Mental health professional development for school-based staff:

A Rapid Review

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'Society should ensure that all children and young people make a fulfilling transition to adulthood.'

1　　Introduction to the research

1.1　　The context

The school mental health social enterprise Minds Ahead[1] commissioned think-and-action-tank The Centre for Education and Youth (CfEY) to examine the current landscape for mental health-related training and development for school-based staff and explore how it might be improved.

Children and young people's mental health has been in decline over the last decade. Children's mental health services have reported a growing crisis that existed before the pandemic, according to findings from the Health and Social Care Select Committee (2021). The education sector has undoubtedly felt the impact of this severe problem. A recent National Association of Head Teachers (NAHT) poll of 1,130 school leaders and teachers found that self-harm, suicide, and eating disorders have become increasingly common among students (Nuffield Trust, 2022). Rising needs due to COVID-19-related school closures and social isolation have increased pressure on already stretched teaching staff, as well as mental health services for young people in England (Commission on Young Lives, 2022).

This is happening in tandem with a crisis in the education workforce's wellbeing and retention. According to a 2019 report on teachers' mental health in the UK by the union NASUWT, 77% of teachers reported experiencing more workplace stress compared to previous years, and at least 38% of teachers also felt unsupported at work (NASUWT, 2019). While this is likely to have worsened because of COVID and the increased pressures in education, teacher retention is also at an all-time low, with teacher vacancies posted by schools 93% higher in the 2022-2023 academic year than in 2018-2019 (McLean, Worth and Faulkner-Ellis, 2023).

The government has put some measures in place to provide additional support for youth mental health in schools, such as the launch of training for Senior Mental Health Leads and Mental Health Support Teams. Ofsted has also increased its focus on students' wellbeing under the judgement area of personal development, but these measures are far from resolving this large-scale problem.

Evidence shows that many young people desperately need support. School settings provide a vital opportunity to identify issues and offer preliminary care, even if young people need additional, more intensive treatment from other services. However, teachers and other school staff often struggle to fully meet young people's mental health needs and require urgent support to develop the skills needed.

In light of widespread concerns about student mental health, growing awareness of the value of whole-school approaches, and developments in government policy, now is an opportune moment to take stock of the learning opportunities currently available to school staff and how these might be enhanced in the future to ensure students receive the best support possible for their mental health.

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[1] Minds Ahead is an award-winning social enterprise that approaches mental health from the school perspective and is working in the sector to bring about innovative and needed change. As an organisation, they have researched, designed, and launched successful, high-quality professional learning for staff to transform mental health in their school, including the first and only master's Programme in School Mental Health Leadership and a Masters in School Mental Health Specialism.

1.2 Aims of this report

This report combines a rapid review of evidence on mental health in schools and the current Continuing Professional Development (CPD) offer available to school staff, with analysis and recommendations provided by an expert group of sector leaders.

This project is the continuation of a partnership between CfEY and Minds Ahead, which previously led to a 2018 report addressing the gaps that children and young people face in getting support for their mental health in schools. We continue this agenda by exploring the professional development sector and evaluating emerging needs.

We begin by setting out the current state of play for young people's mental health in England. We then present a review of currently available Continuing Professional Development (CPD) courses for school staff and explore the strengths, weaknesses, and gaps in three case studies of these courses. We finally present a discussion of the routes forward for developing future mental health training, based on expert opinion from sector leaders.

1.3 Our recommendations

Based on our findings and discussions, we identify four key areas Professional Development courses should focus on, according to school staff's needs.

1. **A clear and consistent understanding of mental health and the role of the school:** There is a lack of consistency in the understanding and knowledge of young people's mental health needs across the school community and the role of the school in supporting these.
2. **Ongoing, up-to-date, and relevant training:** School staff are not receiving ongoing, up-to-date training in mental health. The time and resources invested in school mental health professional development are often limited to a few key people.
3. **Training that supports increased confidence:** Staff confidence is a key area for improvement. A lack of confidence in managing young people's mental health may result from a lack of awareness or understanding of mental health needs and strategies for support; fears around risk and accountability; or a lack of confidence in working with different families, cultures, values, or attitudes.
4. **Emphasis on looking after their own wellbeing:** school leaders should prioritise staff wellbeing. When staff work on their resilience, manage their emotions, and develop strategies to enhance their own wellbeing, they are able to support students struggling with mental health issues more effectively.

In light of these areas of need, we recommend positive actions that can be taken by the Department for Education and government, school and trust leaders, universities and training providers, and other third-party stakeholders (further detail in Section 6.2).

These recommendations arise from the need to refine the role of schools in the broader support system for children and young people's mental health. They aim to contribute to system-wide coordination in developing a shared understanding of mental health, young people's needs, and the best ways to support them.

We believe it is vital that actions are taken to:

- **Map the road ahead and provide guidance** by defining and shaping the role that schools have in supporting mental health.
- **Recognise that change is needed now** by incentivising and prioritising training.
- **Build nurturing environments** by enhancing protective factors in school.
- **Shift the narrative towards more than just academics** by incorporating young people's identities and broader experiences into evidence-based practice.
- **Ensure that changes hit the bull's eye** by targeting training to need and context.
- **Support staff wellbeing** by promoting self-care first.
- **Incorporate youth voice** by actively gathering and incorporating young people's perspectives into planned changes.

2 Methodology

This research began with a rapid review of existing evidence, covering:
- the current state of young people's mental health in the UK.
- the education sector's response to the increasing need to support young people's mental health.
- and an overview of a select group of Continuing Professional Development (CPD) courses currently available to school staff.

This review was followed by a consultation with a group of experts.

The work aimed to address two main research questions:

> **1) What is the current state of play for mental health-related training and development for school-based staff (specialists and non-specialists, teachers, and non-teachers)?**
>
> **2) How can training and development opportunities be improved to help create school environments where staff and students thrive?**

The findings explored in this paper examine the evolving role of schools in supporting mental health and championing wellbeing, and the future of professional development opportunities available to the staff providing this support.

2.1 Rapid review: current CPD offer.

For this review, we collated a list of 12 courses available to teaching staff of varying levels of seniority. We limited our review using clear inclusion and exclusion criteria. The table below outlines our inclusion and exclusion criteria:

Inclusion criteria	Exclusion criteria
• Meets keyword search: mental health, training, CPD, teaching staff, course, mental health, England. • Found on sector-wide reviews, e.g., DfE Mental Health Lead review. • Level 2 and above certification. • 10 hours or more of taught content • Testing or assessment required for certification.	• Less than 10 hours of taught content. • Certification awarded without testing or a form of assessment. • Exclusively Primary or Early Years focus. • Training focused solely on developing or assisting clinical diagnostics.

We focused on CPD offered at the DfE's advanced or expert levels for School Mental Health Leadership Training for two main reasons:
1. These criteria ensured we focused our discussion on CPD options supporting teaching staff to develop skills that enable a whole-school approach.
2. Advanced or in-depth courses look to develop understanding and enhance practice. Therefore, these courses are more likely to prepare school staff to implement changes that support young people's mental health in school, in contrast to shorter, more general courses, often focused on building awareness.

2.2   Expert group

We convened a group of experts to build on the findings of the review by giving feedback on currently available training. They shared ideas on the needs and priorities of school staff and identified gaps in existing professional development. In a two-hour discussion, we explored the question: *What do school-based staff need now and in the future from mental health-related training and development, in order to create an environment where staff and students can thrive?*

During the expert group activities, we examined three key case studies of training courses identified in the CPD review (See Appendix)[2] to identify strengths, weaknesses, and gaps in their provision:

- **Case study 1:** School Mental Health Specialist PGDip/MA, by Minds Ahead and Leeds Beckett University
- **Case study 2:** Course on Mental Health: Working with children and Young People, by Future Learn and The Open University
- **Case study 3:** Senior Mental Health Lead Training – Strategic Leadership, by Progressive Minds Associates.

We also discussed the following:
- What barriers or challenges are school staff facing in terms of accessing the training they require to meeting young people's mental health needs?
- Who should be involved in ensuring that gaps in training provision are filled (e.g., government, local youth services, local health services including Child and Adolescent Mental Health Services (CAMHS), mental health professionals, universities or research organisations, charities, trust/school leaders)?
- What is your vision for a school environment that fully supports mental health?

The expert group was led by:
- Anamaría Granada – Research Associate, The Centre for Education and Youth
- Alix Robertson – Head of Engagement, The Centre for Education and Youth

The expert group included:
- Anna Bateman – Senior Education Consultant (specialising in mental health strategy and training)/Director, Halcyon Education
- Sajda Butt – Mental Health and Wellbeing Lead, Birmingham Education Partnership
- Dean Johnstone – CEO, Minds Ahead
- Roisin McEvoy – Head of Schools Training and National Programmes, Anna Freud Centre
- Andy Mellor – Strategic Lead, Carnegie Centre of Excellence for Mental Health in Schools
- Lakshmi Prasanna Divakarla – Teaching Assistant, Francis Askew Primary School, and MA Student in School Mental Health Specialist Programme
- Anna Robinson – Mental Health Lead, Birmingham Education Partnership
- Sue Roffey – Independent Consultant/Professor/Director, University College/Growing Great Schools Worldwide
- Mel Stephenson – Head of Wellbeing/Clinical Lead, Woodbridge High School
- Tom Young – Trust Mental Health and Wellbeing Coordinator, Bay Education Trust
- Heather Madsen – Headteacher at Red Oak Primary (joined but had to leave owing to receiving notification of an Ofsted inspection)

This report shares the key findings from our review and the expert group discussion and offers recommendations for next steps in improving mental health-related training and development for school-based staff in the future.

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2. The case studies represent The Centre for Education and Youth's summary of the programmes, based on information and resources available online.
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3 The current state-of-play for mental health-related training and development for school-based staff – a rapid review

3.1 A spiralling crisis: children and young people's mental health and wellbeing

### 3.1.1 How do we define mental health and wellbeing?

Mental health and wellbeing can mean different things to different people and institutions. The World Health Organization (WHO) defines good mental health as: "a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (2022). Wellbeing, defined by the WHO as both subjective and objective, is made up of both a person's own experience of their life, as well as how their life circumstances compare with social norms and values. For the WHO, both wellbeing and mental health interact with common determinants, such as health and social systems (WHO Regional Office for Europe, 2013).

Similarly, the What Works Centre for Wellbeing suggests that wellbeing "is about 'how we are doing' as individuals, communities and as a nation, and how sustainable this is for the future" (2023). This assessment of 'how we are doing' is linked to a range of factors and circumstances including health, education, work, social relationships, built and natural environments, security, civic engagement and governance, housing, and work-life balance. It is worth noting that in adolescence, it is developmentally appropriate to experience more difficult emotions and engage in more risky behaviour, which can affect a young person's sense of wellbeing. For young people, activities such as seeing friends and getting enough sleep can act as consistent protective factors for positive psychological health across adolescence (Department for Education, 2019).

3.1.2 The current picture of children and young people's mental health and wellbeing

Children and young people's mental health has been in decline over the last decade. Children's mental health services report evidence of a growing crisis in mental health which existed long before the pandemic, according to findings from the Health and Social Care Select Committee (2021). Recent NHS Digital statistics (2022) show a dramatic increase in rates of 'probable mental disorder' in young people aged 17 to 19 in the last five years, rising to one in four in 2022, from one in 10 in 2017 and one in six in 2020 and 2021. In children aged seven to 16, rates have also remained high at one in six between 2020, 2021 and 2022, up from one in nine in 2017. Other data has shown that close to half of young people aged 16-17 (44%) report experiencing elevated rates of psychological distress, compared to 35% in 2017 (Holt-White et al., 2022).
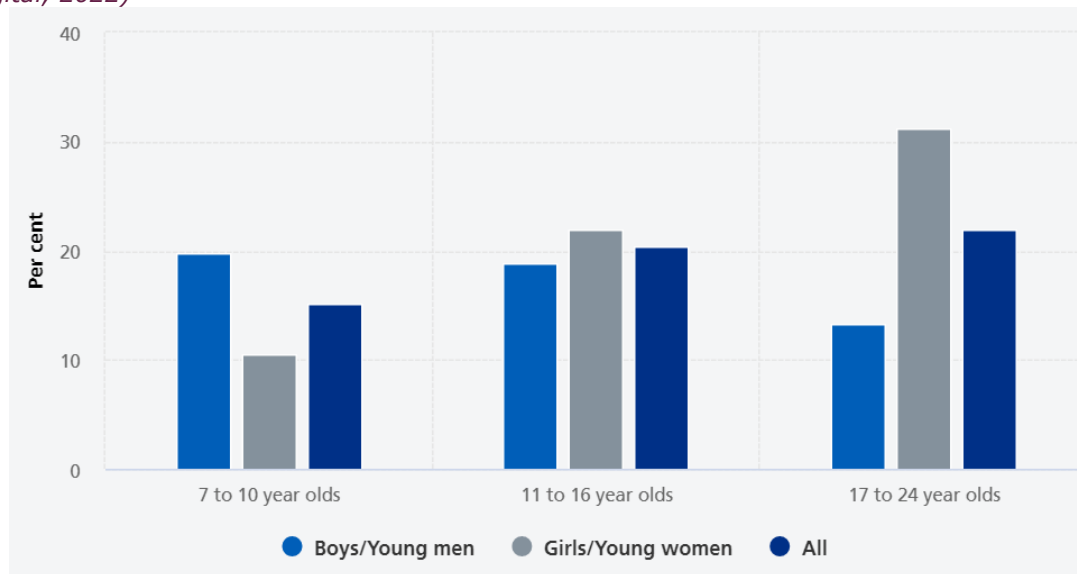
In terms of wellbeing, the 2022 Good Childhood Report by The Children's Society found that, for the 2019-20 cohort, children aged 10 to 15 in the UK were, on average, less happy with their life as a whole, friends, appearance, and school than in 2009-10. In 2022, more children aged 10 to 17 were unhappy with school than with any other aspect of life explored in the research. How much young people were listened to at school was found to be most strongly related to their happiness with school in general.

Furthermore, particular groups of children in full-time education were found to be less happy with school; including girls, those in secondary education (key stages 3 and 4), and those living in families they thought were not 'well off' (The Children's Society, 2022). The Department for Education (DfE)'s State of the Nation 2022 research report into children and young people's wellbeing also found that "the percentage of those with low happiness with family and friends remains at elevated levels compared to before the pandemic and increases in loneliness were evident through the 2021/22 academic year" (2022b).

From 2020 to 2021 there was a record 134% increase in the number of children and young people being referred to mental health services for support (Royal College of Psychiatrists, 2021). However, long waiting lists for support from sources such as CAMHS mean that children and young people's needs are often going unmet. A 2022 survey by the charity Young Minds reported that more than one in four young people (26%) said they had tried to take their own life as a result of having to wait for mental health support. More than four in 10 (44%) waited over a month for mental health support after seeking it, and almost one in 10 (9%) young people were turned away, highlighting concerns that robust additional support from other sources is essential.

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3.2   Schools under strain: supporting mental health and wellbeing in schools.

The education sector has undoubtedly felt the impact of the growing mental health crisis in young people. According to the DfE's State of the Nation 2022 report into children and young people's wellbeing, most children and young people agreed or strongly agreed that adults at their school were interested in their wellbeing (DfE, 2022). A recent National Association of Head Teachers (NAHT) poll of 1,130 school leaders and teachers found that self-harm, suicide and eating disorders have become increasingly common among students (Nuffield Trust, 2022).

Rising needs as a result of COVID-19-related school closures and social isolation have placed greater pressure on already stretched teaching staff, as well as mental health services for young people in England (Commission on Young Lives, 2022). Government initiatives such as the introduction of Senior Mental Health Leads[3] in schools highlight an increased recognition of the importance of providing holistic mental health support systems for young people, which extend beyond the work of professional mental health practitioners.

However, there is still significant work to be done in this space. A National Education Union (NEU) survey from April 2023 found that around half of respondents reported no nurse, senior mental health lead, or trained mental health first aider in their school, with one commenting: "so many children are struggling, and we are not qualified to help them as much as we want to" (NEU, 2023).

Nevertheless, the protective influence that schools can have over supporting wellbeing and strengthening mental health should not be overlooked. Developing strong support systems and a school-wide ethos that values protecting mental health, as well as promoting social emotional learning, are ways in which schools can bolster young people's wellbeing and resilience and adopt a preventative approach to critical mental health cases (Granada, Hallgarten, Hasset, 2022). For this reason, it is important to look at the role that professional development can play now and in the future in equipping existing school staff to support young people with their mental health and wellbeing, alongside the help available from the health sector.

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[3] Designated Mental Health Leads are expected to coordinate support, provision, and implementation of evidence-based approaches to mental health and wellbeing in children and young people, as well as striving to promote greater readiness to learn. It is expected that staff with prior experience in safeguarding, mental health support or understanding of SEMH needs will receive training and qualifications to enhance their practice.

3.3 Various shapes and sizes: models of mental health.

There are a number of perspectives that can be taken when seeking to understand. the spectrum of strategies to support mental health. For the purpose of this review, we base our discussion on Davidson, Campbell, Shannon & Mulholland's (2016) categorisation of mental health models. The authors explain that there are three main models informing theories and practice around mental health. These are the bio-medical model, the psychological model, and the sociological model. The theories and practice stemming from each model are informed by the areas of knowledge covered by the specialist. Details of these models are as follows:

Mental health model	In practice
Bio-medical: mental health is approached from a biological and medical understanding, and identification of a 'pathology', 'disease' or 'disorder'.	This approach involves identifying signs and symptoms, diagnosing disease, and prescribing treatment aiming to ease the symptoms or cure the disease. Most commonly, this approach would be taken by psychiatrists.
Psychological: mental health is understood from schools of psychological thought and practice. Psychological models allow for multiple causes of mental health problems but favour dialogical or therapeutic approaches to support individuals in resolving their difficulties.	This approach involves describing and explaining the problems of individuals, drawing from various schools of therapy and psychological thought, to reach a 'formulation' of the difficulties. The 'formulation' provides a structure for addressing the individual's distress in a therapeutic manner (p.24), aiming to resolve the conflict or difficulty. Most commonly, this approach would be taken by psychologists, therapists, and counsellors, and mental health practitioners.
Sociological: mental illness and health are constructed and contingent upon "social, political and economic factors" (p. 40). The sociological model examines a number of causes which influence mental health, including social causes and responses, contexts and politics.	This approach involves understanding the interaction between the identities of individuals and the communities they are immersed in, and how the processes of mental health occur. It requires a holistic approach to dealing with the mental health needs of individuals, families, and communities, and seeks to understand the interplay between a range of social factors. Most commonly, this non-therapeutic approach would be taken by practitioners working with vulnerable people, or members of a community. Public Mental Health approaches adopt this model for promoting wellbeing and preventing mental illness.

In addition to the models above, it is worth discussing the mental health ecosystems model. In this model, an individual's wellbeing depends on six levels of influencing factors, including personal, relationships, organisations, communities, policies, and the wider societal context. By analysing the context of mental health and wellbeing systems, policy makers are empowered to make decisions in response to local conditions influencing unique mental health needs (Furst, Bagheri and Salvador-Carulla, 2021).

3.3.1 Which model fits best in schools?

There is a wide range of mental health-related training and development available to school-staff and practitioners working with young people. Some of this provision tackles improving staff's understanding of just one or a few specific facets of mental health. These are most likely to be focussed on addressing areas of mental ill-health. Equally, we understand that practitioners' approaches will look different depending on the model of mental health their qualifications focus on. However, the bio-medical/psychiatric, or psychological/therapeutic practices (such as talk therapy or counselling) tend to be more appropriate to the work of health and mental health practitioners and may be challenging for school staff to deliver alongside their other responsibilities. Therefore,

the range of courses explored in this review can be classified as developing practice from the sociological model, with a public health understanding of supporting mental health.[4]

In recent work, The Centre for Education and Youth has advocated for whole-school approaches to improving social emotional learning, wellbeing, and mental health in students (Granada et al., 2022). This follows sector-wide guidance on creating consistent, reliable, and predictable environments where children and young people are able to respond to changes through interventions. In 2017, the DfE's Green Paper signalled the value of a focus on school-wide commitment to mental health and wellbeing. Overall, whole-school approaches aim to create environments where all actors in a school are working together to promote an agreed approach to mental health and wellbeing. For this reason, this review will emphasise how senior leaders can develop in ways that help them implement strategies across their school as a whole.

3.4 Equal parts of a whole: developing a whole-school approach

Both research and guidance from the Department for Education (DfE) on supporting mental health suggest that an evidence-informed, whole-school or college approach can improve young people's wellbeing and, in turn, boost attendance and attainment. Together with the Office for Health Improvement & Disparities (previously Public Health England), the DfE has recommended eight principles for a whole-school or college approach to mental health and wellbeing, which includes "staff development to support their own wellbeing and that of students" (2022a).

Figure 2: Eight principles to promoting a whole school or college approach to mental health and wellbeing (Public Health England, 2021)

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[4] Here, we understand public health to mean the overall health of the population as a whole, especially as the subject of government regulation and support.

As part of a whole-school approach, high-quality professional development can act as a protective factor for children and young people's mental health, as well as equipping staff with the tools to provide support in the face of challenges. Although schools and colleges play an important role in helping to promote student mental health and wellbeing, it remains important to acknowledge that their contribution should be viewed as one part of a wider multi-agency approach, alongside children's social care, NHS and other local services, and support from voluntary and community-sector organisations.

Children's charity the Anna Freud Centre has also developed a widely referenced five-step framework for creating Mentally Healthy schools that "adopt a whole-school approach" to mental health and wellbeing (2022). This again reflects the importance of creating a network of support, through partnerships across senior leaders, teachers and school staff, parents, carers, and the wider community.

The overarching principles of this framework are to begin by:
1. Leading change.
2. Working together.
3. Understanding need.
4. Promoting wellbeing.
5. Supporting staff. [5]

Whole-school approaches and the DfE's 8 principles are widely referenced across training for Senior Mental Health Leads. Sarah Hannafin (2018), senior policy advisor at NAHT, explains that Senior Mental Health Leads should:
1. Contribute to promoting good mental health and emotional wellbeing through whole-school plans and embedding mental health and wellbeing learning through PSHE.
2. Play a key part in identifying emerging needs of students ensuring staff are able to recognise signs and symptoms of mental health needs and have clear steps to follow should concerns arise.
3. Be in position to refer students to health professionals for specialist support and treatment, having a clear process to follow, fostering links with specialist mental health services, and being aware of local and national support.
4. Support the learning environment of students with mental health needs by ensuring staff are able to manage these in class, and ensuring relevant information is shared across staff.

The DfE is encouraging schools to access quality-assured training for Mental Health Leads, which is offered by a wide range of providers.[6] The DfE is working with the Carnegie Centre of Excellence for Mental Health in Schools as its Quality Assurance partner.[7]

There are different courses available, pitched at varying levels of expertise, divided into Beginner, Intermediate, Advanced and Expert. This review is not limited to Mental Health Lead training but does include courses set at Advanced or Expert level, as there are currently strong incentives from the DfE to have as many schools adopt a Senior Mental Health Lead as possible. We expect this to affect the landscape of mental health support and, therefore, have focused on examining a range of these courses.

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[5] Mentally Healthy Schools: a whole-school approach
[6] See full list on:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1145949/DfE_assured_senior_mental_health_lead_training_courses_March_2023.pdf
[7] Carnegie Centre of Excellence for Mental Health in Schools

3.5   The CPD market: review of currently available Advanced Continuing Professional Development (CPD) courses.

For this review, we have collated a list of 12 courses available to teaching staff of varying seniority levels [8]. We limited our review using clear inclusion and exclusion criteria and have only included courses that:

- Offer training at the DfE's advanced or expert levels.
- Are eligible for the DfE's mental health leads funding or award a level 2 or above qualification.
- Involve over 10 hours of training contact.
- And/or require some form of assessment for certification.

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[8] The following references to courses represent The Centre for Education and Youth's summary of the programmes, based on information and marketing resources available online.

Advanced Continuing Professional Development (CPD) courses

Name	Organisation	Purpose	Available to	Duration and Mode of Delivery
1. PG Diploma / MA in School Leadership of Mental Health and Wellbeing (DfE level: Expert and System leadership)	Leeds Beckett University & Minds Ahead	To draw on expertise from school leadership and teaching, organisational change, child therapy, education psychology and social work. Aiming to develop the knowledge, confidence, independence, and leadership skills to provide effective mental health support for all students.	Members of the senior leadership team to be able to lead mental health across their school or college.	1-2 years (Part-time). Online.
2. PG Dip / MA in School Mental Health Specialist Programme (DfE level: Expert and System leadership)	Minds Ahead, Accredited by Leeds Beckett University	To adopt a public mental health, sociological, approach to mental wellbeing and provide practitioners working in schools and colleges with a thorough understanding of the theory and practice of evidence-based strategies to support children, alongside reflective supervision throughout the programme.	Experienced school staff working in supporting students in their school or college.	PG Dip: 2 years (Part-time) & MA: 3 years (Part-time). Online.
3. Embedding a Strategic Approach as Senior Mental Health Lead (DfE level: Advanced)	Carnegie Centre of Excellence for Mental Health in Schools	To embed protocols, develop stringent referral pathways, understand what assessment tools to use, and then how to interpret them.	Experienced and established senior leads for mental health who have been in post for a number of years.	10+ hours. Blended.
4. Certificate in Advanced Designated Mental Health Lead (DfE level: Advanced)	The National Network of Mental Health Leads	Required mental health lead training and applied to the broader school ethos, culture, and staff wellbeing, in addition to student mental health.	Mental health leads for a school or college. The senior mental health lead is established in their role and/or has completed comprehensive senior mental health leadership training prior to coming on this course.	20+ hours. Blended.
5. Senior Mental Health Lead Training – Strategic Leadership (DfE level: Advanced)	Progressive Minds Associates	Practitioners will develop both a strategic and operational approach to a whole school approach to Mental Health and Wellbeing.	Established mental health leads.	20+ hours. Blended.
6. Designated Senior Mental Health Lead (DfE level: Advanced)	YMCA Trinity Group	To develop skills to effectively monitor and evaluate provision, and/or to sustain a long-term strategy that involves others.	Experienced senior mental health leads looking for additional support in certain areas of the whole school approach.	10+ hours. Blended.
7. Implementing a sustainable Whole School Approach to Mental Health (DfE level: Advanced)	Innovating Minds	To develop skills to evaluate current provision, create an action plan, access resources, and strategically implement solutions that will support the school community's mental health.	For established mental health leads.	10+ hours. Online.
8. Supporting young people's positive mental health across Nottinghamshire and Nottingham City (DfE level: Advanced)	NottAlone	To develop skills to evaluate current practice in light of 8 principles of Whole School approaches, planning a bespoke programme for support to school.	For established senior mental health leads.	10+ hours. Online.

9. Level 4 Award in Supporting Children and Young People with Social, Emotional and Mental Health Needs	Gateway Qualifications	To equip staff in educational settings with the knowledge and skills needed to effectively support learners from vulnerable groups. These qualifications are designed to help staff work effectively with diverse learners to increase their chances of reaching their full educational potential.	Staff in roles with some responsibility for supporting learners from vulnerable groups.	60 hours. Online.
10. Level 4 certificate in Mental Health Aware Leadership (RQF)	Open Awards	This qualification will enable leaders within education, workplace or service provider settings develop the knowledge and skills to specialise in supporting mental health within their own workplace setting. It is designed to help them develop leadership skills that link directly to mental health and wellbeing priorities for employers and employees. It focuses on the relationship between staff wellbeing and their ability to support students' wellbeing.	Staff with experience of working within the appropriate setting e.g., education; service provider; or a workplace and will need to be in a leadership role suitable to the assessment criteria covered.	200 hours. Online.
11. Level 3 Award in Mental Health First Aid	Mental Health First Aid England & Royal Society for Public Health (RSPH)	This is a training programme that teaches participants how to identify, understand, and respond to signs of mental illness and substance use disorders. It is available to both teachers and non-teaching staff.	Anyone who works with, lives with, or supports young people aged 8-18.	14 hours. Blended.
12. Mental Health: Working with Children and Young People (15 PG credits)	The Open University & Future Learn	This post-graduate certificate will support those working in health, social care, and education to develop essential skills to understand the mental health issues experienced by children and young people, and the interventions that can help to address them. With a focus on children and young people's developmental stages and social environments, learners develop their understanding of theory and practice to identify and implement appropriate support strategies.	Those working in health, social care, and education.	12 weeks. Online.

We are also aware of other types of training available, such as a wide range of comprehensive introductory courses to mental health and wellbeing, and condition-specific courses focusing on topics such as ADHD, SEND, stress and anxiety, and depression. While it is outside the scope of this project to fully detail all courses available, we know that school-based staff (both specialist and non-specialist, teachers, and non-teachers) can and do access these types of mental health-related training and development courses as a general part of their practice.

The CPD list above covers a small group of key courses available to school staff that promote better mental health and wellbeing for children, young people, and the wider school community. It showcases examples of courses aimed at teachers and leaders who are already involved in some form with supporting student mental health. It is worth noting that in doing the review, we looked at the publicly available marketing summary or prospectus for the courses identified, and they may cover other details that have not been mentioned in this list.

3.5.1 Advanced Continuing Professional Development (CPD) course review: analysis

The findings of this rapid review highlight some common characteristics, content overlaps and gaps existing in the courses on the list.

A senior mental health lead

First and foremost, the five DfE-assured courses for mental health leads (#3-8) promote having a member of staff who acts as a coordinator and monitors mental health provision for all students in the school. Regardless of whether the courses are part of the Mental Health Lead programme, there is value in having a member of staff leading mental health support initiatives in schools. In the case of courses #3-8, the work of this individual is not solely focused on those students who are experiencing social, emotional, and mental health (SEMH) difficulties at a given time and, therefore, involves developing strategic, overarching outputs, as well as monitoring and evaluating current provision.

Knowledge of mental health issues and corresponding support

Those courses with over 30 hours of taught content (#1, 2, 9, 10, 12) focus on developing participants' knowledge of a range of mental health issues, from theory to practice, and aim for them to become able to identify the correct course of supportive action. There is a clear distinction between shorter courses, and those with the time available to develop an in-depth understanding of different experiences of mental health needs. These courses also involve an action-focused aspect, enabling participants to examine the needs of young people and staff around them, and identify what actions must be taken. The advantage of having longer courses is that contact time is sufficient to cover informative content, as well as practical strategies to develop in staff member's individual contexts.

Tailored support

Only two of the 12 courses make specific reference to critical needs, with course #9 focussing on how to support learners from vulnerable groups and work with students from diverse backgrounds. This shows a wider understanding of the interplay between diversity, educational needs, and mental health needs. Similarly, course #11 empowers teachers to provide First Aid in mental health. This course is focused on direct intervention with students, rather than influencing whole-school approaches, meaning that part of its content involves teaching how to identify, understand and respond to signs of both mental illness and substance use disorders. Although there is a balance to be struck in developing the ability to build supportive environments for mental wellbeing, focus should involve practical examples of how to provide mental health first aid.

Referrals

Finally, only the Minds Ahead Mental Health lead course (#3) makes an explicit reference to training teachers in developing and enforcing referral systems. Similarly, only the Gateway Qualifications Level 4 Award (#9) references the influence that staff wellbeing has on overall whole-school mental health and wellbeing.

Gaps in provision

There are some emerging gaps that warrant further consideration. Firstly, more could be done to ensure high-level training for mental health support explicitly dedicates time to how schools can engage with external mental health services, and advocate for closer involvement in referrals and assessment processes. It may also be valuable to further discuss why more courses do not focus on what whole-school approaches can do to respond to the influence of politics, social issues, racism, sexism, and other issues involving young people's individual identities.

4   Deep dive: the current CPD landscape

The expert group examined three examples of CPD currently on offer to school staff, looking for strengths, weaknesses, and gaps in what the training course sets out for learners[9]. This exercise enabled us to highlight where current practice is strong and identify areas that future training could improve on. Below, we present the three example CPD courses examined by the experts and their reflections on them.

4.1   Case study 1: School Mental Health Specialist PGDip/MA by Minds Ahead and Leeds Beckett University

The purpose of this programme is to provide a school mental health lead with the tools to adopt a public mental health, sociological, approach to mental wellbeing. By receiving coaching and mentorship, the course provides practitioners working in schools and colleges with a thorough understanding of the theory and practice of evidence-based strategies to support children, alongside reflective supervision throughout the programme.

Strengths

The expert group identified several strengths, some related to the strategic development element of the course, and others related to the content.

- **Strategic elements**: this PG Dip/MA course prepares participants to make decisions that can be enforced in the long term. In doing so, it ensures that mental health practice in schools can grow in a sustainable manner.
- **Building networks**: the programme encourages mental health specialists to network and engage with colleagues from different educational settings and phases. By doing this, participants are exposed to real examples of practice, and have access to a network of support and guidance. The expert group highlighted cross-phase networking was sometimes helpful, but less so for settings like FE providers. Practitioners working in FE often benefit most from talking to people who face the same setting-specific challenges, such as supporting young people across both child and adolescent and adult mental health services.
- **Evidence-based**: this programme is rooted in evidence-based approaches and is supported by up-to-date research in education. This ensures that participants gain a robust understanding of mental health, the school environment and how it impacts on young people and staff, as well as how to act as lead in supporting mental health.
- **Flexible for different roles**: the expert group felt this course was "helpfully ambiguous" about who may fit into the role, ensuring participants have access regardless of their status within their school, while still benefiting from mentorship and supervision. This ensures participants are supported by course leaders as they go through the programme.
- **A protective and preventative focus**: the course addresses protective factors for mental health and wellbeing, how to engage with parents and carers, and how to engage with external services. Therefore, the programme provides a holistic

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[9] The case studies represent The Centre for Education and Youth's summary of the programmes, based on information and resources available online.

understanding of the factors influencing children and young people's wellbeing, and the advantageous but limited position of schools.

Weaknesses

The expert group identified one weakness.

- **Guidance on securing buy-in** this course could be stronger in preparing participants to secure full buy-in from their school colleagues. Some members of the group highlighted that school mental health specialists may complete the programme and have all the tools necessary to propose helpful strategies but lack the decision-making power in their schools to ensure these are properly accepted and embedded. It is a requirement of the course that the Headteacher agrees to their staff member participating and, additionally a member of SLT agrees to serve as a mentor to the participant throughout the course. However, the course could offer further guidance on what to do if they face an environment where other senior leaders and other staff are not supportive of their intended actions.

Gaps

The expert group highlighted some gaps in the course content:

- **Educational research**: the evidence base of the course should include more educational research. Given that specialists will be working within educational settings, more emphasis should be given to research that focuses specifically on the science of learning, and the psychology of students. This could lead to a programme that is centred around the psychology and wellbeing of learners.
- **Adapting and make use of behaviour systems**: this programme could provide more guidance on how school staff can ground behaviour policies in an understanding of mental health and wellbeing and their impact on readiness to learn. This would help to ensure school rules support rather than impair student wellbeing.
- **Articulating different models of mental health**: the expert group identified that by standing firmly in a public health approach, there could be a disconnect between course participants and external mental health practitioners. The programme currently intertwines theory and practice from a range of sources. There is a risk of school-based approaches conflicting with clinical or therapeutic approaches and this could negatively interfere with existing services providing support to young people in and out of school.
- **Preparing for change**: the programme does not seem to advertise how to ensure the wider school environment is receptive to change, for example how to secure commitment and buy-in from parents and carers.

4.2   Case study 2: Working with Children and Young People in Mental Health (15 Postgraduate credits) by Future Learn and The Open University

The purpose of this post-graduate certificate is to support practitioners working with children (in health, social care, and education) to develop essential skills to understand the mental health issues experienced by children and young people, and the interventions that can help to address them. With a focus on children and young people's developmental stages and social environments, participants develop their understanding of theory and practice to identify and implement appropriate support strategies.

Strengths

The expert group identified key strengths, specifically related to the breadth of content, and the balance with the relative brevity of the course.

- **Comprehensive definition of mental health**: it covers human brain development, child development, the impact of significant people, as well as covering the main aspects of a range of conditions, and the associated behavioural issues. It addresses some of the interactions between SEND and behaviour, and discusses issues of gender identity, sexuality, race, loss, and bereavement.
- **Presenting a balanced, holistic picture of mental health**: this course portrays a full picture of mental health. It allows learners to gain a rounded understanding of mental health and associated conditions, side-stepping the likelihood of stigmatisation or othering that may occur because of pathologizing poor mental health.

Weaknesses

The expert group identified key weaknesses in this course.
- **Too short or too long?** Some concerns were raised at the expert group regarding the brevity of the course. Although this could be seen as a strength, as it means more practitioners could access the course, it can also be seen as a weakness, not allowing enough time to develop strategies to support mental health.
- **Lacking a focus on protective factors**: there is no mention of how to promote wellbeing and good mental health. This, in addition to the course's focus on the use of diagnostic tools, hints at a clinical understanding of mental health. There is a risk that the course falls into the trap of addressing mental health needs only, rather than highlighting the importance of maintaining positive wellbeing.
- **Building on learning**: there were questions raised about the limitations of the programme. Having reached the end of the 12 weeks, would participants have access to resources or networks that they can draw on? Are they being set up to develop sustainable and long-term changes to their practice?

Gaps

The expert group highlighted some gaps in the course design:
- **Fitting into a wider context**: it is not clear if this unit is part of a bigger programme. Once participants gain their post-graduate certificate, how can they continue to grow in their mental health practice?
- **Side-lining good mental health and wellbeing**: there is no discussion of what is good, every day mental health. By focusing on diagnoses, and the resulting behavioural changes, the course excludes the day-to-day needs that children and young people may have, without suffering from specific mental health conditions. This creates a risk of what was described earlier as the 'missing middle' of young people in need but not in critical, urgent need.
- **Missing voices**: there is no mention of students or young people's participation either as participants develop in their practice, or in the course design. Is this an area that future courses can delve into, by advocating for youth voice when developing content to support young people?
- **Teacher exclusivity**: in not being exclusive to school staff, the course misses out on providing guidance to practitioners around how to navigate behavioural.

problems within school systems, and how to effectively provide support within the opportunities and limitations of an educational settings.

4.3 Case study 3: Senior Mental Health Lead Training – Strategic Leadership by Progressive Minds Associates

The purpose of this course is to enable established mental health leads to develop both a strategic and operational approach to a whole school strategy for supporting mental health and wellbeing.

Strengths

The expert group identified a few key strengths to this programme.
- **Auditing school practice**: the course begins with participants carrying out an individual audit of practice and establishing a baseline of mental health provision in their setting. The programme, therefore, encourages mental health leads to suggest changes and make strategic decisions based on site-specific needs and their status within the school. The practices developed by mental health leads are entirely tailored to their school or college setting, and it responds to the real-life context of the children and young people in their care.
- **Evidence-base for public health**: as it is based on a public health approach, the programme ensures its content is rooted in evidence. By fostering a strategic approach to implementation, that is also rooted in research, the course gives mental health leads the tools necessary to encourage SLT buy-in.
- **Leadership development**: It also promotes a school-wide understanding of what it means to have leadership in mental health and wellbeing in school settings and provides an understanding of the scope of responsibilities and freedoms that should accompany the school mental health lead role.

Weaknesses

The expert group identified two weaknesses to this programme.
- **Sustainability**: concerns were raised at the expert group regarding the continuity of the effects of this programme. It provides a strong starting point for mental health leads to develop strategies, but it focuses plans on a short-term, in a context-dependent sense. There is room for programmes such as this to dedicate more time to exploring strategies supporting the sustainability and growth of mental health support plans, beyond the scope of the immediate action plans.
- **The real value-add of support networks**: the course advertises that practitioners will gain access to 'support pods' where mental health leads will access networks of like-minded practitioners. However, and based on the expert group's direct experience, people often join these networks and fail to find immediate answers or solutions, and thus abandon the group once the training has been completed. Where courses such as this are counting on creating networks for shared practice and support, organisations should actively monitor and nurture the relevance of networks over time to ensure they are fit for purpose.

Gaps

The expert group highlighted one key gap in the course design.

- **Securing buy-in from the wider school community**: despite being offered as a course to develop strategic leadership, the course content fails to mention how to "win the hearts and minds" of the wider school community. It focuses on the actions that can be taken by the mental health lead, but it does not provide guidance or suggested activities to ensure that all staff are encouraged to follow through, and to join in as actors supporting a shared cause.

5 How can mental health professional development and training for school staff be improved in the future?

In providing support for young people's mental health, schools cannot do it all, and cannot work on their own. There is an opportunity to define and shape the contribution of the school when it comes to mental health, so that it is complementary to other support mechanisms. The 12 examples of continuing professional development identified in our rapid review highlight a range of current areas of need in terms of upskilling school staff. As stated earlier, we focused our analysis on longer-term courses, as we believe this to be a proxy for the underlying understanding of what mental health practitioners are supposed to develop into, but we recognise that shorter and more informal courses are likely to be more popular and accessible to teachers.

When exploring the question of how training can be improved to help create school environments where staff and students thrive, there is room to further examine the sources or influences behind young people's mental health challenges, and understand how whole-school approaches, knowledgeable practitioners, and a community-wide commitment to children and young people's mental health can help. It is also necessary to consider the needs of school staff, the current professional development offer, and how these fit into the wider context of accountability and support available to schools.

These overarching themes were discussed in our expert group. Bringing together a range of expertise, experience and sector knowledge, the group of experts was able to provide high-level insights into the current state of professional development, and what they expect will be necessary to improve it in the future.

In the interest of supporting evidence-based approaches, we must also highlight the EEF's recommendations for professional development design (Collin and Smith, 2021).

These are:
1. To focus on the mechanisms of practice when designing and selecting content for professional development.
2. To ensure that professional development builds knowledge effectively, that it motivates staff and develops techniques, and that it embeds practice in the long term.
3. To implement professional development programmes with care, taking into consideration the context and needs of the school.

These recommendations are also echoed by Joanne Tiplady, curriculum, and research lead at The Education Alliance (TEAL), who emphasises that staff CPD must not add unnecessarily to staff workload or eating into staff time or be unrelated to personal experiences to ensure effective uptake. This is also an argument in favour of case-by-case, shorter courses accessible to more people.

5.1 The road ahead: what do staff need?

School staff are the recipients of professional development and the main actors in providing day-to-day support to young people, therefore we must consider what they need from professional development and training, and what is not being addressed by the existing offer.

1. A clear and consistent understanding of mental health and the role of the school

There is a lack of consistency in the understanding of and knowledge around young people's mental health needs across the school community and the role of the school in supporting these. The expert group observed that creating and maintaining robust systems and strategies to support young people's mental health is challenging without a shared understanding of what underpins good mental health, what struggling with mental health looks like, and what support can be put in place within a school to support young people.

For the expert group, future training and development for all school staff must aim to portray a cohesive, evidence-based picture of young people's mental health that articulates the relationship between wellbeing, community, school connectedness and learning.

However, focusing solely on good versus poor mental health is too simplistic. Professional development and training should also emphasise the profound positive impact of developing resilience in students and how focusing on social-emotional skill development can aid schools in achieving this (Granada, Hallgarten & Hasset, 2022).

Moreover, there is a patchy understanding amongst school staff of the overlaps between mental health and special educational needs and safeguarding, leaving staff at risk of generalising, or focusing their support only on critical cases that require specialised intervention. With an incomplete picture of social, emotional, and mental wellbeing, schools risk creating a 'missing middle' of young people who are facing barriers and challenges daily but not requiring urgent, specialised support. Inevitably, these needs then go unmet. As frontline workers, school staff occupy a prime position to help all children and young people to develop preventative strategies that support them to manage and work through challenges.

2. Ongoing, up-to-date, and relevant training

Secondly, school staff are not receiving ongoing, up-to-date training in mental health. The time and resources invested in school mental health professional development are often limited to a few key people. This leads to two crucial challenges:

1. *Effective support is modelled by a few leaders, while support provided by other staff is not consistent.*
   The expert group highlighted that the ways in which individual teachers react to mental health concerns or immediate needs depends greatly on those teachers' understanding of mental health and understanding of their role in supporting young people. In other words, teacher buy-in, skill level and confidence will vary from individual to individual and therefore, so will the quality of the support they provide.
2. *The knowledge of mental health support supervision is susceptible to staff turnover.*
   When the responsibility and skill lie with only a few key people, once those people

leave, the school is in a position where it loses out on expertise and insider knowledge, limiting the sustainability of interventions.

In light of this, one expert group participant put forward an argument for integrating up-to-date general information on mental health, evidence-based strategies for identifying students experiencing difficulties and providing effective support, into yearly routine inset days of statutory guidance, via a module that is aligned with safeguarding training and Keeping Children Safe in Education. Having a range of training, at various depths of study, and for different colleagues' roles in school, will ensure training is appropriate for the range of school staff.

3. Training that supports increased confidence

A key area for improvement is staff confidence. A lack of confidence in managing young people's mental health may result from three main issues:

1. *Lack of awareness or understanding of mental health needs and strategies for support:* Due to patchy or infrequent training as described above, some staff may feel ill-equipped to respond to a young person's mental health needs, or unsure of how to signpost to additional support.
2. *Fears around risk and accountability:* School leaders should provide training and support to school staff to ensure they fully understand their level of responsibility for identifying risks and responding to young people's mental health and wellbeing needs. School staff will need to know the scope of what they can support children with and what is beyond the remit of their role.
3. *Confidence in working with different families, cultures, values, or attitudes:* Staff should be supported to develop and apply uniform strategies to navigate relationships with families and the wider school community that reflect British values and the school ethos, while maintaining respect for diversity.

4. Emphasis on looking after their own wellbeing.

Finally, school leaders should prioritise staff wellbeing. When staff can work on their resilience, manage their emotions, and develop strategies to enhance their own wellbeing, they will be able to support those students struggling with mental health issues more effectively. Training in supporting mental health should begin with information on how to support one's own mental health and to implement strategies to help with the relationship-building and trust needed when supporting young people with sensitive issues.

5.2 Potential risks: barriers to accessing professional development.

Staff professional development is often a point of contention in schools. School leaders must weigh the costs and benefits regarding school resources, financial burden, time constraints and overall teaching staff responsibilities. This means that staff face barriers to accessing professional development.

1. Funding and time

One of the main barriers the expert group highlighted was a lack of funds and time to access training to provide support effectively, and when there are resources available, these are given to one or two key people in the school community. This results in a larger group of school staff who miss out on development opportunities due to funding constraints. Similarly, school leaders often must sacrifice staff professional development in the face of tight schedules and a lack of resources to cover for teachers' absences.

Additionally, staff who do access high quality training need senior leaders to cultivate time and offer the support required to pass on what they have learned or roll out whole school strategies effectively. Minds Ahead has shown that staff will invest personally in high-quality, relevant, and accredited training, as many of their participants are self-funding the School Mental Health Master's programmes. Many of the participants are using the government Master's Loan, highlighting that school staff will make significant financial investments into their practice and career.

2. Senior leadership buy-in

The second biggest challenge that school staff may face is having buy-in from senior leaders. Staff who develop their practice and understanding often need the full support of the senior leadership team to be able to communicate learnings, make changes, or roll out interventions. If the designated staff member leading on mental health lacks support from senior leaders, they may not be able to do this effectively, and the changes they are able to make may not last over time. One expert group participant shared an anecdote of a strong mental health lead who "hit a brick wall time and time again" when asking for SLT support in rolling out a school-wide mental health strategy. Their frustrated attempts led to burn out, and eventually the staff member retired from the school, taking their knowledge and ideas with them.

3. Competing priorities for training

Another barrier to accessing professional development opportunities in mental health is that school staff face multiple priorities when deciding which area of CPD to focus on. Often, accessing CPD linked to their subject knowledge and their career progression is perceived as a more effective use of their limited time (Tiplady, n.d.).

Sometimes, teachers will favour subject knowledge development, as their performance is often judged against student attainment. Teachers already face a heavy workload, and when the responsibility of engaging with CPD is added, it may impact teacher satisfaction and wellbeing. Teachers may also favour subject knowledge development because they feel it impacts student attainment more directly, and school performance measures are often linked to students' results. Joanne Tiplady, curriculum, and research lead at The Education Alliance (TEAL), explains that effective CPD allows teachers to reduce their workload, and supports teachers in developing their knowledge (n.d).

4. Varying baseline knowledge and skills

Alongside this, school leaders may not have a complete picture of their staff's baseline skills when it comes to mental health and wellbeing support. It may be beneficial for senior leaders to 'audit' the skills of their staff to decide what appropriate training should look like and who it should be targeted at. One single training offer will not cover all topics or meet all needs. Senior leaders must understand that upskilling their workforce in supporting mental health is an ongoing process which will vary between members of staff.

Ultimately, teachers and school staff may intend to support children and young people in need but lack the time, resources, and clear, coordinated, and accessible strategies to do so. Once they can access training in this area, they face further responsibilities in disseminating their knowledge. They also must balance competing priorities, mainly centred around academic and attainment outcomes. Whether an intervention or a proposed change to mental health support for young people impacts on these other outcomes directly, may influence investment decisions.

Unfortunately, mental health often loses out under more tangible priorities, and ends up

being thought of as an add-on to learning, despite the evidence of its impact on attainment (e.g., Deighton, et al., 2019).

"It's really a neglected area of teacher training, there needs to be an understanding of the emotional availability to learn, and how it is fundamental for all differentiated, wonderful teaching practices, to have it have an effect."
Expert group participant

There is scope here for the Department for Education and Ofsted to shift priorities: by providing statutory guidance and supporting schools to prioritise fostering good mental health for learning, they may create the space and incentives needed by schools to devote time and resources to this mission.

6. Wider support

The section above outlined the barriers faced by schools to effectively prioritise professional development in mental health support, and to create long-lasting change in practices. In this section, we explore the role that other actors and stakeholders play in complementing the scope of action of schools, and defining how schools should be supporting children and young people.

6.1 Who should be involved? Government, leadership, and third-party stakeholders[10]

In response to the question of *Who should be involved in ensuring that gaps in training provision are filled?* the expert group ranked the following organisations by degree of responsibility:

Figure 3: Expert group ranking for levels of responsibility in ensuring gaps in training provision are filled.
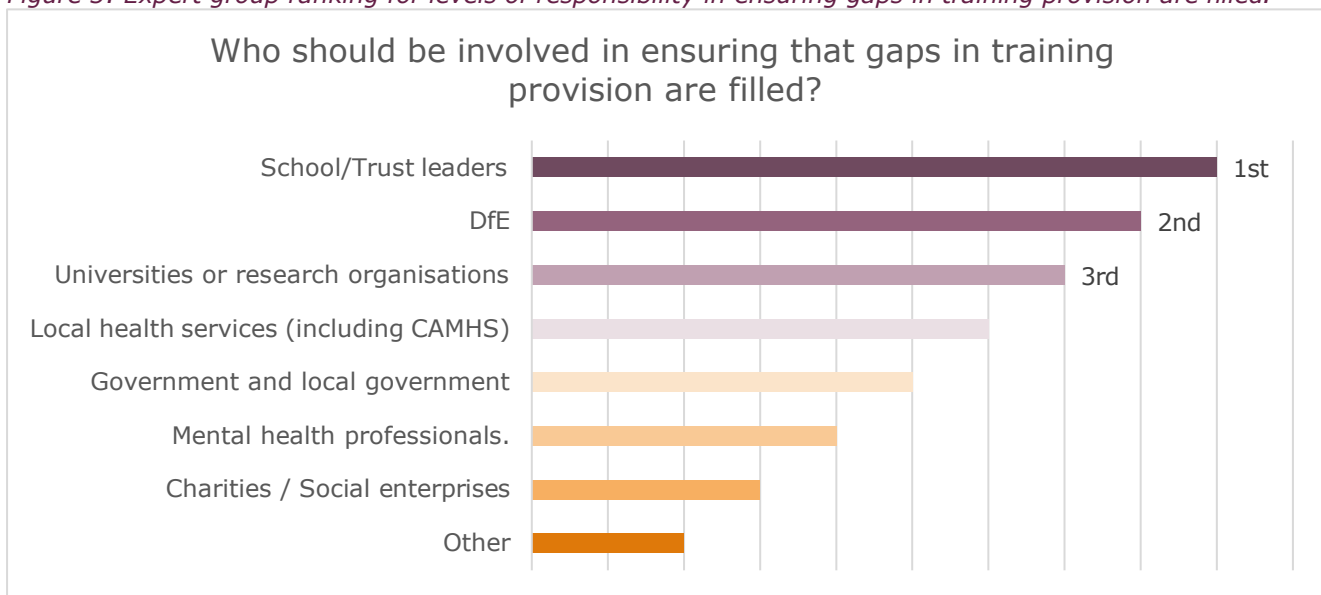
The experts suggested that School and Trust leaders, the DfE, and universities or research organisations came out top because schools are the main arena for action and, teaching staff, as frontline workers, are immediately influenced by them. These three actors identify, support, and set standards and priorities for schools and teachers.

Further, by focusing on creating supportive practices that originate in schools, but are encouraged by the wider network, the system can foster school ownership over all practices used in schools:

"If we start with external initiatives, there is risk the school doesn't own it, in a way that it makes it difficult then for those initiatives to thrive."
Expert group participant

In contrast, mental health professionals and charities came last because the group of experts felt that each discipline comes with its own goals, outcomes and specific mental.

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[10] Aside from the recommendations set out in 6.2, the expert group identified general approaches for how different actors in the system should fulfil their roles to create an environment where school staff, students, and the wider community can thrive. See Appendix B for the full list.

'Society should ensure that all children and young people make a fulfilling transition to adulthood.'

health model based on their practice and, therefore, have lower accountability and responsibility over designing future mental health training that is school focussed.

The ranking of responsibilities opens important considerations for evolving in the landscape in which school staff contribute to supporting young people's mental health and wellbeing.

1. Direct decision-making over school staff
School and trust leaders are placed in positions where they can determine staff availability, and whether they encourage development in staff-led whole-school strategies. Ultimately, the way teachers and other school staff can support children and young people depends on the immediate context and community.

Therefore, teachers' scope of action is intimately determined by whether school or trust leaders see mental health and wellbeing as worthy of prioritising.

2. Standards are set by top-level authorities.
However, as school and trust leaders are subject to targets and statutory expectations, they consequently depend on guidance and support from bodies such as the DfE to determine where to proactively dedicate time, energy, and resources.

3. Schools serve an undefine role in supporting children and young people's mental health.
This ranking also highlights that, alongside the importance of a chain of accountability for action supporting mental health and wellbeing across schools and other settings, there is a need for clear guidance that is grounded in evidence. The DfE, MATs and schools' leaders must clearly communicate expectations for supporting young people's mental health and wellbeing, while research and training providers should develop clear supporting guidance that is rooted in evidence, tailored to developing practice, and built on comprehensive understanding of mental health.

One participant highlighted that educational psychologists are underused in ensuring gaps in training provision are filled:
"I see educational psychologists as an underused resource. Educational psychologists are both internal agents of change because they know schools, and external agents for change because they are knowledgeable about school systems... If the [educational psychology] service has a good relationship with schools, they can provide guidance that addresses both critical and day-to-day needs." Expert group participant

The expert group participant considered that educational psychologists should come third, after the DfE and school and trust leaders. This reflection underlines a gap in the way schools are currently working with mental health practitioners, excluding key areas of expertise, and under-utilising insight into designing and implementing interventions.

The wider support network, including local health and youth services, charities, and mental health professionals, needs to continue to work in unison with schools, to ensure effective provision is available and accessible for all young people requiring intermediate and advanced support.

6.2 Key Recommendations

Based on the evidence and discussion above, we have identified a set of recommendations for the different actors involved to incorporate, to ensure that future mental health support in schools is done effectively, maintaining children and young people's best interests at the centre.

These recommendations arise from the need to define and shape the role that schools, and their staff should fulfil in the wider system of support for children and young people's mental health; the needs of school staff; and system-wide coordination towards a shared understanding of mental health, needs and ways of supporting children and young people.

Mapping the road ahead: providing guidance
The Department for Education and government should:

- Provide clear guidance on the expectations of schools in supporting mental health within the context of a wider service-provision system: defining what schools should be doing, and what is beyond their scope of influence.
- Provide training and resources for all school staff to help in identifying students who may be struggling with mental health difficulties. And design a clear, phased professional development landscape that is focused on promoting wellbeing, builds knowledge over time, and comes with the requisite funding incentives for schools to engage. There is scope for this to be integrated into Initial Teacher Training and ongoing support for Early Career Teachers, and to form part of the required yearly guidance for Keeping Children Safe in Education.
- Describe and communicate expectations on how to communicate effectively with Mental Health Support teams (MHSTs),[11] as well as other local support agencies, charities, and social enterprises.
- To continue to oversee Quality Assurance of available training courses, ensuring it is aligned with best practice and the latest evidence.

School and Trust leaders should:

- Provide clear guidance to school staff, ensuring that high-level mental health training explicitly dedicates time on how schools can engage with external mental health services.
- Prioritise development opportunities for all staff to grow in their understanding of mental health, protective factors, and supportive strategies.

Universities or training providers should:

- Ensure their CPD course offer is focused on practice and actions that school staff can take to support mental health, and that the course is designed with the EEF's four principles of designing effective professional development (Collin and Smith, 2021).

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[11] More information on MHSTs here: https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges#MHSTs

- Adapt Initial Teacher Training and support for Early Career Teachers to include greater emphasis on the mental health and wellbeing of children and young people, and actively seek to develop practice in this area.
- Where available, courses should focus on providing clear guidance and information on how to build effective connections with local Mental Health Support Teams as well as other local support services and could use real examples of effective ways to put the guidance into practice.

Local health and youth services should:

- Maintain an up-to-date understanding of the current guidance and practice in schools, to be able to identify local and general needs that are not being filled within schools.
- Take a proactive approach to improving schools' understanding of referral systems.
- Provide school contacts with an understanding of the thresholds for critical need that local health services use, so that school staff training can provide clear guidance on when to draw on wider local support.

Change is needed now: incentivising and prioritising training.

The Department for Education and government need to stress the importance of promoting good mental health, and that spending time on mental health support improves teaching and learning outcomes. Further, they should:

- Continue to incentivise mental health professional development in schools through additional funding.
- Provide guidance and support to schools and colleges to determine where to proactively dedicate time, energy, and resources.

School and Trust leaders should:

- Prioritise training and support to school staff to ensure they fully understand their level of responsibility for identifying risks and responding to young people's mental health and wellbeing needs.
- Give mental health training parity of esteem with subject specific training to encourage all school staff to engage with it.
- Follow government recommendations for prioritising professional development in mental health support.

Building nurturing environments: enhancing protective factors in school

School and Trust leaders should:

- Emphasise the profound impact of developing resilience within the school community as well as for individual students, and support teachers in encouraging social emotional development of children and young people.

Universities and training providers should:

- Ensure most courses on mental health include strategies on how to support student wellbeing and emotional health, alongside focusing on social-emotional skill development to aid schools in achieving this.

Charities, social enterprises, or local youth organisations should:

- Take advantage of their advocating positions to disseminate best practice, and secure buy-in from the wider school community, including parents and carers, working to encourage positive connections with the community.

More than just academics: incorporating young people's identities and wider experiences into evidence-based practice.

The Department for Education and government should:

- Portray an evidence-based picture of young people's mental health that articulates the relationship between wellbeing, community, school connectedness and the ability to learn to all school staff.

School and Trust leaders should:

- Design and implement whole-school mental health training that articulates the relationship between wellbeing, community, and the ability to learn.
- Recognise that there are additional, individual factors that influence mental health and impacting young people's lives, like racism, sexism, and other forms of discrimination and bullying, and embed this into support.
- Deliver training that builds staff's confidence in working with diverse families, cultures, values and/or attitudes. Schools should support staff to develop and apply uniform strategies to navigate these relationships.
- Where key members of staff have undertaken specialised mental health training, school leaders should use their understanding of the setting ethos and culture to adapt and implement strategies learned from training, to create sustainable change.

Universities or training providers should:

- Ensure that best practice and a strong evidence base are effectively communicated to the public, thereby influencing the narrative around best approaches to supporting young people's mental health and wellbeing in school environments.
- Continue research agendas that grow the evidence base for best practice.
- Support schools to collect meaningful data on mental health and wellbeing in schools, to ensure that future guidance is based on robust, comprehensive data.
-

Hit the bull's-eye: targeting training.

School and Trust leaders should:

- Identify school-level needs (both the needs of staff and students).
- Determine the requirements and desired skills to collaborate effectively with external providers.
- Liaise with external organisations to develop training, pilot interventions, and meet expected targets in this area of development.

Self-care: supporting staff wellbeing

School and Trust leaders should:

- Design or commission training in supporting mental health that begins with information on how to support one's own mental health and to implement strategies to help with the relationship-building and trust needed to support young people with sensitive issues.

A listening ear: incorporating youth voice.

Universities, training providers and charities or local youth organisations should:

Develop training and advocacy that is centred around young people's voices and opinions on their needs, and what they feel supportive practices in schools should look like.

7   Closing points

This rapid review of evidence and the available offer for school staff professional development highlights what is working well and identifies areas for improvement to ensure that schools support mental health and wellbeing effectively.

It builds on earlier work by CFEY and Minds Ahead which looked at the state of mental health in schools. The 2018 report suggested, among other things, that a new high-level qualification is needed for school staff to develop deep practice in mental health. This new rapid review has subsequently looked at this relatively new master's programme, alongside other CPD opportunities for school staff to analyse how things can be improved further.

Key leaders in the sector echo the sentiment that whole-school approaches –where there is a shared understanding of good mental health and wellbeing, and a shared commitment to ensuring young people thrive in schools– are fundamental to create lasting change. However, improvements in this area cannot happen in isolation, and this report shows that school staff must be supported and encouraged by school or trust leaders, who in turn need the endorsement of the government and regulatory bodies.

Understanding mental health and wellbeing as a public health matter means that all actors in the education sector can recognise their responsibility in developing practice to improve outcomes. The structure and content of available professional development courses is a key factor in this process. The emergence of accredited courses brings added benefit to participants and seems to increase interest in such programmes.

Previous research on what makes CPD effective, useful, and attractive to teachers in England suggests that courses should allow teachers to adapt their own teaching strategies considering updated knowledge gained from training courses, creating room for teachers to use critical self-reflection to develop their practice (Bartleton, 2018; Tiplady, n.d). These two factors are supported by the four principles of designing effective professional development in the EEF 2021 report (Collin and Smith, 2021):

1. Build knowledge by managing cognitive load, and using content that revisits prior learning.
2. Motivate staff by setting and agreeing on goals, presenting information from credible sources, and providing affirmation and reinforcement after progress.
3. Develop teaching techniques through instruction, ensuring social support, modelling best practice, making use of monitoring and feedback, and providing the opportunities to 'rehearse' developing techniques.
4. Embed practice by providing prompts and cues to ensure long-term application, prompting action planning, encouraging monitoring of performance, and prompting context-specific repetition to embed changes into routines and systems.

In this report, we have outlined why a whole-school approach to supporting children and young people's mental health is necessary and why now, given the growing crisis in mental health, is the right time to take stock of how teaching staff are being equipped to provide support.

In reviewing CPD courses available to school staff, we have identified the strengths and weaknesses of the skills in addressing and supporting mental ill health that are available.

to teaching staff. Further, we have highlighted some gaps where future mental health training can evolve into, to cultivate nurturing environments for children and young people to thrive in.

Future mental health training should:
- Include information and strategies to promote wellbeing and foster social emotional development and resilience in young people.
- Have a focus on how schools can adapt or modify behaviour systems to support students' wellbeing and learning.
- Incorporate youth voice into future planning and interventions.
- Include evidence from educational research in building nurturing learning environments, and model strategies using expertise from wider educational experts, such as educational psychologists, as suggested by a roundtable participant.

Alongside this, as teachers, school leaders and school settings are embedded in strong and complex accountability systems, any changes made towards the goal of improving students' mental health should involve all other actors.

As a final activity, the expert group described their vision of a school environment that fully supports mental health.

Figure 4: Word-cloud of the expert group's vision of a school environment that fully support mental health:

The word cloud above shows hopes for a future where mental health support is embedded in schools, focused inclusively on the whole child, aligned with leadership and community commitment, and backed by a wider, multi-layer support system.

8   Appendix A: Case studies[12]

8.1   Case study 1: School Mental Health Specialist PGDip/MA

Minds Ahead and Leeds Beckett University

Practitioners taking part in this School Mental Health Specialist programme can obtain a postgraduate diploma or complete a master's degree. The course is available part-time. It is open to all professionals working in education settings with students between the ages of three and 18. The programme is aimed at a designated member of staff who will become the school's mental health specialist. Through this qualification, practitioners will learn to proactively embed mental health support throughout their school and will work directly with children and young people.

The programme gives participants thorough training on how to apply the latest educational research and theories to their practice so that they can identify opportunities for improvement and make relevant changes to enhance support for the mental health of students in their school. Additionally, they receive access to a student mental health tracking and evaluation tool.

Throughout the programme, participants will receive supervision from an experienced coach, engage in reflective practice, and undertake structured study visits to observe high quality approaches to supporting mental health in other schools. All participants must have an assigned school-based mentor, such as a senior leader, who will support their participation and application of learning to the school. During the final stages of the MA programme, they are expected to attend study seminars and complete a dissertation.

The PGDip/MA covers a range of topics including:
- Promoting protective factors for good mental health and wellbeing,
- Early identification of mental health support needs,
- Supporting children and young people,
- Engaging parents and carers,
- Working with school staff and outside agencies,
- And sustaining and embedding positive mental health and wellbeing.

For those completing the MA, this includes access to a dissertation module and academic supervision.

As participants go through these course modules, they learn to apply this new knowledge to their own settings through assignments which involve planning and executing changes and interventions. In this way, the programme aims to have a direct positive impact on mental health provision in schools. Participants are also encouraged to develop strategic leadership skills, to help them work with colleagues to develop a whole-school approach to embedding mental health support into school life.

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[12] The following case studies represent The Centre for Education and Youth's summary of the programmes, based on information and resources available online.

8.2   Case study 2: Mental Health: Working with children and Young People (15 Postgraduate credits)

Future Learn and The Open University

This is a short-term course aimed at a broad range of education, health, and social care practitioners, including teachers, parents, youth workers, and nurses. It lasts 12 weeks and is offered online to allow flexible learning. The course aims to equip learners with the foundational knowledge and skills required to identify and address mental health issues in their place of work.

This course starts with the topic of childhood development and its influences on mental health. This initial module provides information on how the human brain develops throughout childhood and how significant people in a child's life can impact their mental growth.

Following this, participants will develop skills grounded in therapeutic approaches that can be used to support children and young people's psychological wellbeing   . Practitioners will also learn about some of the most common mental health conditions that children and young people experience, including anxiety, depression and eating disorders, as well as exploring potential associated behavioural issues. Similarly, participants will gain an understanding of the impact of special educational needs, bereavement and grief, and experiences with gender identity and sexuality on mental health.

Participants are expected to learn several skills, including the ability to identify and assess mental health issues using diagnostic and therapeutic tools, design mental health interventions, and facilitate activities to support wellbeing.

The course offers an opportunity to put theory into practice, as participants are supported to apply the tools and techniques that they learn in their own contexts, and regularly reflect on their work.

8.3   Case study 3: Senior Mental Health Lead Training – Strategic Leadership

Progressive Minds Associates

This intermediate level course is meant for Senior Mental Health Leads of schools or colleges. The course is conducted online, it includes 12 hours of face-to-face training and 8 hours of coaching support. This course is designed to support the Leads to assess the mental health status in their own context and to develop a strategic development plan using the principles of the whole school or college approach.

The Leads start the course off by carrying out an individual audit to establish a baseline of mental health provisioning in their school or college. Subsequent face-to-face training sessions are designed to support the Leads to draft a statement of intent for where they would like their school/college to be by the end of the programme and how they plan to achieve that goal. The programme is based on the 8 principles of whole school/college approach set forth in the Office for Health Improvement & Disparities' guidance on 'Promoting Children and Young People's Emotional Health and Wellbeing'. Through the online coaching sessions, the Leads receive support to integrate their mental health and wellbeing plan throughout various areas of the functioning of their school or college, including:

- Leadership and Management,
- Identifying need and monitoring impact of interventions,
- Targeted support and appropriate referrals,
- Staff development,
- Creating an ethos and environment,
- Enabling student voice and working with parents, families, and carers,
- and Curriculum, teaching, and learning.

The course culminates with the Senior Mental Health Lead submitting the final copy of their Mental Health and Wellbeing Plan for approval by the head teacher. Mental Health Leads are expected to continually assess, review, and adapt the plan based on evolving needs of the school. By establishing 'support pods', the programme encourages participants to build networks with peers and tutors, so that they can seek support even after the duration of the course.

9   Appendix B: System roles and responsibilities

The expert group outlined general best-practice approaches for how different actors in the system should fulfil their roles to ensure that future training is available for school staff to provide mental health support cohesively, effectively, and with a grounding in evidence. More than a set of recommendations, these are areas where, based on our findings, there is room for growth.

1. **School and Trust leaders should**:
   a. Identify school-level needs (both the needs of staff and students). Considering the range of staff and students and diversity of needs within these groups.
   b. Identify high-stakes, high-stress features of the day-to-day in schools (e.g., leading up to exams) and reframe approaches to encourage building student confidence and resilience, rather than increasing pressure on students.
   c. Determine the requirements and desired skills, to collaborate effectively with external providers.
   d. Liaise with external organisations to develop training, pilot interventions, and meet expected targets in this area of development.
   e. Use their understanding of the school/setting ethos and culture to customise and implement strategies learned from training, to create sustainable change.

They can achieve these goals by joining organisations or networks that are committed to supporting young people's mental health and wellbeing and fostering a whole-school approach to evolving support, where all parts of the school are committed to working together.

2. **The DfE and government should**:
   a. Adjust school performance measures beyond exam results, given that young people's mental health and wellbeing affects how effectively they learn for and perform in exams.
   b. With input from schools, design a clear framework with standards for schools covering expectations for mental health awareness and support, in a positive and supportive way, to allow schools and other educational settings to improve their practice and to work proactively on the promotion of mental health?
   c. Provide training and resources for all staff to help them identify students who may be struggling with mental health difficulties. There is scope for this to be integrated into Initial Teacher Training, and to form part of the required yearly guidance for Keeping Children Safe in Education.
   d. Encourage and model a consistent professional development landscape focused on promoting wellbeing and builds knowledge over time and allocate the required funding incentives for schools to take part.
   e. Continue to quality assure available training and ensure that this is aligned with best practice and the latest evidence, which will require system-wide coordination.

In shifting these priorities, the government and the DfE can encourage schools and other educational settings to take up appropriate training and develop mental health support practices effectively. For this to happen, it is necessary that schools and settings can evaluate their practice against a model, which supports the adoption of sustainable and continued development. Finally, by placing greater importance on mental health and wellbeing as an integral part of successful learning, the DfE can model a philosophy that promotes success beyond academic attainment.

3. **Universities or research institutions should**:
   a. Adapt ITT to include greater emphasis on the mental health and wellbeing of children and young people, and actively seek to develop practice in this area. They should also consider mental health units on other accredited university courses.
   b. Ensure that best practice and a strong evidence base are effectively communicated to the public, thereby influencing narrative around best approaches to supporting young people's mental health and wellbeing.

'Society should ensure that all children and young people make a fulfilling transition to adulthood.'

c. Continue research agendas that grow the evidence base for best practice.
d. Support schools to collect meaningful data on mental health and wellbeing in schools, to ensure that future guidance is based on robust, comprehensive data.

In doing this, universities and research organisations contribute to establishing effective mental health strategies by helping to generate consensus around what works to support young people's mental health and wellbeing and how these approaches can positively impact learning.

4. **Local health services should**:
   a. Maintain an up-to-date understanding of the current guidance and practice in schools, to be able to identify local and general needs that are not being filled within schools.
   b. Take a proactive approach to improving understanding of referral systems.
   c. Provide school contacts with an understanding of the thresholds for critical need that local health services use, so that school staff training can provide clear guidance on when to draw on wider local support.

In doing this, local health services contribute to streamlining processes, cultivating positive and effective relationships with schools, and communicating clear protocols for referrals.

5. **Mental health professionals working in or around schools should**:
   a. Promote information around high-quality psychological (and sociological?) approaches that are appropriate for school staff to employ.
   b. Provide helpful guidance on responding to different presentations of poor mental health, identifying strategies that are effective for individuals who need it.
   c. Provide helpful guidance on how to respond to critical cases within education settings, in accordance with safeguarding duties.

In doing this, mental health professionals can identify the highest leverage actions that are helpful to school staff, that are grounded in evidence-based approaches.

6. **Charities, social enterprises, and local youth organisations should**:
   a. Encourage and promote youth voice as a key factor to consider when integrating supportive practice in schools.
   b. Design and deliver training that responds to the evolving evidence base and best practice and aligns with school and local authority support, while ideally looking to the DfE to Quality Assure this provision.
   c. Take advantage of their advocating positions to disseminate best practice, and secure buy-in from the wider school community, including parents and carers.

In doing this, charities, social enterprises, and local youth organisations ensure that young people's needs and opinions are integrated or considered when working with school staff to provide wrap around care. In being outside the standards set for teaching and learning, charities, social enterprises, and local youth organisations can make the most of the wider scope of time and contexts available to them.

7. **Other**: Educational psychologists can play a role within schools that builds on SEND-related guidance to help to recognise children and young people's mental health needs, to highlight what enhances and undermines it, and to work alongside schools, safeguarding teams and teaching and learning priorities to embed good classroom practice over time.

10. References

Anna Freud: National Centre for Children and Families. (2022). *Auditing your school and implementing change*. Mentally Healthy Schools. https://mentallyhealthyschools.org.uk/whole-school-approach/england/auditing-your-school-and-implementing-change/

Bartleton, L. (2018). Teachers' Perceptions of the Impact of Continuing Professional Development on their Professional Practice in Further Education College in the West Midlands. *Educational Futures*, *9*(2). https://educationstudies.org.uk/wp-content/uploads/2019/03/BESA-Journal-EF-9-2-5-bartleton.pdf

Collin, J., & Smith, E. (2021). *Effective Professional Development*. Education Endowment Foundation. https://d2tic4wvo1iusb.cloudfront.net/eef-guidance-reports/effective-professional-development/EEF-Effective-Professional-Development-Guidance-Report.pdf?v=1686045370

Davidson, G., Campbell, J., Shannon, C., & Mulholland, C. (2016). *Models of mental health*. Palgrave Macmillan Education.

Deighton, J., Lereya, S. T., Casey, P., Patalay, P., Humphrey, N., & Wolpert, M. (2019). Prevalence of mental health problems in schools: poverty and other risk factors among 28 000 adolescents in England. *British Journal of Psychiatry*, *215*(3), 565–567. https://doi.org/10.1192/bjp.2019.19

Department for Education. (2017). *Transforming Children and Young People's Mental Health Provision: A Green Paper*. http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

Department for Education. (2019*). State of the Nation 2019: Children and Young People's Wellbeing*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/906693/State_of_the_Nation_2019_young_people_children_wellbeing.pdf

Department for Education. (2022a, November 1). *Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK*. Guidance for Managing Schools. https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges

Department for Education. (2022b). *State of the Nation 2022: Children and Young People's Wellbeing*. https://www.gov.uk/government/publications/state-of-the-nation-2022-children-and-young-peoples-wellbeing

Furst, M. A., Bagheri, N., & Salvador-Carulla, L. (2021). An ecosystems approach to mental health services research. *BJPsych*, *18*(1), 23–25. https://doi.org/10.1192/bji.2020.24

Granada, A., Hallgarten, J., & Hasset, A. (2022). *Catalysing Social and Emotional Learning in Schools in England: A policy and practice review*. www.cfey.org

Hannafin, S. (2018, October 11). Place2Be. *What is a designated mental health lead?* https://www.place2be.org.uk/about-us/news-and-blogs/2018/october/what-is-a-designated-mental-health-lead/

Health and Social Care Committee. (2021). *Children and young people's mental health - Eighth Report of Session 2021–22*. https://publications.parliament.uk/pa/cm5802/cmselect/cmhealth/17/report.html

Holt-White, E., De Gennaro, A., Anders, J., Cullinane, C., Early, E., Montacute, R., Shao, X., & Yarde, J. (2022). *Wave 1 Initial Findings – Mental Health and Wellbeing*. COVID Social Mobility &

Opportunities (COSMO) study Briefing No. 4. London: UCL Centre for Education Policy and Equalising Opportunities & Sutton Trust. https://cosmostudy.uk/publications/mental-health-and-wellbeing

McLean, D., Worth, J., & Faulkner-Ellis, H. (2023). *Teacher Labour Market in England. Annual Report 2023* (Annual Report 2023). NFER. https://www.nfer.ac.uk/media/5286/teacher_labour_market_in_england_annual_report_2023.pdf

NASUWT. (2019). *Teachers' Mental Health in the UK* (Evidence from the NASUWT's Big Questions Survey). https://www.nasuwt.org.uk/static/uploaded/30c31a30-b070-44f1-8e9f009b650bb350.pdf

National Education Union. (2023). *State of education: mental health*. https://neu.org.uk/state-education-mental-health

NHS Digital. (2022). *Mental Health of Children and Young People in England 2022—Wave 3 follow up to the 2017 survey* (No. 3). NHS. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey

Royal College of Psychiatrists. (2021). Record number of children and young people referred to mental health services as pandemic takes its toll. Available at: https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/09/23/record-number-of-children-and-young-people-referred-to-mental-health-services-as-pandemic-takes-its-toll

The Children's Society. (2022). The Good Childhood Report. https://www.childrenssociety.org.uk/information/professionals/resources/good-childhood-report-2022 (Accessed: May 7, 2023).

The WHO Regional Office for Europe. (2013). Measurement of and target-setting for well-being: an initiative by the WHO Regional Office for Europehttps://apps.who.int/iris/handle/10665/107309

Tiplady, J. (n.d.). Can CPD really tackle staff wellbeing? *Tes Magazine*. https://www.tes.com/magazine/sponsored/tes-institute/can-cpd-really-tackle-staff-wellbeing

Viner, R., Russell, S., Saulle, R., Croker, H., Stansfield, C., Packer, J., Nicholls, D., Goddings, A.-L., Bonell, C., Hudson, L., Hope, S., Ward, J., Schwalbe, N., Morgan, A., & Minozzi, S. (2022). School Closures During Social Lockdown and Mental Health, Health Behaviours, and Wellbeing Among Children and Adolescents During the First COVID-19 Wave: A Systematic Review. *JAMA Pediatrics*, *176*(4), 400. https://doi.org/10.1001/jamapediatrics.2021.5840

What Works Centre for Wellbeing. (2023) What is wellbeing? https://whatworkswellbeing.org/about-wellbeing/what-is-wellbeing/

World Health Organization. (2022). Mental health, Key Facts. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Young Minds. (2022). *Mental Health Waiting Times Harming Young People*. Press Release. https://www.youngminds.org.uk/about-us/media-centre/press-releases/mental-health-waiting-times-harming-young-people/