lot of support/training opportunities on mental health for staff, from the academy. We have access to counselling online for any staff needing it, through the Academy insurance. We pay for 2 members of staff to have monthly supervision."

A MAT primary school, South East England

However, concerns were raised in the sector survey regarding the mental health of education staff, with reports of high workload and burnout driving many teachers to leave the sector. Evidence shows that there has been a decline in teacher wellbeing in recent years. Education Support's Teacher Wellbeing Index found that in 2024, 78% of all education staff were stressed, 50% consider their organisation's culture to have a negative impact on their wellbeing and

38% of all staff believe their organisations do not support those employees who experience mental health and wellbeing difficulties (Education Support, 2024).

"Initiatives to improve staff wellbeing have been minimised by long hours, lack of agency, scrutiny, critical feedback (and related anxiety) and excessive workloads for the majority of teachers."

Sector survey respondent

"So often I see burnt out staff who are deputy, Special Educational Needs Coordinator, Mental Health Lead, and Designated Safeguarding Lead. How can staff model a whole school approach to mental health when they're already overstretched?"

Sector survey respondent

The evidence

This principle is focused on helping staff to maintain their own mental health and wellbeing, as well as supporting them to increase their knowledge of mental health so they are equipped to identify needs and support pupils when concerns arise. The whole school approach guidance encourages a commitment to staff health and wellbeing, through providing opportunities for assessing the mental health and wellbeing needs of staff, by providing support to enable staff to reflect on and to take actions to enhance their own wellbeing, and by promoting work life balance for staff (DfE & OHID, 2015).

Identifying need and monitoring impact

There was a mixed response on how schools felt about implementing this principle.

While 43% thought it was an easy principle to implement, 30% also stated that it was neither easy nor difficult. Schools also pointed out that although identification may be relatively easy, access to services was challenging:

"Constraints such as time, funding. Lack of specialist places for pupils who need additional support and long waiting lists for services."

A MAT primary school, North East England

Responses to our sector survey indicated that collecting school-based data may clarify the need for support, and the impact of any intervention.

"Better evidence base for what works when children have [special educational needs and disabilities] and mental health needs. Schools are using a huge range of interventions and professionals – sometimes with great success and sometimes with less so. However, we lack good quality data on what is likely to work best for different groups of learners"

Sector survey respondent

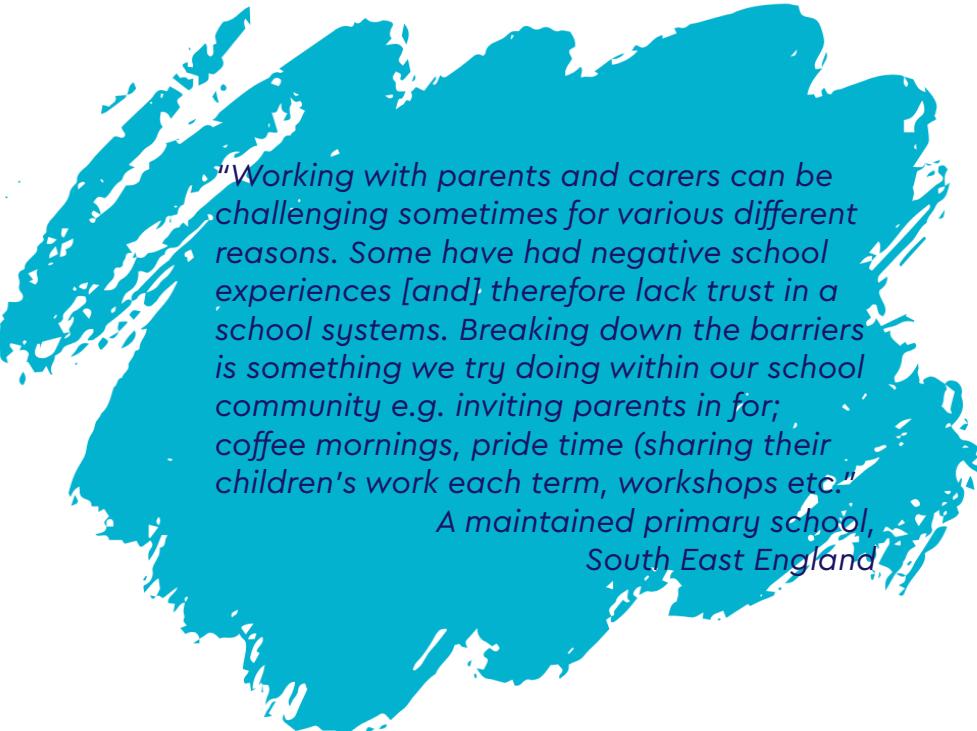


The evidence

It is crucial that education settings can identify and respond to children and young people who may need extra support. Early identification can support more personalised care and effective healthcare pathways (Colizzi et al, 2020). Additionally, earlier identification can also help health systems to understand what is needed, offering the chance for more effective commissioning (DfE, 2021 – Promoting CYP Mental Health).

Working with parents and carers

There was a mixed response from schools on how easy this principle was to implement. **Over half of schools (55%) who responded to the survey said it was neither easy nor difficult to implement this principle.** Some survey respondents spoke about the challenges they have faced in engaging parents/carers, as well as some of the things they have done to improve this.



"Working with parents and carers can be challenging sometimes for various different reasons. Some have had negative school experiences [and] therefore lack trust in a school systems. Breaking down the barriers is something we try doing within our school community e.g. inviting parents in for; coffee mornings, pride time (sharing their children's work each term, workshops etc."

*A maintained primary school,
South East England*

Another primary school in North East England noted: "There has not been an element that is particularly hard, but parent engagement is always one of the more challenging elements although we do feel we have made progress towards this. Each year a set of new parents for our reception children means we need to start the process again of building relationships so that our parents will ask for

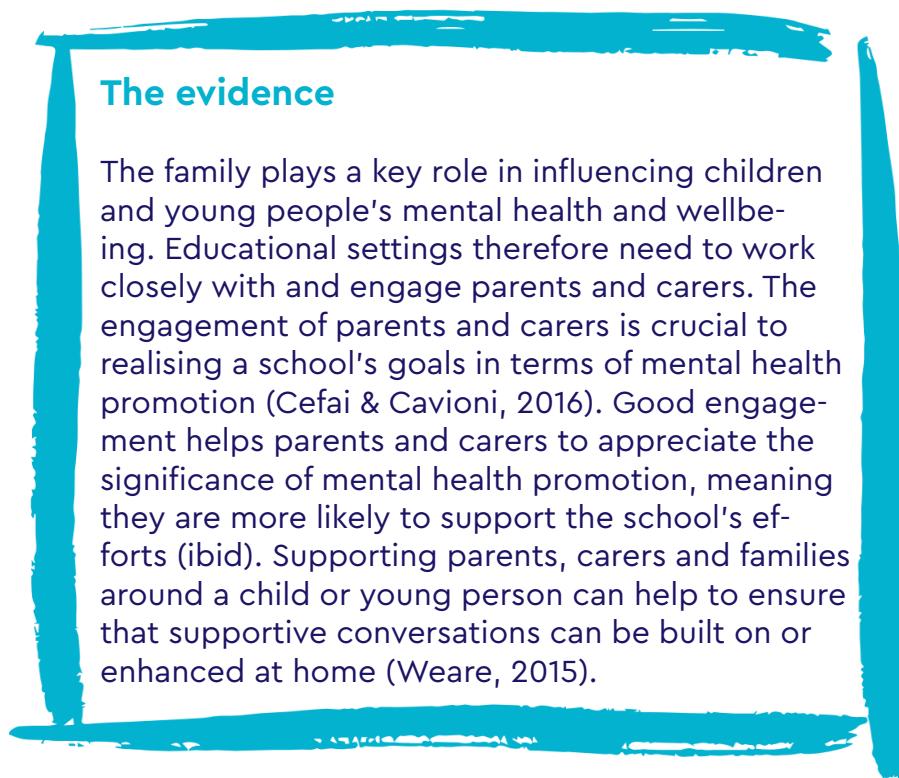
support and see that there is not a stigma attached, and they will not be judged."

Again, like the principle 'Student Voice', responses from the sector highlighted a concern that this principle was often approached without consideration of wider contextual factors:

"The main focus we have seen is the siloed implementation of support and targeted interventions to release the burden on localised service delivery such as CAMHS. There has been little policy implementation on culture, student voice or curriculum and no join up of work to change children's mental health in line with their physical and social development".

Sector survey respondent

The evidence



The family plays a key role in influencing children and young people's mental health and well-being. Educational settings therefore need to work closely with and engage parents and carers. The engagement of parents and carers is crucial to realising a school's goals in terms of mental health promotion (Cefai & Cavioni, 2016). Good engagement helps parents and carers to appreciate the significance of mental health promotion, meaning they are more likely to support the school's efforts (ibid). Supporting parents, carers and families around a child or young person can help to ensure that supportive conversations can be built on or enhanced at home (Weare, 2015).

Targeted support and appropriate referrals

64% of schools who responded to the survey stated that this was an easy principle to implement, while 24% found it difficult. Several schools reported having a strong and consistent approach to targeting support to pupils that need it.

"Working with the community mental health team we have been able to get the support for children and families relatively quickly compared with waiting for support from CAMHS point 1 etc."

A MAT primary school, East of England

"We have a Wellbeing Team consisting of the Inclusion Manager, 2 learning mentors and the start of a Family Liaison Officer. We meet once a week to discuss anything and everything relating to our pupil's SEMH needs. Through communication between ourselves, from class teachers/teaching assistants and the parents, we identify pupils who would benefit from additional support. This may be through small group targeted circle time sessions, 1:1 Games & Talk sessions, Draw & Talk sessions, Therapeutic Play or social skills support. Pupils' views are gathered as the interventions are run to help decide when the team can step away or whether further support is needed."

A maintained primary school, Greater London

While the implementation of this principle has been supported by the roll out of MHSTs, concern was expressed in both the school and sector survey regarding the inconsistency created by the speed of the rollout of MHSTs, leading to a 'postcode lottery' in support. There has also been cuts to other provision that provides targeted support to schools, which has impacted capacity to respond to rising needs. For example, the number of school nurses has dropped by around a third in the past 10 years, with figures showing a 33% fall in the number of school nurses between 2009 and 2022 (SAPHNA, 2023).

The evidence

In addition to offering universal support to all pupils, schools can be a place where targeted mental health and wellbeing support can be provided. Targeted support can include a range of interventions from differing professionals such as counsellors, MHSTs, educational psychologists, school nurses, local authority provision, voluntary, community and social enterprise (VCSE) organisations, and NHS Children and Young People's Mental Health Services (CYPMHS). As part of the targeted support offer, it is crucial that schools have clear systems and processes in place for identifying need and making referrals to appropriate services. This should include an understanding of local services in which they can make referrals to and can support parents and pupils to seek support from (Department for Education, 2018).

Ethos and environment

Nearly three quarters (73%) of schools who responded to our survey felt that this was an easy principle to implement.

Creating a supportive ethos and environment also involves recognising, welcoming and supporting a range of learning and social experiences, with staff acknowledging the importance of additional support for pupils from marginalised communities such as those with special educational needs and disabilities.

Through survey responses, schools provided successful examples of implementation:

- one school's 'behaviour management style and policy that supports all children's mental health'
- another school having clear expectations for staff to have empathy and good working relationships with one another which then filters down to how they work with children.



However, while schools thought this was a relatively easy principle to implement, respondents from the wider mental health sector highlighted the conflict between creating a school environment that fosters a sense of belonging and inclusion while also using 'punitive' and 'damaging' approaches to behaviour. Therefore, efforts to engage and embed a whole school approach can be undermined due to inconsistent government guidance and approaches to behaviour, attendance and attainment.

Sector respondents also identified that further guidance for schools on inclusion would be useful, particularly for those settings who support children and young people with special educational needs and disabilities, and those children and young people who are part of racially minoritised communities.

The evidence

This principle of a whole school approach focuses on the physical, social and emotional environment of a school which is vital to fostering a sense of inclusion and belonging for all pupils and staff (DfE & OHID, 2015). Evidence has shown that these relationships can act as protective factors for mental health and wellbeing (Abdinasir, 2019; Department for Education, 2018) and there is robust evidence that safety, belonging and wellbeing have positive impacts on student performance and engagement (Riley et al., 2020).

Government guidance and support for implementation

With 2025 marking ten years since the publication of the Government's whole school and college approach guidance, we were keen to explore school and sector views on whether the Government has provided enough support and guidance to achieve full implementation of whole school and college approaches.

In our survey of schools and education settings, we asked whether they felt they had enough guidance and information from the Government to implement each of the eight principles of a whole school and college approach. While most schools reported having some guidance from the Government, they identified principles where they regularly had to find additional information to supplement government guidance (Table 2). These principles were:

- **Curriculum, teaching and learning**
- **Identifying need and monitoring impact**
- **Working with parents and carers**
- **Providing targeted support**

We were also keen to understand the views of the wider mental health sector, many of whom work closely with schools and other education settings. We asked the wider mental sector how far they believe that the Government has supported implementation of the eight principles of a whole school and college approach (Table 3).

The wider mental health sector identified **student voice, ethos and environment** and **working with parents and carers** as the principles that require more support and guidance from the Government.

Our findings indicate that while there is recognition that the Government's guidance is broadly well received by schools and other settings, further review and updates would ensure that schools are clear about how to implement specific principles of whole school approaches. Within this, updated guidance needs to recognise the changing context for schools and education settings who see the rising levels of need in the children and young people they see daily.

Respondents asked for more coordinated Government support, with communication and policy about WSAs being consistent across both policy and practice guidance. Research and guidance are located across different governmental and third party websites. This can be overwhelming for those searching for relevant content and information. There was also a request for more evidence, so that approaches can be appropriately tailored for the context.



	Good guidance and additional support available if needed	Some guidance and can implement this easily	Needed to regularly find additional information on this principle	Not enough guidance to implement this well	Don't know
Curriculum, teaching and learning	25%	18%	43%	14%	0%
Student voice	18%	43%	29%	7%	3%
Staff development	25%	29%	36%	7%	3%
Identifying need and monitoring impact	21%	21%	43%	11%	3%
Working with parents and carers	18%	29%	43%	7%	3%
Targeted support	21%	21%	46%	7%	3%
Ethos and environment	21%	46%	21%	7%	3%
Leadership and management	36%	36%	18%	7%	3%

Table 2: Responses from education settings on government guidance on whole school and college approaches (n=28).

	Very Well Implemented	Well Implemented	Implemented	Fairly Implemented	Poorly Implemented
Curriculum, teaching and learning	0%	7%	19%	35%	39%
Student voice	0%	7%	14%	28%	51%
Staff development	0%	4%	12%	48%	36%
Identifying need and monitoring impact	0%	8%	17%	37%	38%
Working with parents and carers	0%	4%	23%	32%	41%
Targeted support	4%	8%	23%	27%	38%
Ethos and environment	0%	6%	15%	33%	46%
Leadership and management	1%	4%	22%	38%	35%

Table 3: Responses from the mental health sector survey on how far the Government has implemented the 8 principles of a whole school and college approach (n=73)

What further support is needed?

Additionally, both surveys asked respondents open questions on what the Government could do to support their setting as well as how the Government could support implementation of a whole school approach. Beyond suggestions to improve the guidance, survey respondents identified additional challenges in implementing such approaches.

Funding and resources

Respondents from both surveys noted the lack of funding and resources that schools can access to implement and embed a whole school approach, with the necessary commitment required undermined by high workloads and burnout across school staff. Education settings often have to fund this work through their core budgets, meaning that headteachers and governing bodies are deciding on mental health spend on a school-by-school basis, and having to choose between this and their teaching budget (O'Shea, 2021).

"The principles are shared and widely known but schools are inundated with dealing with every aspect of children's behaviour and supporting families in crisis so don't have capacity to respond."

Sector survey respondent

"Targeted support is also challenging due to funding restraints because this reduces the number of staff available to implement interventions for students needing an additional level of support."

A MAT secondary school, East of England

Sector respondents also highlighted that funding for wider mental health support and systems was needed. There is a substantial need for specialist support beyond what MHSTs and other professionals, such as counsellors and educational psychologists, can offer. Long wait times and restricted access to NHS Children and Young People's Mental Health Services can undermine the effort schools are investing to create a whole school approach.

"[We need] time and greater access to outside services such as CAMHS."

A MAT primary school, Greater London

Sustainability and roll out of the Green Paper proposals

Progress in implementing whole school approaches has been supported by the proposals set out in the Transforming Children and Young People's Mental Health Provision: a green paper. Respondents across both surveys praised the additional support that both MHSTs and the senior mental health lead role provide to education settings. However, concerns were expressed about the future sustainability and roll out of these proposals.

In relation to the senior mental health lead, survey responses from schools indicated that having just one person responsible for this role may not be enough to support implementation of whole school approaches. There was consensus that further training and funding is needed to ensure sustainability of the role. However, since the change of Government in July 2024, there have been no further commitments around senior lead training.

"It is a very isolated role. There should be more opportunities for networking and more guidance on the role – it's still very nebulous."

A maintained primary school in Greater London

Respondents from both surveys were also vocal about the need to continue and expand MHSTs. It was noted that the fragmented approach to implementation may have further exacerbated inequalities, with some schools much better resourced than others. There was overwhelming support for further investment in the MHST programme, with respondents noting that these teams help to reduce further pressures on children, young people and their families and services later. There was also recognition that the current model should be reviewed and expanded to reach the current gaps in need, including children and young people with neurodiversity.

"Commit to continued funding waves so that all schools have access to MHSTs. Commit to fund further research into what makes MHSTs most successful."

Sector survey respondent

"The Government could expand targeted support (provided by services such as Mental Health Support Teams) to cover a wider variety of mental health difficulties (e.g. expand MHSTs' capacity to work with [special educational] needs, neurodiversity and more complex difficulties)"

Sector survey respondent

Wider system reform

Sector respondents also identified that additional systems around a school or setting may need to be reviewed to support successful implementation of whole school approaches. The role and remit of Ofsted was mentioned frequently, with many sector respondents highlighting that Ofsted does not currently consider wellbeing as part of their assessment. Ofsted have consulted on a new framework for inspection, which includes a specific lens on personal development and wellbeing (Ofsted, 2025).

"The Government needs to review the education system and the curriculum so that wellbeing, inclusion and thriving is at its heart."

Sector survey respondent

"Reform Ofsted to include assessment of the whole school approach in judgements."

Sector survey respondent

"None of the above principles can be implemented without the expertise and CPD. Schools do not have the access to those resources and the focus on outcomes and the heavy curriculum has meant schools have had to focus on exam results/SATs at the expense of mental health. The world is changing, and the education system is not moving with the times. Not all children can conform to traditional school approaches and the education system needs to change to reflect this."

Sector survey respondent

Conclusion and recommendations

Our findings reveal that good progress has been made to date by both the Government and education settings in implementing whole school and college approaches. However, gaps still remain in implementation, particularly around certain principles. It is vital that we now build on the good work that has already taken place and ensure that whole school and college approaches are fully embedded across all education settings.

We welcome the Government's emphasis on thriving and belonging in education. Whole school and college approaches play a central role in this. With the Children's Wellbeing and Schools Bill, the Curriculum and Assessment Review and Ofsted reform all underway, there is plenty of opportunity to ensure that positive mental health and wellbeing is integrated across the education system.

Fundamentally, education settings need improved guidance, more time, and additional funding and resources. As a first step, the Government should set out a costed plan to roll out and implement whole school and college approaches in all education settings.

Alongside this, we have set out recommended actions that the Government should take to achieve full implementation. These recommendations need to be considered against the wider landscape – including the Curriculum and Assessment Review and the need to ensure that children and young people's mental health services (CYPMHS) are fully funded and resourced to support not only acute issues, but the increasing complexity of cases seen at schools post-pandemic.

To ensure full implementation of whole school and college approaches in all education settings, the Government should:

1. Commit to developing a fully costed plan to embed whole school and college approaches to mental health and wellbeing across all education settings to ensure that all children and young people can thrive wherever they receive their education.
2. Review and update the guidance on whole school and college approaches. Any update to the guidance must be done in partnership with education settings, children, and young people and families.
3. Any updated guidance on whole school and college approaches must support and unify other practice to support mental health and wellbeing, including the curriculum, as well as being used as foundational guidance to update other relevant documents such as guidance on bullying, behaviour and attendance.
4. Review the Mental Health Support Team model to address any limitations and learning from the current evaluation and other relevant evidence, including how the model could be adapted to meet the gap in need between MHSTs and specialist children and young people's mental health services. This review should inform the future roll out of the MHST programme.
5. Commit to a small funding pot that will ensure that all schools can train a senior mental health lead, and provide continuous professional development for this role until 2030.
6. Increase investment in specialist children and young people's mental health services.
7. Establish a national wellbeing measurement for assessing the wellbeing of children and young people, as recommended by the Fair Education Alliance, BeeWell, Pro Bono Economics and The Children's Society.

References

Abdinasir, K. (2019). Making the grade: How education shapes young people's mental health. Centre for Mental Health. <https://www.centreformentalhealth.org.uk/publications/making-grade/>

Anna Freud. (2020). Framework launched to support schools to develop whole school approach to mental health. <https://www.annafreud.org/news/framework-launched-to-support-schools-to-develop-whole-school-approach-to-mental-health>

Birrell, L., Grummitt, L., Smout, S., Maulik, P., Teesson, M., & Newton, N. (2025). Debate: Where to next for universal school-based mental health interventions? *Child and Adolescent Mental Health*, 30(1), 92–95. <https://doi.org/10.1111/camh.12749>

Bloom, N., Lemos, R., Sadun, R., & Van Reenen, J. (2015). Does management matter in schools? *The Economic Journal*, 125(584), 647–674. <https://doi.org/10.1111/ecoj.12267>

CASEL. (n.d.). SEL and mental health. <https://casel.org/fundamentals-of-sel/how-does-sel-support-your-priorities/sel-and-mental-health/>

Cefai, C., & Cavioni, V. (2016). Parents as active partners in social and emotional learning at school. In B. Kirkcaldy (Ed.), *Psychotherapy in parenthood and beyond. Personal enrichment in our lives*.

Colizzi, M., Lasalvia, A., & Ruggeri, M. (2020). Prevention and early intervention in youth mental health: Is it time for a multidisciplinary and trans-diagnostic model for care? *International Journal of Mental Health Systems*, 14(23). <https://doi.org/10.1186/s13033-020-00356-9>

Day, C., Gu, Q., & Sammons, P. (2016). The impact of leadership on student outcomes. *Educational Administration Quarterly*, 52(2), 221–258. <https://journals.sagepub.com/doi/epub/10.1177/0013161X15616863>

Department for Education & Public Health England. (2015). Promoting children and young people's mental health and wellbeing: A whole school or college approach. https://assets.publishing.service.gov.uk/media/614cc965d3bf7f18518029c/Promoting_children_and_youth_people_s_mental_health_and_wellbeing.pdf

Department for Education. (2018). Mental health and behaviour in schools. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf

Department for Education. (2021). Promoting and supporting mental health and wellbeing in schools and colleges. <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges>

Department for Education. (2025). Transforming children and young people's mental health implementation programme: Data release. https://assets.publishing.service.gov.uk/media/681e221853add7d476d8187a/Transforming_Children_and_Young_People_s_Mental_Health_Implementation_Programme_2025_Data_Release.pdf

Department for Education & Department of Health and Social Care. (2018). Government response to the consultation on transforming children and young people's mental health provision: A green paper and next steps. <https://assets.publishing.service.gov.uk/media/5b583d30ed915d0b6985cc21/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf>

Education Support. (2024). Teacher wellbeing index 2024. <https://www.educationsupport.org.uk/media/ftwl04cs/twix-2024.pdf>

Gedikoglu, M. (2021). Social and emotional learning. Education Policy Institute. <https://epi.org.uk/publications-and-research/social-and-emotional-learning/>

Glazzard, J. (2019). A whole-school approach to supporting children and young people's mental health. *Journal of Public Mental Health*, 18(4), 256–265.

Goldberg, J. M., Sklad, M., Elfrink, T. R., Schreurs, K. M. G., Bohlmeijer, E. T., & Clarke, A. M. (2019). Effectiveness of interventions adopting a whole school approach to enhancing social and emotional development: A meta-analysis. *European Journal of Psychology of Education*, 34(4), 755–782. <https://doi.org/10.1007/s10212-018-0406-9>

Harris, A., & Jones, M. (2023). The importance of school leadership? What we know. *School Leadership & Management*, 43(5), 449–453. <https://www.tandfonline.com/doi/full/10.1080/13632434.2023.2287806#d1e117>

Langford, R., Bonell, C. P., Jones, H. E., Pouliou, T., Murphy, S. M., Waters, E., Komro, K. A., Gibbs, L. F., Magnus, D., & Campbell, R. (2014). The WHO health promoting school framework for improving the health and well-being of students and their academic achievement. *Cochrane Database of Systematic Reviews*.

McAuley, C., & Rose, W. (2010). Child well-being: Understanding children's lives. Jessica Kingsley.

Miyamoto, K., Huerta, M. C., & Kubacka, K. (2015). Fostering social and emotional skills for wellbeing and social progress. *European Journal of Education*, 50(2), 147-159.

National Children's Bureau. (n.d.). Whole school approach. <https://www.ncb.org.uk/what-we-do/improving-practice/wellbeing-mental-health/schools-wellbeing-partnership/whole-school>

National Children's Bureau. (2015a). Our whole school framework. <https://schools-wellbeing.org.uk/whole-school/our-whole-school-framework>

National Children's Bureau. (2015b). What works in promoting social and emotional well-being and responding to mental health problems in schools? https://schools-wellbeing.org.uk/sites/default/files/uploads/attachments/SWP_What-Works_1.pdf

NHS Digital. (2023). Mental health of children and young people in England, 2023 - wave 4 follow up to the 2017 survey. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up>

NICE. (2022). Social, emotional and mental wellbeing in primary and secondary education: NICE Guideline 223. <https://www.nice.org.uk/guidance/ng223>

NICE. (2022). Social, emotional and mental wellbeing in primary and secondary education [A] Evidence reviews for whole-school approaches. <https://www.nice.org.uk/guidance/ng223/evidence/a-wholeschool-approaches-pdf-11132505182>

Ofsted. (2025). Improving the way Ofsted inspects education [consultation]. <https://www.gov.uk/government/consultations/improving-the-way-ofsted-inspects-education>

O'Shea, N. (2021). Time for action: Investing in comprehensive mental health support for children and young people. https://www.centreformentalhealth.org.uk/wp-content/uploads/2021/12/CentreforMH_TimeForAction.pdf

Riley, K., Coated, M., & Allen, T. (2020). Place and belonging in school: Why it matters today. <https://neu.org.uk/latest/library/place-and-belonging-school-why-it-matters-today>

SAPHNA. (2023). A school nurse in every school: Report from a roundtable discussion held on 15 December 2023. <https://saphna.co/wp-content/uploads/2024/04/Round-Table-Report-A-School-Nurse-in-every-School-March-2024-1.pdf>

Weare, K. (2015). What works in promoting social and emotional well-being and responding to mental health problems in schools. National Children's Bureau.

World Health Organization. (1998). Health promoting evaluation: Recommendations for policy-makers, report of the WHO European Working Group on Health Promotion Evaluation. <https://iris.who.int/handle/10665/108116>

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