

# PUBLIC HEALTH INTERVENTION GUIDANCE

## SCOPE

### 1 Guidance title

Guidance on promoting the mental wellbeing of children in primary education using targeted activities

#### 1.1 *Short title*

Mental wellbeing of children in primary education (targeted activities)

### 2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on school-based interventions aimed at promoting good mental health among children aged 11 and under.
- (b) NICE public intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSFs and other government policy documents:
  - 'National service framework for children, young people and maternity services' (DH 2004a)
  - 'National service framework for mental health' (DH 1999)

- Every child matters' green paper (HM Government 2003), and Every child matters: change for children' programme (HM Government 2004)
- 'Higher standards, better schools for all' (DfES 2005a)
- 'Promoting children's mental health within early years and school settings' (DfEE 2001)
- 'Excellence and enjoyment: social and emotional aspects of learning' (DfES 2005b)
- 'Healthy minds: promoting emotional health and wellbeing in schools' (Ofsted 2005)
- 'Bullying – a charter for action' (DfES 2003a)
- 'Bullying: effective action in secondary schools' (Ofsted 2003)
- 'The respect action plan' (Home Office 2006)
- 'Healthy living blueprint for schools' (DfES 2004)
- 'Choosing health: making healthier choices easier' (DH 2004b)
- National healthy school status – a guide for schools' (DfES 2005c)
- 'Our health, our care, our say' (DH 2006)
- 'Making it possible: improving mental health and well-being in England' (NIMHE 2005)
- 'Aiming high: Raising the achievement of minority ethnic pupils' (DfES 2003b), 'Promoting the health of looked after children' (DH 2001), 'A better education for children in care' (SEU 2003), and 'Managing pupil mobility' (DfES 2003c)
- '*Special education needs: third report of session 2005–06*' (HM Government 2006).

(c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at teachers, school support staff and school governors. It is also aimed at others working with – or responsible for – children and young people. This includes professionals with a public health remit working within the NHS,

local authorities (in particular, school and children's advisory services) and the wider public, private, voluntary and community sectors.

### **3 The need for guidance**

This scope defines mental wellbeing as emotional and psychological health, including the ability to interact socially. It is taken from the NHS Scotland report on monitoring positive mental health (NHS Scotland 2006). This definition is set out further in 'outcomes' (see section 4.3).

- (a) There is limited national data on how to promote mental wellbeing among children of primary school age.
- (b) In 2004, one in ten (10%) children and young people aged 5–16 had a clinically diagnosed mental disorder (ONS 2004). Older children (aged 11–16 years) were more likely than younger children (aged 5–10) to have a mental disorder (12 % compared with 8%).
- (c) Research indicates that mental health problems among young people increased between 1974 and 1999 (Collishaw et al 2004). However, the most recent national survey of 5–16 year olds suggests that this upward trend was halted during 1999–2004 (ONS 2004).
- (d) In 2004, boys were generally more likely to have a mental disorder than girls, and the prevalence of mental illness was greater among:
  - children in disrupted families (lone parent, reconstituted)
  - children with parents who have no educational qualifications
  - children from poorer families and those living in disadvantaged areas(ONS 2004).
- (e) Data on the levels of mental disorder among children of different ethnic groups is difficult to interpret. However, children aged 5–10 who are white, Pakistani or Bangladeshi appear more likely to have a mental

health problem than black children. Indian children are least likely to have a mental health problem (ONS 2004).

- (f) Looked after children aged 5–10 were at least five times more likely than children in the general population to have mental health problems (42% versus 8%). Among 11–15 year olds, the contrast was slightly less marked (49% versus 11%), (ONS 2004).

## **4 The guidance**

- (a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- (b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

### **4.1 Populations**

#### **4.1.1 Groups that will be covered**

Children aged 4–11 in primary education. Establishing mental wellbeing has important consequences for social and educational attainment at primary school age but also later in the school career. It can also help to avoid behavioural problems later in life (Kuh et al. 1997; Graham and Power 2003). These children will include those attending:

- state sector maintained schools and independent schools
- special education environments.

If the evidence allows, specific groups of vulnerable/at risk children (such as those who are disadvantaged and school excludees) will be considered.

#### **4.1.2 Groups that will not be covered**

Children aged over 11 years and children not in school.

## **4.2 Areas/interventions**

### **4.2.1 Areas that will be covered**

The interventions/activities to be considered by this guidance will focus on primary schools and cover indicated and targeted activities.

Indicated and targeted activities focus on particular types of behaviour or particular groups of pupils. They address the factors likely to lead to poor mental health or mental disorders. They may include ways of identifying children at particular risk. A variety of methods are used including: programmes to help children make the transition to primary or secondary school, lessons taught as part of the curriculum, changes in school ethos and the environment, or activities involving the family and/or community. It may involve specialist inhouse services. Or health, social or specialist community services may be used.

### **4.2.2 Areas that will not be covered**

Interventions aimed at secondary school pupils (aged 11–18 years).

## **4.3 Comparators**

Interventions will be examined, where possible, against relevant comparators.

## **4.4 Outcomes**

Outcomes will be measured using the definition of 'mental wellbeing' set out in 'Monitoring positive mental health' (NHS Scotland 2006). Outcomes are measured using indicators and scales relating to the main aspects of mental wellbeing shown below:

- emotional wellbeing (including happiness and confidence, and the opposite of depression)
- psychological wellbeing (including autonomy, problem solving, resilience, attentiveness/involvement)
- social wellbeing (good relationships with others, and the opposite of conduct disorder, delinquency, interpersonal violence and bullying).

## **4.5 Key questions**

The following questions will be addressed:

- What aspects of targeted activities are particularly effective (and cost effective) in promoting the mental health of children and young people (aged 4–11 years old) in primary schools?
- What content is most effective?
- What is the frequency, length and duration of an effective intervention?
- Is it better if teachers, school support staff, or a specialist (such as a psychologist or school nurse) delivers the intervention?
- What is the role of governors?
- What is the role of parents?
- What are the barriers to – and facilitators of – effective implementation?
- Does the intervention lead to any adverse or unintended effects?

## **4.6 Target audiences and settings**

The guidance will be aimed at teachers, school support staff, school governors and others working with – or responsible for – children and young people. It will also be aimed at professionals with a public health remit working within the NHS, local authorities (in particular, school and children’s advisory services) and the wider public, private, voluntary and community sectors.

## **4.7 Status of this document**

This is the final scope, incorporating comments from a 4 week consultation which included a stakeholder meeting on 17 November 2006.

## **5 Further information**

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) and ‘The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public’ (NICE 2006) available at: [www.nice.org.uk/page.aspx?o=299970](http://www.nice.org.uk/page.aspx?o=299970)

## 6 NICE related guidance

### ***Published***

#### **Clinical guidelines**

The Management of bipolar disorder in adults, children and adolescents, in primary and secondary care. *NICE clinical guideline* no. 38 (2006). Available from: [www.nice.org.uk/CG038](http://www.nice.org.uk/CG038)

Depression in children and young people: identification and management in primary, community and secondary care. *NICE clinical guideline* no. 28 (2005). Available from: [www.nice.org.uk/CG028](http://www.nice.org.uk/CG028)

Obsessive compulsive disorder: core interventions in the treatment of obsessive compulsive disorder and body dysmorphic disorder. *NICE clinical guideline* no. 31 (2005). Available from: [www.nice.org.uk/CG0351](http://www.nice.org.uk/CG0351)

Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. *NICE clinical guideline* no. 9 (2004). Available from: [www.nice.org.uk/CG009](http://www.nice.org.uk/CG009)

Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. *NICE clinical guideline* no. 16 (2004). Available from: [www.nice.org.uk/CG016](http://www.nice.org.uk/CG016)

#### **Technology appraisals**

Computerised cognitive behaviour therapy for depression and anxiety. *NICE technology appraisal* no. 97 (2006). Available from: [www.nice.org.uk/TA097](http://www.nice.org.uk/TA097)

Methylphenidate, atomoxetine and dexamfetamine for the treatment of attention deficit hyperactivity disorder in children and adolescents. *NICE technology appraisal* no. 98 (2006). Available from: [www.nice.org.uk/TA098](http://www.nice.org.uk/TA098)

Parent-training/education programmes in the management of children with conduct disorders. *NICE technology appraisal* no. 102 (2006). Available from: [www.nice.org.uk/TA102](http://www.nice.org.uk/TA102)

The clinical effectiveness and cost effectiveness of new drugs for bi-polar disorder. *NICE technology appraisal* no. 66 (2003). Available from: [www.nice.org.uk/TA066](http://www.nice.org.uk/TA066)

## ***Under Development***

### **Clinical guidelines**

Attention deficit hyperactivity disorder: pharmacological and psychological interventions in children, young people and adults. (due February 2008).

### **Public health interventions**

Guidance for use in primary and secondary schools on sensible alcohol consumption.

An assessment of community-based interventions to reduce substance misuse among the most vulnerable and disadvantaged young people.

### **Public health programmes**

The most appropriate generic and specific interventions to support attitude and behaviour change at population and community levels (due October 2007).



## **Appendix A Referral from the Department of Health**

The Department of Health asked the Institute to:

‘Prepare guidance for schools on the promotion of good mental health in children.’

## Appendix B References

Collishaw S, Maughan B, Goodman R et al. (2004) A Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry* 45 8: 1350–1360.

Department for Education and Employment (2001) *Promoting children's mental health within early years and school settings*. London: Department for Education and Employment.

Department for Education and Skills (2003a) *Bullying – a charter for action*. London: Department for Education and Skills.

Department for Education and Skills (2003b) *Aiming high: raising the achievement of minority ethnic pupils*. London: Department for Education and Skills.

Department for Education and Skills (2003c) *Managing pupil mobility*. London: Department for Education and Skills.

Department for Education and Skills (2004) *Healthy living blueprint for schools*. London: Department for Education and Skills.

Department for Education and Skills (2005a) *Higher standards, better schools for all*. London: Department for Education and Skills.

Department for Education and Skills (2005b) *Excellence and enjoyment: social and emotional aspects of learning..* London: Department for Education and Skills.

Department for Education and Skills and Department of Health (2005c) *National healthy school status – a guide for schools*. London: Department of Health.

Department of Health (1999) *National service framework for mental health*. London: Department of Health.

Department of Health (2001) *Promoting the health of looked after children*. London: Department of Health.

Department of Health (2004a) *National service framework for children, young people and maternity services. Core standards*. London: Department of Health.

Department of Health (2004b) *Choosing health: making healthier choices easier*. London: Department of Health.

Department of Health (2006) *Our health, our care, our say*. London: Department of Health.

Graham H, Power C (2003) *Childhood disadvantage and adult health: a lifecourse framework*. London: Health Development Agency.

HM Government (2003) *Every child matters*. London: Department for Education and Skills.

HM Government (2004) *Every child matters: change for children*. London: Department for Education and Skills.

Home Office (2006) *The respect action plan*. London: Home Office.

House of Commons Education & Skills Committee (2006) *Special education needs: third report of session 2005–06*. London: HM Government.

Kuh D, Power C, Blane D et al. (1997) Social pathways between childhood and adult health. In: Kuh D, Ben-Shlomo Y, editors *A life course approach to chronic disease epidemiology*. Oxford: Oxford Medical Publications.

National Institute for Mental Health in England (2005) *Making it possible: improving mental health and well-being in England*. London: NIMHE.

NHS Scotland (2006) *Monitoring positive mental health*. NHS Scotland.

Office of National Statistics (2004) *The health of children and young people*. London: Office of National Statistics.

Ofsted (2003) *Bullying: effective action in secondary schools*. London: Ofsted.

Ofsted (2005) *Healthy minds: promoting emotional wellbeing in schools*.

London: Ofsted.