National Institute for Health and Care Excellence

Social, emotional and mental wellbeing in primary and secondary education

[F] Evidence review for risk factors for poor social, emotional and mental wellbeing

NICE guideline NG223

Evidence reviews underpinning recommendations 1.3.5 to 1.3.6, research recommendation 1 and 3, and other recommendations for research in the NICE guideline

July 2022

Final

These evidence reviews were developed by developed by the Public Health Guidelines team

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

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1 Risk factors for poor social, emotional and mental wellbeing

1.1 Review question

What is the usefulness (effectiveness and acceptability) of assessment tools to assess need for additional SEMW support in children and young people who have been identified as having poor social, emotional and mental wellbeing using 'soft intelligence' for example behaviours, school attendance, drop off in engagement?

1.1.1 Introduction

Social and emotional skills are key during children and young people's development that may help to achieve positive outcomes in health, wellbeing and future success. These skills encompass five core competencies, self-awareness, self-regulation, social awareness, responsible decision-making and relationship skills. These skills can be taught during primary school in a cumulative approach whereby the skills acquired increase in complexity as appropriate to age and act as a foundation for further development in secondary school.

Some children may be 'struggling' to develop these skills and may be at risk of poor social, emotional and mental wellbeing outcomes. If risk factors for social, emotional and mental wellbeing could be identified, schools might be able to use this information to give the right kind of support to the children and young people who need it.

1.1.2 Summary of the protocol

Table 1: PICOS Table

Population	Population
	- Children who have been identified as having poor SEMW (including those with SEND) in UK key stages 1 and 2 or equivalent in primary education - Children and young people who have been identified as having poor SEMW (including those with SEND) in UK key stages 3 to 4 in secondary education - Young people who have been identified as having poor SEMW in post-16 education (further education) - up to the age of 18 or 19 for young people without SEND - up to the age of 25 for young people with SEND The following educational settings will be included: - Schools providing primary and secondary education including maintained schools, schools with a sixth form, academies, free schools, independent schools, non-maintained schools, and alternative provision including pupil referral units (see Department for Education's Types of school). - Special schools. - Further education colleges for young people, generally between the ages of 16 and 18. - Young offender institutions. - Secure children's homes. - Secure training centres.

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	• Secure schools. Exclusion: • Children in early years foundation stage (EYFS) (Where the studies define the population by age/UK key stage, we will only exclude if more than 50% of the population is in EYFS.) • Young people not in education. • Young people in higher education. • Tools used in unselected populations
Exposure / Test	UK validated assessment tools designed to identify social, emotional and mental wellbeing needs for children and young people who have been identified as needing additional support by using 'soft intelligence' for example behaviours, school attendance, drop off in engagement?(NB we will use SPECTRUM to determine validation status)
Comparator	Not applicable with the exception of accuracy in which case expert opinion or diagnostic criteria will be used as the reference standard
Outcomes	**Psychometric properties** e.g. reliability, validity, responsiveness, Interpretability **Implementation properties** e.g. free to use, quick and easy to use, **Other** Accuracy
Types of study to be included	• Systematic reviews (of any study type) • Primary studies (any study type including case series, cohorts with a preference for samples that have been recruited consecutively) Accuracy • We will include comparative studies where the population studied has also received a reference-standard (usually expert opinion) • Systematic reviews (of any study type)

1.1.3 Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual and in the methods chapter. Methods specific to this review question are described in the review protocol in Appendix A.

Declarations of interest were recorded according to NICE's conflicts of interest policy.

1.1.4 Prognostic evidence

1.1.4.1 Included studies

In total 22,007 references were identified through systematic searches. Of these, 105 references were considered relevant, based on title and abstract, to the protocols for risk factors and were ordered for full text review. Of these 1 was included and 104 references were excluded. See Table 2 for a summary of studies included in this review. See Table 3 for a summary of evidence from the included studies. See Appendix D for full evidence tables.

1.1.4.2 Excluded studies

See Appendix J for full list of excluded studies

1.1.5 Summary of studies included in the prognostic evidence

Table 2: Summary of studies for effectiveness and acceptability of assessment tools

Study [Country]	Study design	Population (N)	Assessment tools	Outcomes
Patalay, 2014 [UK]	Cross-sectional	Children and adolescents attending two community out-patient teams from child and adolescent mental health services and matched controls from the community [N=954]	• Me and My School • Strengths and Difficulties Questionnaire (Self-report) • Strengths and Difficulties Questionnaire (Parent-report)	• Internal reliability • Inter-rater reliability • Construct validity • Ability to discriminate between community and clinical samples

See Appendix D for full evidence tables

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1.1.6 Summary of the prognostic evidence

Table 3: Summary of evidence for reliability and validity of assessment tools

Assessment tool	Internal reliability	Inter-rater reliability	Construct validity
Me and My School	Emotional difficulties sub-scale: α = 0.84 Behavioural difficulties sub-scale: α = 0.82	Emotional difficulties sub-scale: r = 0.30 Behavioural difficulties sub-scale: r = 0.30	Emotional difficulties sub-scale: r = 0.85 Behavioural difficulties sub-scale: r = 0.56
Strengths and Difficulties Questionnaire (Self-report)	Emotional symptoms sub-scale: α = 0.83 Conduct problems sub-scale: α = 0.75	NR	NR
Strengths and Difficulties Questionnaire (Parent-report)	Emotional symptoms sub-scale: α = 0.80 Conduct problems sub-scale: α = 0.76	NR	NR

Table 4: Summary of evidence for ability of assessment tools to discriminate between community and clinic samples

Assessment tool	AUC statistic (SE)	Odds ratio (95% CI)
Me and My School	Emotional difficulties sub-scale: 0.79 (SE 0.03) Behavioural difficulties sub-scale: 0.78 (SE 0.03) Both scales: NR	Emotional difficulties sub-scale: 6.92 (95% CI 2.99 to 16.01) Behavioural difficulties sub-scale: 9.71 (95% CI 3.84 to 24.54) Both scales: 10.14 (95% CI 4.77 to 21.59)

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1.1.7 Economic evidence

No economic evidence presented as the review does not concern interventions.

1.1.8 Evidence statements

Reliability and validity

Internal reliability

Internal reliability was measure by Cronbach's alpha, which estimates the reliability, or internal consistency, of a composite score and ranges between 0 to 1.

One study (Patalay 2014 [N=954]) reported on the internal validity of the Me and My School assessment tool. The Cronbach's alpha was 0.84 for the emotional difficulties sub-scale and 0.82 for the behavioural difficulties sub-scale. The risk of bias for this evidence was low.

One study (Patalay 2014 [N=954]) reported on the internal validity of the Strengths and Difficulties Questionnaire (Self-report) assessment tool. The Cronbach's alpha was 0.83 for the emotional symptoms sub-scale and 0.75 for the conduct problems sub-scale. The risk of bias for this evidence was low.

One study (Patalay 2014 [N=954]) reported on the internal validity of the Strengths and Difficulties Questionnaire (Parent-report) assessment tool. The Cronbach's alpha was 0.80 for the emotional symptoms sub-scale and 0.76 for the conduct problems sub-scale. The risk of bias for this evidence was low.

Inter-rater reliability

Inter-rater reliability was measured by correlation coefficient, which measures the strength of association between two variables and ranges from -1 to 1.

One study (Patalay 2014 [N=954]) reported on the inter-rater reliability of the Me and My School assessment tool. The correlation coefficient was 0.30 for the emotional difficulties sub-scale and 0.30 for the behavioural difficulties sub-scale. The risk of bias for this evidence was low.

Construct validity

Construct validity was measured by correlation coefficient, which measures the strength of association between two variables and ranges from -1 to 1.

One study (Patalay 2014 [N=954]) reported on the construct validity of the Me and My School assessment tool. The correlation coefficient was 0.85 for the emotional difficulties sub-scale and 0.56 for the behavioural difficulties sub-scale. The risk of bias for this evidence was low.

Ability to discriminate between community and clinic samples

Ability to discriminate between community and clinic samples were measured by area under curve statistic and odds ratios. Area under curve statistic measures the accuracy of a quantitative diagnostic test and ranges from 0 to 1. Odds ratios measure the odds of an event happening in one group compared to the another and range from 0 to inifinity.

One study (Patalay 2014 [N=954]) reported on the ability of the Me and My School assessment tool to discriminate between community and clinic samples. The area under curve statistic was 0.70 (SE 0.03) for the emotional difficulties sub-scale and 0.78 (SE 0.03) for the behavioural difficulties sub-scale. The odds ratio was 6.92 (95% CI 2.99 to 16.01) for the emotional difficulties sub-scale, 9.71 (95% CI 3.84 to 24.54) for the behavioural

difficulties sub-scale and 10.14 (95% CI 4.77 to 21.59) for both scales. The risk of bias for this evidence was low.

1.1.9 The committee's discussion and interpretation of the evidence

1.1.9.1. The outcomes that matter most

The committee agreed that the key outcome of assessment tools is their accuracy (that is their reliability and validity) in identifying children and young people with poor social, emotional and mental wellbeing. They also agreed that the acceptability of the tools (to staff and to children and young people) was important, along with the ease of their use and their availability (especially if there was a cost implication).

1.1.9.2 The quality of the evidence

The committee was disappointed to find that there was a clear lack of evidence in this area, as only one study was identified for extraction upon screening of 14,779 records and full-text review of 105 publications. Additionally, the study that was extracted did not strictly match the research question because the population with poor social, emotional and mental wellbeing (SEMW) were not identified through 'soft intelligence' but rather as outpatients using mental health services. It was not possible to GRADE the included study, however it was assessed using a methodology checklist as being at moderate risk of bias.

1.1.9.3 Benefits and harms

The committee agreed to include the publication in the review but noted that they should have lower confidence in the evidence even though the study was of moderate quality, because of its indirectness. The committee used their own expertise to discuss the topic, particularly as one committee member was involved in a review of how non-academic and essential skills are conceptualised and measured in relation to child and adolescent outcomes. This review led to the creation of the SPECTRUM database, which contains information of 322 assessment tools used to measure wellbeing. This committee member declared a conflict of interest because of this and the chair of the committee determined that while the member could contribute to the discussion of the topic, they must be excluded from making recommendations due to potential conflicts of interest.

The SPECTRUM database was designed as a repository of assessment tools encompassing a broad range of assessment tools under the umbrella term 'wellbeing'. It was designed because there were very few sources of information on assessment tools and their quality. SPECTRUM provides ratings on the psychometric and implementation properties of each tool. However, it was stressed that the ratings are based on somewhat arbitrary criteria. The Strengths and Difficulties Questionnaire (SDQ) was identified as the gold standard for measuring mental health difficulties across several age groups. The committee recognised the SDQ as a useful reference standard but agreed that it would not be the best option (or indeed appropriate) in all situations.

Given the lack of evidence, the existence of databases such as SPECTRUM and others, plus the diversity of educational settings and cultures, the committee agreed that rather than recommend a specific tool, they would highlight the key factors that should be taken into account when selecting a tool to assess the SEMW of children and young people (CYP). One key factor was whether the tool was validated for use in children and young people. The committee expressed a preference for using validated tools but recognised that this is not always possible. It was also noted that examples of validated tools could be found in Public Health England's measuring mental wellbeing in children and young people. Additionally, contextual and situational factors should also be considered, such as the purpose of the assessment, the individual needs of the child or young person being assessed and their developmental age. The committee also agreed that making educational staff aware of resources such as the SPECTRUM database and the Anna Freud Centre would be an

appropriate method of aiding staff to select the correct tool. However, the committee did not explicitly recommend a specific resource as none were obviously superior or inferior to each other.

1.1.10 Recommendations supported by this evidence review

This evidence review supports recommendations 1.3.5 and 1.3.6.

1.1.11 References – included studies

1.1.11.1 Assessment tools

Patalay, P., Deighton, J., Fonagy, P. et al. (2014) Clinical validity of the Me and My School questionnaire: A self-report mental health measure for children and adolescents. Child and Adolescent Psychiatry and Mental Health 8(1): 17

1.1.11.2 Economic

N/A

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Appendices

Appendix A – Review protocol

Field	Content
PROSPERO registration number	CRD42021240462
Review title (50 Words)	Identifying vulnerable children and young people as part of the whole-school approach
Review question (250 words)	What is the usefulness (effectiveness and acceptability) of assessment tools to assess need for additional SEMW support in children and young people who have been identified as having poor social, emotional and mental wellbeing using 'soft intelligence' for example behaviours, school attendance, drop off in engagement?
Objective	To identify which assessment tools and approaches are useful for assessing need in children and young people who have been identified as having poor social, emotional and mental wellbeing in UK key stages 1 to 4 and post-16 education or equivalent.
Searches (300 words)	The following databases will be searched: Medline and Medline in Process (OVID) Embase (OVID) CENTRAL (Wiley)) Cochrane Database of Systematic Reviews (Wiley) PsycINFO (Ovid) Social Policy and Practice (OVID) ERIC (Proquest) Web of Science Database functionality will be used, where available, to exclude: non-English language papers animal studies

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Field	Content
	editorials, letters and commentaries
	conference abstracts and posters
	registry entries for ongoing or unpublished clinical trials
	dissertations
	duplicates
	Searches will be restricted by:
	January 2007 to date
	Secondary Databases
	A simple keyword-based search approach will be taken in the following databases:
	DARE (legacy database - records up to March 2014 only) (CRD)
	National Guidelines Clearinghouse (US Dept. of Health and Human Services)
	Bibliomap (eppicentre)
	Dopher (eppicentre)
	Trophi (epicentre)
	Citation searching
	Depending on initial database results, forward citation searching on key papers may be conducted, if judged necessary, using Web of Science (WOS). Only those references which NICE can access through its WOS subscription would be added to the search results. Duplicates would be removed in WOS before downloading.
	The reference list of current (within 2 years) systematic reviews will be checked for relevant studies
	Websites
	Web searches will also be conducted. Google and Google Scholar will be searched for some key terms and the first 50 results examined to identify any UK reports or publications relevant to the review that have not been identified from another source.

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Field	Content
	Searches will also be conducted on key websites for relevant UK reports or publications: Websites PSHE association Public Health England (or any successor body) Department of Health Department for Education Public Health Institute Mentor-Adepis OFSTED National Foundation for Educational Research Research in Practice Education Endowment Foundation Office for Children's Commissioner Council for disabled children Results will be saved to EPPI Reviewer. A record will be kept of number of records found from each database and of the strategy used in each database. A record will be kept of total number of duplicates found and of total results provided to the Public Health team. The searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion. The full search strategies for MEDLINE database will be published in the final review. The SPECTRUM database will be used as a source of data already extracted on assessment tools
Condition or domain being studied (200 words)	Social, emotional and mental wellbeing

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Field	Content
Population (200 words)	Inclusion: Population Children who have been identified as having poor SEMW (including those with SEND) in UK key stages 1 and 2 or equivalent in primary education Children and young people who have been identified as having poor SEMW (including those with SEND) in UK key stages 13 to 4 in secondary education Young people who have been identified as having poor SEMW in post-16 education (further education) up to the age of 18 or 19 for young people without SEND up to the age of 25 for young people with SEND The following educational settings will be included: Schools providing primary and secondary education including maintained schools, schools with a sixth form, academies, free schools, independent schools, non-maintained schools, and alternative provision including pupil referral units (see Department for Education's Types of school). Special schools. Further education colleges for young people, generally between the ages of 16 and 18. Young offender institutions. Secure children's homes. Secure training centres. Secure schools. Exclusion: Children in early years foundation stage (EYFS) (Where the studies define the population by age/UK key stage, we will only exclude if more than 50% of the population is in EYFS.) Young people not in education. Young people in higher education. Tools used in unselected populations
Test (200 words)	UK validated assessment tools designed to identify social, emotional and mental wellbeing needs for children and young people who have been identified as needing additional support by using 'soft intelligence' for

Field	Content
	example behaviours, school attendance, drop off in engagement?(NB we will use SPECTRUM to determine validation status)
Comparator (200 words)	Not applicable with the exception of accuracy in which case expert opinion or diagnostic criteria will be used as the reference standard
Types of study to be included (150 words)	Systematic reviews (of any study type) Primary studies (any study type including case series, cohorts with a preference for samples that have been recruited consecutively) Accuracy We will include comparative studies where the population studied has also received a reference-standard (usually expert opinion) Systematic reviews (of any study type)
Other exclusion criteria (no separate section for this to be entered on PROSPERO – it gets included in the section above so within that word count)	Studies that are set in private homes will be excluded. Papers published in languages other than English will be excluded. Studies published before the year 2007 will be excluded. Studies not published in (e.g. protocols or summaries) will be excluded.
Context (250 words)	Population and setting: Universal population of children and young people in primary, secondary and further education (UK key stages 1 to 4 and post-16 education or equivalent). Within this, there may be differences in context depending on type of school, geographical location or socioeconomic status as well as subgroups of children such as those with special educational needs and disabilities.

Field	Content
	Social and emotional skills are key during children and young people's development that may help to achieve positive outcomes in health, wellbeing and future success. These skills encompass five core competencies, self-awareness, self-regulation, social awareness, responsible decision-making and relationship skills. These skills can be taught during primary school in a cumulative approach whereby the skills acquired increase in complexity as appropriate to age and act as a foundation for further development or remedial approaches/ targeted interventions in secondary school. Some children may be 'struggling' to develop these skills or are showing signs of emotional distress. Schools rely on 'soft intelligence' to help identify t children and young people who may need additional SEMW support. An assessment tool can be used to decide what kind of support is needed.
Primary outcomes (critical outcomes) (200 words) A separate mandatory box for Timing and Measures of these outcomes needs to be completed within PROSPERO. Please list these under timing and measures heading (200 words)	Psychometric properties e.g. reliability, validity, responsiveness, Interpretability Implementation properties e.g. free to use, quick and easy to use, Other Accuracy
Timings and measures	Not applicable
Secondary outcomes (important outcomes) (200 words) As above a separate entry for the timing and measures of these additional outcomes (200 words)	NA

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Field	Content
Data extraction (selection and coding) (300 words)	All references identified by the searches and from other sources will be uploaded into EPPI-R5 and de-duplicated. This review will use the EPPI-R5 priority screening functionality. At least 50% of the identified abstracts (or 1,000 records, if that is a greater number) will be screened. After this point, screening will only be terminated if a pre-specified threshold is met for several abstracts being screened without a single new include being identified. This threshold is to be set according to the expected proportion of includes in the review (with reviews with a lower proportion of includes needing a higher number of papers without an identified study to justify termination) and is always a minimum of 500. A random 10% sample of the studies remaining in the database when the threshold is met will be additionally screened, to check if relevant studies are not being correctly classified by the algorithm, with the full database being screened if any concerns are identified The full text of potentially eligible studies will be retrieved and will be assessed in line with the eligibility criteria outlined above (see sections 6-10). A standardised EPPI-R5 template (this is consistent with the Developing NICE guidelines: the manual section 6.4). will be used when extracting data from the SPECTRUM database and from primary studies where appropriate We will use the primary studies to fill any gaps and add to the data already available via SPECTRUM to ensure the evidence review is as complete and as current as possible. Outcome data will be extracted into EPPI-R5 as reported in the full text. Study investigators may be contacted for missing data where time and resources allow.
Risk of bias (quality) assessment (200 words)	Risk of bias will be assessed using the NICE preferred checklist as described in Developing NICE guidelines: the manual (Appendix H)

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Field	Content
	For systematic reviews: ROBIS For primary studies: Preferred checklist for the study design For psychometric properties COSMIN For accuracy QUADAS-2
Strategy for data synthesis (300 words)	Where appropriate a random effects meta-analysis will be used to pool estimates across studies. Data will be presented in a narrative synthesis including tabular or matrix format based on the summary findings of the reviews on psychometric and implementation properties of each assessment tool. Where appropriate, the quality or certainty across all available quantitative evidence will be evaluated for each outcome using an the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group http://www.gradeworkinggroup.org/
Analysis of sub-groups (250 words)	Where evidence allows subgroup analyses may be conducted for example, age or gender.
Type of method of review	Methodological / diagnostic
Language	English

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Field	Content
Country	England
Named contact	5a. Named contact Public Health Guideline Development Team 5b Named contact e-mail PHAC@nice.org.uk 5c Named contact address National Institute for Health and Care Excellence Level 1A City Tower Piccadilly Plaza Manchester M1 4BD 5d Named contact phone number +44 (0)300 323 0148 5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and NICE Public Health Guideline Development Team.
Review team members	From the Centre for Guidelines: Hugh McGuire, Technical Adviser Sarah Boyce, Technical Analyst Lesley Owen, Health economist Rachel Adams, Information Specialist Chris Carmona, Technical Adviser

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Field	Content
	Giacomo De Guisa, Technical Analyst Adam O'Keefe, Project Manager
Funding sources/sponsor	This systematic review is being completed by the Centre for Guidelines which receives funding from NICE.
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators NB: This section within PROSPERO does not have free text option. Names of committee members to be inserted individually by the project manager and any additional collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website
Other registration details (50 words)	None
Reference/URL for published protocol	None
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: notifying registered stakeholders of publication publicising the guideline through NICE's newsletter and alerts

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Field	Content	
	issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
Keywords	Social, emotional and mental wellbeing, identifying risk, children and young people	
Details of existing review of same topic by same authors (50 words)	None	
Current review status	X	Ongoing
	☐	Completed but not published
	☐	Completed and published
	☐	Completed, published and being updated
	☐	Discontinued
Additional information	None	
Details of final publication	https://www.nice.org.uk/	

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Appendix B – Literature search strategies

B.1.1.1 **Database name: Medline**

Please see below for Medline strategy. For full search strategies refer to the searches document on the guideline webpage.

Database: Ovid MEDLINE(R) <1946 to March 19, 2020>

Search Strategy:

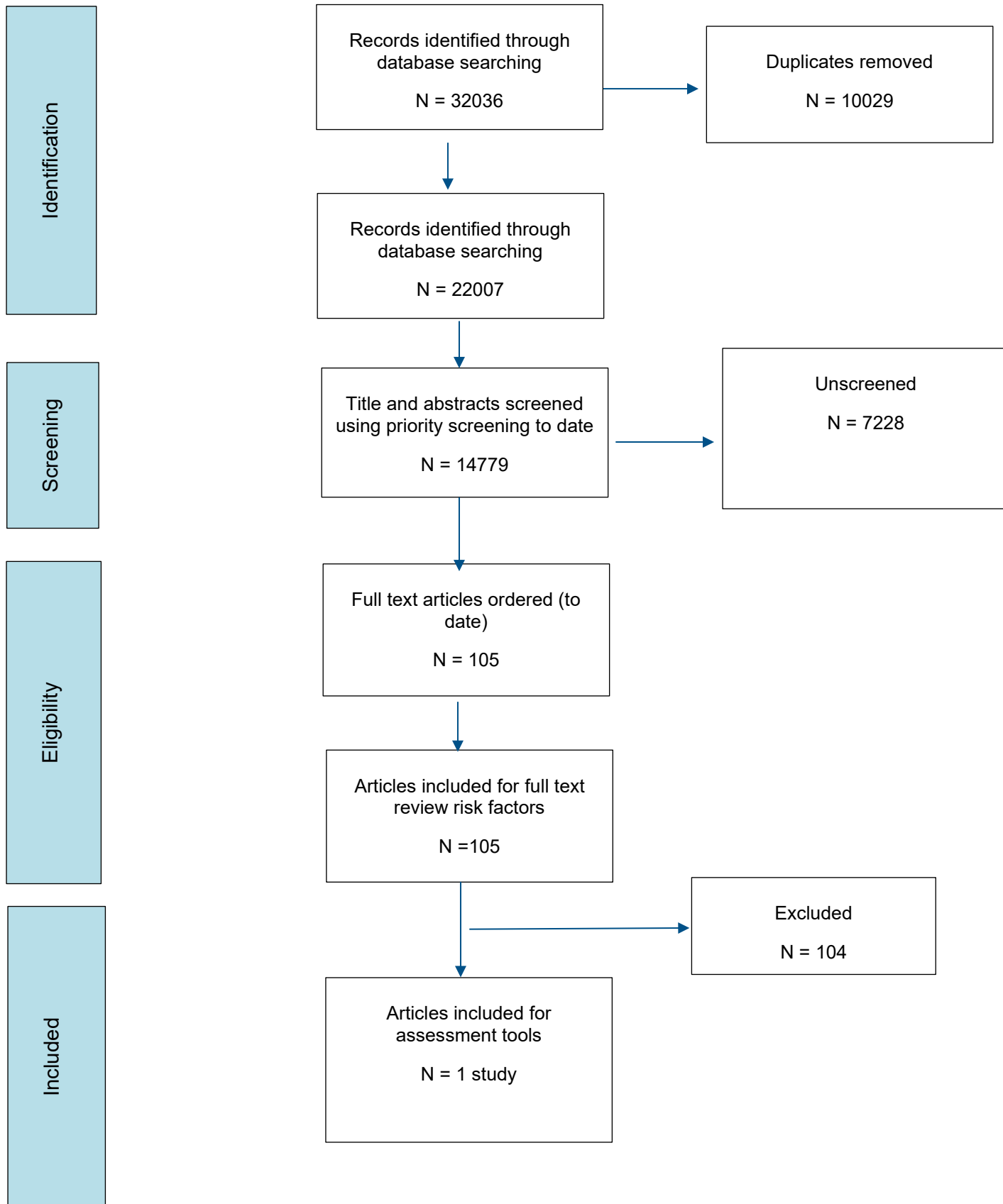
1   ((Social or emotional or social-emotional or socio or socio-emotional or pro-social or prosocial) adj3 (wellbeing or well-being or wellness)).ti,ab. (7689)

2   (resilien* or coping).ti,ab. (65450)

3   Adaptation, Psychological/ or Resilience, Psychological/ (96910)

4   (self-control or "emotional regulation" or self-aware* or self-efficacy or self-regulat* or self-confiden* or self-management or self-esteem or self-concept or "emotional intelligence" or "zones of regulation").ti,ab. (74173)

5   Emotional Intelligence/ (2055)

6   Self Concept/ or self efficacy/ (74765)

7   Emotional Adjustment/ or Social Adjustment/ (23763)

8   ((social or interpersonal or communication or relationship* or friend*) adj2 (skill* or competence* or attribute*)).ti,ab. (19197)

9   empathy.ti,ab. (9424)

10   Social Behavior/ or Social Values/ or Social Skills/ (71856)

11   ("personal development" or "youth development").ti,ab. (2118)

12   Mental Health/ (36828)

13   (mental adj2 (health or wellbeing or well-being or "well being" or wellness)).ti,ab. (114810)

14   ((psychological or "psycho social" or psycho-social or psychosocial) adj2 (wellbeing or "well being" or well-being)).ti,ab. (9978)

15   ((anxiety or anxious or depression or depressed or depressive or stress*) adj2 (child* or teen* or adolescen* or youth* or "young people" or "young person*")).ti,ab. (15788)

16   "adverse childhood experience*".ti,ab. (1125)

17   ((ACE or ACEs) and child*).ti,ab. (1314)

18   "child* trauma*".ti,ab. (3210)

19   "Child* adversity".ti,ab. (1029)

20   *Life Change Events/ (10418)

21   or/1-20 (479337)

22 Child/ or Child Health/ or Child Welfare/ or Adolescent/ or Adolescent Health/ (2774367)

23 (child* or adolescen* or kid or kids or youth* or youngster* or minor or minors or underage* or under-age* or "under age*" or "young person*" or "young people" or pre-adolescen* or preadolescen* or pre-teen* or preteen* or teen or teens or teenager* or juvenile* or boy or boys or boyhood or girl or girls or girlhood or schoolchild* or "school age*" or school-age* or schoolage* or K-12).ti,ab. (1722814)

24 or/22-23 (3426878)

25 (school* or pupil* or teacher* or headteach* or head-teach* or headmaster* or headmistress*).ti,ab. (279211)

26 ((school* or academy or academies or teacher) adj3 principal*).ti,ab. (431)

27 schools/ or teaching/ or school health services/ or school nursing/ or school teachers/ (103235)

28 (((city or technical) and (academy or academies or college*)) or sixth-form* or "sixth form*" or "6th form*" or "lower six*" or "upper six*" or "post 16" or post-16 or "further education").ti,ab. (4752)

29 ("year one" or "year 1" or "year two" or "year 2" or "year three" or "year 3" or "year four" or "year 4" or "year five" or "year 5" or "year six" or "year 6" or "year seven" or "year 7" or "year eight" or "year 8" or "year nine" or "year 9" or "year ten" or "year 10" or "year eleven" or "year 11" or "year twelve" or "year 12" or "year thirteen" or "year 13" or "key stage one" or "key stage 1" or "key stage two" or "key stage 2" or "key stage three" or "key stage 3" or "key stage four" or "key stage 4" or "key stage five" or "key stage 5" or KS1 or KS2 or KS3 of KS4 or KS5 or "grade one" or "grade 1" or "grade two" or "grade 2" or "grade three" or "grade 3" or "grade four" or "grade 4" or "grade five" or "grade 5" or "grade six" or "grade 6" or "grade seven" or "grade 7" or "grade eight" or "grade 8" or "grade nine" or "grade 9" or "grade ten" or "grade 10" or "grade eleven" or "grade 11" or "grade twelve" or "grade 12" or "first grade" or "1st grade*" or "second grade*" or "2nd grade*" or "third grade*" or "3rd grade*" or "fourth grade*" or "4th grade*" or "fifth grade*" or "5th grade*" or "sixth grade*" or "6th grade*" or "seventh grade*" or "7th grade*" or "eighth grade*" or "8th grade*" or "ninth grade*" or "9th grade*" or "tenth grade*" or "10th grade*" or "eleventh grade*" or "11th grade*" or "twelfth grade*" or "12th grade*").ti,ab. (102492)

30 or/25-29 (417445)

31 (medical or medicine or dental or dentist* or doctor* or physician* or nursing or "teaching hospital*" or undergraduate* or graduate* or postgraduate* or preschool* or pre-school* or nursery or "higher education" or university or universities).ti,ab. (2197699)

32 30 not 31 (278506)

33 24 and 32 (155206)

34 21 and 33 (24029)

35 (risk adj2 (assess* or measure* or tool*)).ti,ab. (89595)

36 ("risk factor*" or "high risk" or "at risk" or "relative risk").ti,ab. (849741)

37 ((education* or social) adj risk*).ti,ab. (1367)

38 *risk/ (4036)

39 Risk Factors/ (808420)

40   risk assessment/ (258239)

41   (protective adj (factor* or characteristic*)).ti,ab. (14669)

42   Protective Factors/ (3923)

43   (predictor* or prevalence* or determinant* or incidence*).ti. (302695)

44   *Prevalence/ or *Incidence/ (1298)

45   ((detrimental or poor* or worse or negative*) adj2 outcome*).ti,ab. (78794)

46   (vulnerab* adj2 (child* or adolescen* or teen* or youth* or "young person*" or "young people" or pupil*)).ti,ab. (2630)

47   Vulnerable populations/ (10086)

48   or/35-47 (1783526)

49   34 and 48 (5975)

50   limit 49 to english language (5686)

51   limit 50 to (letter or historical article or comment or editorial or news or case reports) (54)

52   50 not 51 (5632)

53   limit 52 to yr="1995 - 2020" (5181)

54   remove duplicates from 53 (5176)

Appendix C –Prognostic evidence study selection

Identification

Records identified through database searching

N = 32036

Duplicates removed

N = 10029

Records identified through database searching

N = 22007

Screening

Title and abstracts screened using priority screening to date

N = 14779

Unscreened

N = 7228

Eligibility

Full text articles ordered (to date)

N = 105

Articles included for full text review risk factors

N =105

Excluded

N = 104

Included

Articles included for assessment tools

N = 1 study

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Appendix D –Prognostic evidence

D.1 Patalay, 2014

Bibliographic Reference	Patalay, P.; Deighton, J.; Fonagy, P.; Vostanis, P.; Wolpert, M.; Clinical validity of the Me and My School questionnaire: A self-report mental health measure for children and adolescents; Child and Adolescent Psychiatry and Mental Health; 2014; vol. 8 (no. 1); 17

Study details

Study design	Cross-sectional study
Trial registration number	Not reported
Aim	- to test the ability of the Me and My School Questionnaire to discriminate between a clinic and community sample (discriminant validity) - To assess the internal consistency of the scales in a clinic sample (internal reliability) - To compare it to another self-report measure (construct validity), examine cross-informant agreement with parent completed questionnaires (inter-rater reliability) - To explore the correspondence between scale scores and clinical assessment
Country/geographical location	United Kingdom
Setting	School-based and out-patient clinic-based
Inclusion criteria	Clinic sample: Children and adolescents attending two community out-patient teams from child and adolescent mental health services in an urban location in England Community sample: Matched controls were selected from a sample of young people who had completed the questionnaire in the same year as part of a school based study

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Exclusion criteria	Clinic sample: Children were excluded if they were younger than 8 years, older than 15 years or in circumstances where cases were deemed to be highly sensitive
Method of randomisation	Not applicable
Method of allocation concealment	Not applicable
Unit of allocation	Not applicable
Unit of analysis	Not applicable
Statistical method(s) used to analyse the data	- Internal consistencies were computed to assess reliability of the scale in the clinic setting. - Mean comparisons, receiver operating curves (ROC) and comparing proportions above the scales' clinical thresholds were used to assess the ability of the Me and My School (M&MS) to discriminate between clinical and community samples. - Correlations between the M&MS and Parent SDQ and SDQ self-report were explored to assess inter-rater reliability and construct validity. - Predictive validity of the emotional difficulties and behavioural difficulties scales was examined using clinical assessment.
Attrition	Not applicable
Study limitations (author)	While clinical assessments provide early indication of the scales' sensitivity to case type, the small numbers identified within each diagnostic category mean that formal statistical testing could not be carried out.
Study limitations (reviewer)	None to add
Source of funding	Not reported

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Study arms

Clinic sample (N = 91)

Children and adolescents attending two community out-patient teams from child and adolescent mental health services in an urban location in England

Community sample (N = 863)

Matched controls were selected from a sample of young people who had completed the Me and My School Questionnaire in the same year as part of a school-based study

Characteristics

Arm-level characteristics

Characteristic	Clinic sample (N = 91)	Community sample (N = 863)
Age (years (mean)) Mean (SD)	12.34 (2.03)	11.97 (1.65)
Male Sample size	n = 49 ; % = 53.8	n = 441 ; % = 51.1
Female Sample size	n = 42 ; % = 46.2	n = 422 ; % = 48.9
White Sample size	n = 63 ; % = 69.2	n = 549 ; % = 63.6

Characteristic	Clinic sample (N = 91)	Community sample (N = 863)
Asian Sample size	n = 8 ; % = 8.8	n = NR ; % = NR
Mixed Race Sample size	n = 6 ; % = 6.6	n = NR ; % = NR
No data on file Sample size	n = 14 ; % = 15.4	n = NR ; % = NR

Outcomes

Study timepoints
- 0 week (Endpoint)

Outcomes

Outcome	Clinic sample, 0 week, N = 91	Community sample, 0 week, N = 863
Internal reliability (Cronbach's alpha) Custom value	NR	NR
Me and My School: Emotional Difficulties sub-scale Self-reported Custom value	0.84	0.77

Outcome	Clinic sample, 0 week, N = 91	Community sample, 0 week, N = 863
Me and My School: Behavioural Difficulties sub-scale Self-reported Custom value	0.82	0.77
Strengths and Difficulties Questionnaire: Emotional Symptoms sub-scale Self-reported Custom value	0.83	NR
Strengths and Difficulties Questionnaire: Conuct Problems sub-scale Self-reported Custom value	0.75	NR
Strengths and Difficulties Questionnaire: Emotional Symptoms sub-scale Parent-reported Custom value	0.80	NR
Strengths and Difficulties Questionnaire: Conuct Problems sub-scale Parent-reported Custom value	0.76	NR
Inter-rater reliability (r) Determined by correlations between corresponding scales Custom value	NR	NR
Me and My School: Emotional Difficulties compared to Strengths and Difficulties Questionnaire: Emotional Symptoms (Parent-Report) Sample size: N = 82-83	0.30	NR

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Outcome	Clinic sample, 0 week, N = 91	Community sample, 0 week, N = 863
Custom value		
Me and My School: Behavioural Difficulties compared to Strengths and Difficulties Questionnaire: Conduct Problems (Parent-Report) Sample size: N = 82-83 Custom value	0.30	NR
Construct validity (r) Determined by correlations between corresponding scales Custom value	NR	NR
Me and My School: Emotional Difficulties compared to Strengths and Difficulties Questionnaire: Emotional Symptoms (Self-Report) Sample size: N = 52-53 Custom value	0.85	NR
Me and My School: Behavioural Difficulties compared to Strengths and Difficulties Questionnaire: Conduct Problems (Self-Report) Sample size: N = 52-53 Custom value	0.56	NR

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Critical appraisal - COSMIN checklist

Internal consistency

Question	Answer	Rating
Does the scale consist of effect indicators, i.e. is it based on a reflective model?	Yes	NA
Was an internal consistency statistic calculated for each unidimensional scale or subscale separately?	Internal consistency statistic calculated for each unidimensional scale or subscale	Very good
For continuous scores: Was Cronbach's alpha or omega calculated?	Cronbach's alpha, or Omega calculated	Very good
For dichotomous scores: Was Cronbach's alpha or KR- 20 calculated?	Not applicable	NA
For IRT-based scores: Was standard error of the theta (SE (θ)) or reliability coefficient of estimated latent trait value (index of (subject or item) separation) calculated?	Not applicable	NA
Were there any other important flaws in the design or statistical methods of the study?	No other important methodological flaws	Very good

Criterion validity

Question	Answer	Rating
For continuous scores: Were correlations, or the area under the receiver operating curve calculated?	Correlations or AUC calculated	Very good
For dichotomous scores: Were sensitivity and specificity determined?	Not applicable	NA

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Question	Answer	Rating
Were there any other important flaws in the design or statistical methods of the study?	No other important methodological flaws	Very good

Hypotheses testing for construct validity

Comparison with other outcome measurement instruments (convergent validity)

Question	Answer	Rating
Is it clear what the comparator instrument(s) measure(s)?	Constructs measured by the comparator instrument(s) is clear	Very good
Were the measurement properties of the comparator instrument(s) sufficient?	Sufficient measurement properties of the comparator instrument(s) in a population similar to the study population	Very good
Was the statistical method appropriate for the hypotheses to be tested?	Statistical method was appropriate	Very good
Were there any other important flaws in the design or statistical methods of the study?	No other important methodological flaws	Very good

Comparison between subgroups (discriminative or known-groups validity)

Question	Answer	Rating
Was an adequate description provided of important characteristics of the subgroups?	Adequate description of the important characteristics of the subgroups	Very good

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Question	Answer	Rating
Was the statistical method appropriate for the hypotheses to be tested?	Statistical method was appropriate	Very good
Were there any other important flaws in the design or statistical methods of the study?	No other important methodological flaws	Very good

Overall quality

Question	Rating
Overall study quality	Very good

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Appendix E – Forest plots

No forest plots are presented as a meta-analysis was not conducted.

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Appendix F – GRADE tables

Not applicable.

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Appendix G – Economic evidence study selection

No economic evidence is presented as the review does not concern interventions.

Appendix H – Economic evidence tables

No economic evidence is presented as the review does not concern interventions.

Appendix I – Health economic model

No economic model presented as review does not concern interventions.

Appendix J – Excluded studies

Study	Code [Reason]
Aitken, Madison; Martinussen, Rhonda; Tannock, Rosemary (2017) Incremental Validity of Teacher and Parent Symptom and Impairment Ratings when Screening for Mental Health Difficulties. Journal of abnormal child psychology 45(4): 827-837	- Unselected population
Alemdar, Melek and Anilan, H?seyin (2020) The Development and Validation of the Emotional Literacy Skills Scale. International Journal of Contemporary Educational Research 7(2): 258-270	- Study set outside the UK
Allwood, M., Allen, K., Price, A. et al. (2018) The reliability and validity of the pupil behaviour questionnaire: a child classroom behaviour assessment tool. Emotional and Behavioural Difficulties 23(4): 361-371	- Population not selected for poor SEMW
Aluja, Anton and Blanch, Angel (2002) The Children Depression Inventory as predictor of social and scholastic competence. European Journal of Psychological Assessment 18(3): 259-274	- Pre-2007
Analitis, Filippos, Velderman, Mariska Klein, Ravens-Sieberer, Ulrike et al. (2009) Being bullied: Associated factors in children and adolescents 8 to 18 years old in 11 European countries. Pediatrics 123(2): 569-577	- Unselected population
Anthony, Christopher J., Elliott, Stephen N., DiPerna, James C. et al. (2021) Initial Development and Validation of the Social Skills Improvement System--Social and Emotional Learning Brief Scales--Teacher Form. Journal of Psychoeducational Assessment 39(2): 166-181	- Study set outside the UK
Arslan, G?kmen; Y?ld?r?m, Murat; Albertova, Silvia Majercakova Development and initial validation of the Subjective Academic Wellbeing Measure: A new tool of youth wellbeing in school. Journal of Positive School Psychology 6(1): 3-11	- Study set outside the UK
Bagley, C., Bertrand, L., Bolitho, F. et al. (2001) Discrepant parent-adolescent views on family functioning: Predictors of poorer self-esteem and problems of emotion and behaviour in	- Pre-2007

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Study	Code [Reason]
British and Canadian adolescents. Journal of Comparative Family Studies 32(3)	
Barger, J., Vitale, P., Gaughan, J.P. et al. (2017) Measuring Resilience in the Adolescent Population: A Succinct Tool for Outpatient Adolescent Health. Journal of Pediatrics 189: 201	- Unselected population
Bhasin, S.K.; Sharma, R.; Saini, N.K. (2010) Depression, anxiety and stress among adolescent students belonging to affluent families: A school-based study. Indian Journal of Pediatrics 77(2): 161-165	- Unselected population
Bhatta, Sarmila, Champion, Jane Dimmitt, Young, Cara et al. (2018) Outcomes of Depression Screening Among Adolescents Accessing School-based Pediatric Primary Care Clinic Services. Journal of pediatric nursing 38: 8-14	- Can't confirm tool is UK validated
Bifulco, Antonia, Jacobs, C., Oskis, A. et al. (2021) The Child Attachment Style Interview (Child-ASI) and Depression: Preliminary Findings. Educational & Child Psychology 38(1): 62-74	- Can't confirm tool is UK validated
Boman, Fiffi, Stafstrom, Martin, Lundin, Nils et al. (2016) Comparing parent and teacher assessments of mental health in elementary school children. Scandinavian journal of public health 44(2): 168-76	- Unselected population
Burger, Huibert, Boks, Marco P, Hartman, Catharina A et al. (2014) Risk score for predicting adolescent mental health problems among children using parental report only: the TRAILS study. Academic pediatrics 14(6): 589-96	- Can't confirm tool is UK validated
Burns, J.R. and Rapee, R.M. (2019) School-based assessment of mental health risk in children: the preliminary development of the Child RADAR. Child and Adolescent Mental Health 24(1): 66-75	- Unselected population
Burns, John R and Rapee, Ronald M (2016) Screening for mental health risk in high schools: The development of the Youth RADAR. Psychological assessment 28(10): 1220-1231	- Unselected population

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Study	Code [Reason]
Ceruti, R, Lucarelli, L, Lo Bosco, M et al. (1996) Phenomenic aspects of the school maladjustment in preadolescence. Giornale di Neuropsichiatria dell'Eta Evolutiva 16(3): 179-210	- Pre-2007
Cohen, Joseph R, Thakur, Hena, Burkhouse, Katie L et al. (2019) A multimethod screening approach for pediatric depression onset: An incremental validity study. Journal of consulting and clinical psychology 87(2): 184-197	- Unselected population
Cunningham, Charles E, Boyle, Michael H, Hong, Sunjin et al. (2009) The Brief Child and Family Phone Interview (BCFPI): 1. Rationale, development, and description of a computerized children's mental health intake and outcome assessment tool. Journal of child psychology and psychiatry, and allied disciplines 50(4): 416-23	- Can't confirm tool is UK validated
Davanzo, Pablo, Kerwin, Lauren, Nikore, Vipan et al. (2004) Spanish translation and reliability testing of the Child Depression Inventory. Child psychiatry and human development 35(1): 75-92	- Pre-2007
Deutz, Marike H F, Shi, Qinxin, Vossen, Helen G M et al. (2018) Evaluation of the Strengths and Difficulties Questionnaire-Dysregulation Profile (SDQ-DP). Psychological assessment 30(9): 1174-1185	- Population not selected for poor SEMW
Dever, B. V. and Raines, T. C. (2013) The Use of Student Self-Report Screening Data for Mental Health Risk Surveillance. Society for Research on Educational Effectiveness: 1-10	- Population not selected for poor SEMW
Dever, B.V., Kamphaus, R.W., Dowdy, E. et al. (2013) Surveillance of middle and high school mental health risk by student self-report screener. Western Journal of Emergency Medicine 14(4): 384-390	- Population not selected for poor SEMW
Dimmitt, Jane H (1996) Translation and reassessment of the adolescent self-perception profile for a rural, Mexican-American population. Journal of Nursing Measurement 4(1): 5-18	- Pre-2007
Dowdy, Erin, Kamphaus, Randy W., Abdou, Annmary S. et al. (2013) Detection of Symptoms	- Unselected population

Study	Code [Reason]
of Prevalent Mental Health Disorders of Childhood with the Parent Form of the Behavioral and Emotional Screening System. Assessment for Effective Intervention 38(3): 192-198	
Dwyer, Sarah B; Nicholson, Jan M; Battistutta, Diana (2003) Population level assessment of the family risk factors related to the onset or persistence of children's mental health problems. Journal of child psychology and psychiatry, and allied disciplines 44(5): 699-711	- Pre-2007
Dwyer, Sarah B; Nicholson, Jan M; Battistutta, Diana (2006) Parent and teacher identification of children at risk of developing internalizing or externalizing mental health problems: a comparison of screening methods. Prevention science : the official journal of the Society for Prevention Research 7(4): 343-57	- Pre-2007
Farmer, Marion and Oliver, Alice (2005) Assessment of pragmatic difficulties and socioemotional adjustment in practice. International Journal of Language & Communication Disorders 40(4): 403-429	- Pre-2007
Flanagan, Kelly S; Bierman, Karen L; Kam, Chi-Ming (2003) Identifying at-risk children at school entry: the usefulness of multibehavioral problem profiles. Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53 32(3): 396-407	- Pre-2007
Fredrick, Stephanie Secord; Drevon, Daniel D; Jervinsky, Megan (2019) Measurement invariance of the Student Risk Screening Scale across time and gender. School psychology (Washington, D.C.) 34(2): 159-167	- Unselected population
Freer, Benjamin D, Sprang, Ginny, Katz, Debbie et al. (2017) The impact of child abuse potential on adaptive functioning: Early identification of risk. Journal of Family Violence 32(2): 189-196	- Unselected population
Furlong, Michael J; Ritchey, Kristin M; O'Brennan, Lindsey M (2009) Developing norms for the California Resilience Youth Development Module: Internal assets and school resources subscales. California School Psychologist 14: 35-46	- Unselected population

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Study	Code [Reason]
Gardner, William, Lucas, Amanda, Kolko, David J et al. (2007) Comparison of the PSC-17 and alternative mental health screens in an at-risk primary care sample. Journal of the American Academy of Child and Adolescent Psychiatry 46(5): 611-618	- Can't confirm tool is UK validated
Garland, M. and Fitzgerald, M. (1998) Social skills correlates of depressed mood in normal young adolescents. Irish Journal of Psychological Medicine 15(1): 19-21	- Pre-2007
Girio-Herrera, Erin; Dvorsky, Melissa R; Owens, Julie Sarno (2015) Mental health screening in kindergarten youth: a multistudy examination of the concurrent and diagnostic validity of the Impairment Rating Scale. Psychological assessment 27(1): 215-227	- Unselected population
Glascoe, Frances Page (2003) Parents' evaluation of developmental status: how well do parents' concerns identify children with behavioral and emotional problems?. Clinical pediatrics 42(2): 133-8	- Pre-2007
Goldman, J.; Sorensen, E.; Ward, M. (1995) Brief child assessment battery to assist with treatment planning and program evaluation. Community Mental Health Journal 31(5): 437-448	- Pre-2007
Goodman, Anna, Heiervang, Einar, Fleitlich-Bilyk, Bacy et al. (2012) Cross-national differences in questionnaires do not necessarily reflect comparable differences in disorder prevalence. Social psychiatry and psychiatric epidemiology 47(8): 1321-31	- Data not usable
Goodyear-Smith, F., Martel, R., Darragh, M. et al. (2017) Screening for risky behaviour and mental health in young people: The YouthCHAT programme. Public Health Reviews 38(1): 20	- Narrative summary
Hagen, Kristine Amlund, Hilsen, Marit, Kallander, Ellen K et al. (2019) Health-related quality of life (HRQoL) in children of ill or substance abusing parents: examining factor structure and sub-group differences. Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation 28(4): 1063-1073	- Population not selected for poor SEMW

Study	Code [Reason]
Hartman, Kelsey; Gresham, Frank M.; Byrd, Shelby (2017) Student Internalizing and Externalizing Behavior Screeners: Evidence for Reliability, Validity, and Usability in Elementary Schools. Behavioral Disorders 42(3): 108-118	- Unselected population
Hawes, David J, Lechowicz, Meryn, Roach, Alex et al. (2021) Capturing the developmental timing of adverse childhood experiences: The Adverse Life Experiences Scale. American Psychologist 76(2): 253	- Study set outside the UK
Helseth, Solvi and Lund, Thorleif (2005) Assessing health-related quality of life in adolescents: some psychometric properties of the first Norwegian version of KINDL. Scandinavian journal of caring sciences 19(2): 102-9	- Pre-2007
Herman, Keith C., Reinke, Wendy M., Huang, Francis L. et al. (2021) An Investigation of the Psychometric Properties of the Early Identification System--Student Report in a Middle School Sample. School Psychology 36(1): 34-46	- Study set outside the UK
Humphrey, N. and Wigelsworth, M. (2016) Making the case for universal school-based mental health screening. Emotional and Behavioural Difficulties 21(1): 22-42	- Discussion piece
Ishikawa, Shin-ichi, Takeno, Yayoi, Sato, Yoko et al. (2018) Psychometric properties of the Spence Children's Anxiety Scale with adolescents in Japanese high schools. School Mental Health: A Multidisciplinary Research and Practice Journal 10(3): 275-286	- Unselected population
Jackson, M H; Reddick, K B; Dubes, R G (1995) Self-concept correlates between at-risk and not-at-risk ninth-grade students. Psychological reports 76(2): 683-7	- Pre-2007
Khawaja, NG Dhushyanthakumar, L (2020) Strengths and difficulties questionnaire-teacher: Investigating its factor structure and utility with culturally and linguistically diverse students. JOURNAL OF PSYCHOLOGISTS AND COUNSELLORS IN SCHOOLS 30(1): 43-57	- Population not selected for poor SEMW

Study	Code [Reason]
Kuijpers, R.C.W.M., Otten, R., Vermulst, A.A. et al. (2016) Reliability, factor structure, and measurement invariance of the dominic interactive across European countries: Cross-country utility of a child mental health self-report. Psychological Assessment 28(5): 539-548	- Unselected population
Kytt?l?, Minna; Sinkkonen, Hanna-Maija; K?iv, Kristi (2021) Social, Emotional, and Behavioral Strengths and Difficulties among Sixth Grade Students: Comparing Student and Teacher Ratings in Finland and Estonia. International Journal of School & Educational Psychology 9(1): 42-54	- Study set outside the UK
Ladd, G.W.; Herald-Brown, S.L.; Andrews, R.K. (2009) The Child Behavior Scale (CBS) Revisited: A Longitudinal Evaluation of CBS Subscales With Children, Preadolescents, and Adolescents. Psychological Assessment 21(3): 325-339	- Unselected population
Lane, Kathleen Lynne, Little, M. Annette, Casey, Amy M et al. (2009) A comparison of systematic screening tools for emotional and behavioral disorders. Journal of Emotional and Behavioral Disorders 17(2): 93-105	- Unselected population
Lane, Kathleen Lynne, Oakes, Wendy Peia, Common, Eric Alan et al. (2015) A Comparison between SRSS-IE and SSiS-PSG Scores: Examining Convergent Validity. Assessment for Effective Intervention 40(2): 114-126	- Unselected population
Lane, Kathleen Lynne, Oakes, Wendy Peia, Ennis, Robin Parks et al. (2015) Additional Evidence of Convergent Validity between SRSS-IE and SSiS-PSG Scores. Behavioral Disorders 40(4): 213-229	- Unselected population
Lane, Kathleen Lynne, Richards-Tutor, Catherine, Oakes, Wendy Peia et al. (2014) Initial Evidence for the Reliability and Validity of the Student Risk Screening Scale with Elementary Age English Learners. Assessment for Effective Intervention 39(4): 219-232	- Unselected population
Lereya, S.T., Humphrey, N., Patalay, P. et al. (2016) The student resilience survey: Psychometric validation and associations with mental health. Child and Adolescent Psychiatry and Mental Health 10(1): 44	- Unselected population

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Study	Code [Reason]
Li, Fan, Green, Jennifer Greif, Kessler, Ronald C et al. (2010) Estimating prevalence of serious emotional disturbance in schools using a brief screening scale. International journal of methods in psychiatric research 19suppl1: 88-98	- Unselected population
Liddle, Elizabeth B; Batty, Martin J; Goodman, Robert (2009) The Social Aptitudes Scale: an initial validation. Social psychiatry and psychiatric epidemiology 44(6): 508-13	- Unselected population
LOU, Christine and et, al (2008) Assessing child and youth well-being: implications for child welfare practice. Journal of Evidence-Based Social Work 5(12): 91-133	- Data not usable
Luthar, Suniya S; Ebbert, Ashley M; Kumar, Nina L (2020) The Well-Being Index (WBI) for schools: A brief measure of adolescents? mental health. Psychological Assessment	- Pre-print
MacDonald, S. (2016) Assessment of higher level cognitive-communication functions in adolescents with ABI: Standardization of the student version of the functional assessment of verbal reasoning and executive strategies (S-FAVRES). Brain Injury 30(3): 295-310	- Tool does not assess SEMW
MARQUIS, Roby (2009) The SDQ as a mental health measurement tool in a Canadian sample of looked-after young people. Vulnerable Children and Youth Studies 4(2): 114-121	- Population not selected for poor SEMW
Mastorci, F., Bastiani, L., Doveri, C. et al. (2020) Adolescent Health: A Framework for Developing an Innovative Personalized Well-Being Index. Frontiers in Pediatrics 8: 181	- Population not selected for poor SEMW
McCRAE Julie, S. and BARTH Richard, P. (2008) Using cumulative risk to screen for mental health problems in child welfare. Research on Social Work Practice 18(2): 144-159	- Can't confirm tool is UK validated
Melendez-Torres, G.J., Hewitt, G., Hallingberg, B. et al. (2019) Measurement invariance properties and external construct validity of the short Warwick-Edinburgh mental wellbeing scale in a large national sample of secondary school	- Unselected population

Study	Code [Reason]
students in Wales. Health and Quality of Life Outcomes 17(1): 139	
Moffa, Kathryn, Wagle, Rhea, Dowdy, Erin et al. (2021) The Me and My School Questionnaire: Examining the Cross-Cultural Validity of a Children's Self-Report Mental Health Measure. International Journal of School & Educational Psychology 9(1): 31-41	- Study set outside the UK
Murphy, J M, Ichinose, C, Hicks, R C et al. (1996) Utility of the Pediatric Symptom Checklist as a psychosocial screen to meet the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) standards: a pilot study. The Journal of pediatrics 129(6): 864-9	- Pre-2007
Naser, Shereen C. and Dever, Bridget V. (2020) A Preliminary Investigation of the Reliability and Validity of the BESS-3 Teacher and Student Forms. Journal of Psychoeducational Assessment 38(2): 263-269	- Unselected population
Navarro, M.C., Orri, M., Nagin, D. et al. (2020) Adolescent internalizing symptoms: The importance of multi-informant assessments in childhood. Journal of Affective Disorders 266: 702-709	- Unselected population
Nickerson, Amanda B. and Fishman, Callen (2009) Convergent and Divergent Validity of the Devereux Student Strengths Assessment. School Psychology Quarterly 24(1): 48-59	- Unselected population
O'Dea, Jennifer A (2009) Self perception score from zero to ten correlates well with standardized scales of adolescent self esteem, body dissatisfaction, eating disorders risk, depression, and anxiety. International journal of adolescent medicine and health 21(4): 509-17	- Unselected population
Oakes, Wendy Peia; Lane, Kathleen Lynne; Ennis, Robin Parks (2016) Systematic Screening at the Elementary Level: Considerations for Exploring and Installing Universal Behavior Screening. Journal of Applied School Psychology 32(3): 214-233	- Unselected population
Platt, Lois M (2014) Identifying students at risk for mental health problems. NASN school nurse (Print) 29(6): 299-302	- Narrative summary

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Reardon, Tessa, Spence, Susan H, Hesse, Jordan et al. (2018) Identifying children with anxiety disorders using brief versions of the Spence Children's Anxiety Scale for children, parents, and teachers. Psychological assessment 30(10): 1342-1355	- Can't confirm tool is UK validated
Renshaw, Tyler L. (2018) Preliminary Validation of the Subjective Academic Problems Scale: A New Tool to Aid in Triaging School Mental Health Screening Results. Canadian Journal of School Psychology 33(3): 242-256	- Unselected population
Rhew, I.C., Simpson, K., Tracy, M. et al. (2010) Criterion validity of the Short Mood and Feelings Questionnaire and one- and two-item depression screens in young adolescents. Child and Adolescent Psychiatry and Mental Health 4: 8	- Can't confirm tool is UK validated
Risco, Cristina M, Collado, Anahi D, Reynolds, Elizabeth K et al. (2016) Evaluation of the Environmental Supports Scale with a Community Sample of Adolescents. Prevention science : the official journal of the Society for Prevention Research 17(4): 493-502	- Unselected population
Scott, Michelle A, Wilcox, Holly C, Schonfeld, Irvin Sam et al. (2009) School-based screening to identify at-risk students not already known to school professionals: the Columbia suicide screen. American journal of public health 99(2): 334-9	- Unselected population
Seward, Rebecca J; Bayliss, Donna M; Ohan, Jeneva L (2018) The Children's Social Vulnerability Questionnaire (CSVQ): Validation, relationship with psychosocial functioning, and age-related differences. International journal of clinical and health psychology : IJCHP 18(2): 179-188	- Unselected population
Shapiro, Valerie B, Kim, B K Elizabeth, Robitaille, Jennifer L et al. (2017) Protective factor screening for prevention practice: Sensitivity and specificity of the DESSA-Mini. School psychology quarterly : the official journal of the Division of School Psychology, American Psychological Association 32(4): 449-464	- Unselected population
Shojaei, T., Wazana, A., Pitrou, I. et al. (2009) Psychometric properties of the Dominic	- Unselected population

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interactive in a large French sample. Canadian Journal of Psychiatry 54(11): 767-776	
Shojaei, Taraneh, Wazana, Ashley, Pitrou, Isabelle et al. (2009) The strengths and difficulties questionnaire: validation study in French school-aged children and cross-cultural comparisons. Social psychiatry and psychiatric epidemiology 44(9): 740-7	- Unselected population
Sokratis, S., Christos, Z., Despo, P. et al. (2017) Prevalence of depressive symptoms among schoolchildren in Cyprus: A cross-sectional descriptive correlational study. Child and Adolescent Psychiatry and Mental Health 11(1): 7	- Unselected population
Soneson, Emma, Howarth, Emma, Ford, Tamsin et al. (2020) Feasibility of School-Based Identification of Children and Adolescents Experiencing, or At-risk of Developing, Mental Health Difficulties: a Systematic Review. Prevention science : the official journal of the Society for Prevention Research	- Data not usable
SPRINGER David, W. (1998) Validation of the adolescent concerns evaluation (ACE): detecting indicators of runaway behavior in adolescents. Social Work Research 22(4): 241-250	- Pre-2007
Stephens, H.F.; Kistner, J.A.; Lynch, R.J. (2015) The Calculation of Discrepancy Scores in the Context of Biased Self-Perceptions of Acceptance. Journal of Psychopathology and Behavioral Assessment 37(3): 442-453	- Unselected population
Stratta, Paolo, Riccardi, Ilaria, Di Cosimo, Alessandra et al. (2012) A Validation Study of the Italian Version of the Resilience Scale for Adolescents (READ). Journal of Community Psychology 40(4): 479-485	- Unselected population
Tabet, Saundra M., Perleoni, Mary K., Dillman Taylor, Dalena et al. (2021) The Factor Structure of Child Behavior Checklist Scores with Elementary School Students Referred to Counseling within Low-Income Communities. Assessment for Effective Intervention 46(3): 197-206	- Study set outside the UK

Study	Code [Reason]
TARREN-SWEENEY, Michael (2007) The Assessment Checklist for Children ACC: a behavioral rating scale for children in foster, kinship and residential care. Children and Youth Services Review 29(5): 672-691	- Population not selected for poor SEMW
Thrane, Lisa E., Whitbeck, Les B., Hoyt, Danny R. et al. (2004) Comparing Three Measures of Depressive SymptomsS Among American Indian Adolescents. American Indian and Alaska Native Mental Health Research The Journal of the National Center 11(3): 20-42	- Pre-2007
Van Eldik, Theo (2005) Mental Health Problems of Dutch Youth with Hearing Loss as Shown on the Youth Self Report. American Annals of the Deaf 150(1): 11-16	- Pre-2007
Vander Stoep, A, Weiss, N S, McKnight, B et al. (2002) Which measure of adolescent psychiatric disorder--diagnosis, number of symptoms, or adaptive functioning--best predicts adverse young adult outcomes?. Journal of epidemiology and community health 56(1): 56-65	- Pre-2007
Verhulst, F C; Dekker, M C; van der Ende, J (1997) Parent, teacher and self-reports as predictors of signs of disturbance in adolescents: whose information carries the most weight?. Acta psychiatrica Scandinavica 96(1): 75-81	- Pre-2007
Vessey, Judith A, Horowitz, June A, Carlson, Karen L et al. (2008) Psychometric evaluation of the child-adolescent teasing scale. The Journal of school health 78(6): 344-50	- Unselected population
von der Embse, Nathaniel P, Kilgus, Stephen P, Iaccarino, Stephanie et al. (2017) Screening for student mental health risk: Diagnostic accuracy, measurement invariance, and predictive validity of the Social, Academic, and Emotional Behavior Risk Screener-Student Rating Scale (SAEBRS-SRS). School Mental Health: A Multidisciplinary Research and Practice Journal 9(3): 273-283	- Unselected population
von der Embse, Nathaniel P, Pendergast, Laura L, Kilgus, Stephen P et al. (2016) Evaluating the applied use of a mental health screener: Structural validity of the Social, Academic, and	- Unselected population

Study	Code [Reason]
Emotional Behavior Risk Screener. Psychological assessment 28(10): 1265-1275	
Von Soest, T., Mossige, S., Stefansen, K. et al. (2010) A validation study of the resilience scale for adolescents (READ). Journal of Psychopathology and Behavioral Assessment 32(2): 215-225	- Unselected population
Whiteside, Stephen P. H, McCarthy, Denis M, Sim, Leslie A et al. (2016) Development of the Friendships and Social Skills Test (FASST): A parent report measure. Journal of Child and Family Studies 25(6): 1777-1788	- Can't confirm tool is UK validated
Whitley, Samuel F. and Cuenca-Carlino, Yojanna (2020) Examining the Technical Adequacy of the Social, Academic, and Emotional Behavior Risk Screener. Assessment for Effective Intervention 46(1): 67-75	- Study set outside the UK
Wolf, R.T., Jeppesen, P., Gyrd-Hansen, D. et al. (2019) Evaluation of a screening algorithm using the Strengths and Difficulties Questionnaire to identify children with mental health problems: A five-year register-based follow-up on school performance and healthcare use. PLoS ONE 14(10): e0223314	- Unselected population
Wouters, Sofie, Verschueren, Karine, Briers, Veerle et al. (2016) Development and validation of a Self-esteem Contingency Questionnaire for Adolescents. Personality and Individual Differences 99: 295-301	- Unselected population
Wright, Hannah, Wellsted, David, Gratton, Jacqui et al. (2019) Use of the Strengths and Difficulties Questionnaire to identify treatment needs in looked-after children referred to CAMHS. Developmental Child Welfare 1(2): 159-176	- Population not selected for poor SEMW
Wrobel, Nancy Howells and Lachar, David (1998) Validity of self- and parent-report scales in screening students for behavioral and emotional problems in elementary school. Psychology in the Schools 35(1): 17-27	- Pre-2007
Zauszniewski, Jaclene A; Bekhet, Abir K; Bonham, Elizabeth (2010) Psychometric testing of the children's resourcefulness scale. Journal of child and adolescent psychiatric nursing :	- Unselected population

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Study	Code [Reason]
official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc 23(3): 181-8	