

# Public Health Intervention Guidance

## Mental Wellbeing of Children - Consultation on Evidence– Stakeholder Response Table 13<sup>th</sup> July – 10<sup>th</sup> August 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Afiya Trust	Evidence review	General		<p>Relevant research literature not included in the Evidence Review is <i>“The Handbook of Racial-Cultural Psychology and Counselling” Volume 1 - Theory and Research; Volume2 – Training and Practice.</i> It is edited by Robert T. Carter - (Copyright 2005, John Wiley &amp; Sons, Inc. ISBN 0-471-65625-9). Volume 1 has contributions from 34 researchers and practitioners. Volume 2 has contributions from 63 researchers and practitioners.</p> <p>As well as being a goldmine of very helpful and useful scientific information, there are specific sections that concern educational processes. This book is the outcome of at least successive 4 ‘professor to PhD student’ generations in North America developing a scientific approach to this issue (i.e. 40 years of unbroken, continuous work). It is little known in the UK, but the findings and guidance are eminently transferable to the UK situation.</p> <p>Robert T. Carter’s contact details are attached If you chose to contact him, please let him know you got his details from me.</p> <p>The funding source I referred to was the Delivering Race Equality (DRE) funding placed with PCTs nationally, to develop community engagement at the regional and local level. The key use was to recruit Community Development Workers (CDWs). The PCTs have had the funding for more than two years, but are woefully behind in implementing this programme. My suggestion was that some of this funding could be put to good use by engaging CDWs specifically to work with and enrol alienated BME parents in the positive interventions discussed in committee. Melba Wilson is now the Head of DRE and would be a good starting point to in initiate this discussion.</p>	Thank you for submitting details of this book. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
Afiya Trust	Evidence review	General		Relevant to this guidance, is the Delivering Race Equality (DRE) funding placed with PCTs nationally, to develop community engagement at the regional and local level. The key use was to recruit Community Development Workers (CDWs). The PCTs have had the funding for more than two years, but are woefully behind in	<p>Thank you for your comment.</p> <p>In line with NICE’s processes, detailed guidance on the costing implications of public health guidance and sources of funding for implementation of</p>

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				implementing this programme. My suggestion was that some of this funding could be put to good use by engaging CDWs specifically to work with and enrol alienated BME parents in the positive interventions discussed in committee. Melba Wilson is now the Head of DRE and would be a good starting point to initiate this discussion.	recommended interventions will be produced by NICE's implementation team and will be released on publication of the final guidance.
Arts Council	1. General: Arts Council England programmes (national)			<p>1. For information (effectiveness):</p> <p><b>1.1 Arts Extend:</b> Extended Services offers children the chance to participate in opportunities they are interested in, sometimes with their families, which can be purely for enjoyment and/or can support extended learning. Through the <i>Arts Extend</i> programme, Arts Council England is working with 4Children, ContinYou, the Training and Development Agency for Schools (TDA), and the Department for Children, Schools and Families to support nine local pilot programmes across the country that are exploring ways in which children, young people and their families can take part in the arts and work with local artists through extended services.</p> <p>The programme is running until August 2007 and a national evaluation will be available in the autumn. Although no programmes have been specifically to address the mental health of children, it is expected that evidence will show impact on social and emotional well-being.</p>	Thank you for your comment. Whilst the evaluation of the <i>Arts Extend</i> programme will likely be published too late to be considered for this version of the guidance, the guidance will be updated at a later date.
Arts Council				<b>1.2 Cultural Hubs:</b> Now in it's second year, Cultural Hubs is exploring models of providing a broad cultural offer for children and young people, at the heart of which is effective partnership working and joint-planning between the cultural and education sectors. The evaluation of the first year of Cultural Hubs shows outcomes for the social and emotional well-being of pupils. In particular, engagement in cultural activities over a sustained period of time has led to pupils working better together, pupils enjoying learning, increases in confidence and self-esteem (' <i>One girl was shy and reserved and her</i>	Thank you for submitting details of this report. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.

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				<i>whole body language improved dramatically.</i> School contact) and activities have 'lifted spirits' and 'generated excitement'. The evaluation report, including details on outcomes for pupils, is available at <a href="http://www.artscouncil.org.uk/culturalhubs">www.artscouncil.org.uk/culturalhubs</a>	
Arts Council				<p><b>1.3 National Foundation for Educational Research (NfER) research</b> into the effects of arts education in schools highlighted personal and social development for pupils from arts education including: developing a sense of self and one's emotions; enhanced self-worth and self-esteem; increased self-confidence; developing the whole personality; improved social skills; increased awareness of others; and improved social skills. A small but significant amount of pupils related that their involvement in arts education increased their sense of independence and autonomy.</p> <p>It concluded that one effect of arts education involvement was as therapy. Both teachers and pupils testified to this effect, and in particular the calming effect on a pupils temperament or a means of stress relief. From the pupils' perspective, involvement in the arts provided a release from the stresses of everyday life and from the stress of other lessons. (Harland et al, NfER, 2000)</p> <p><b>1.4 Beyond Enjoying and Achieving</b> (a DVD downloadable via <a href="http://www.artscouncil.org.uk/publications/publications_for_subject.php?sid=9">http://www.artscouncil.org.uk/publications/publications_for_subject.php?sid=9</a>)</p> <p><i>Beyond enjoying and achieving</i> explores how the arts contribute to all of the Every Child Matters outcomes.</p> <p>Using the arts to tap in to existing interests and provide new experiences, children and young people can challenge views of them, raise their aspirations, become active, healthy citizens and, importantly, enjoy themselves.</p>	Thank you for submitting details of this report. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.

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				<p>In the film, children, young people and their parents, tell us how their involvement in arts activities has helped them to develop.</p> <p>The film is 20 minutes long and can be viewed as the full film or as individual separate chapters. The film includes subtitled versions.</p>	
Arts Council	2. General: Arts Council England's Creative Services programme (London)			<p>2. For information (effectiveness and economics):</p> <p><b>2.1 Creative Services</b> is a London-wide initiative looking at how the arts and creativity can contribute to Every Child Matters, Local Area Agreements and Children and young people's plans. There are 30 pilots currently being developed in London which meet different identified needs of children and young people in each borough.</p> <p>We are planning to undertake an evaluation of 5 Creative Services pilots. The evaluation will analyse the inputs (investment and resources) , process, impact, outcome and outputs. It will look at the financial benefits to Local Authorities in adopting arts approaches and commissioning creative organisations to deliver against targets.</p> <p>We currently plan to evaluation pilots in the following areas, though this may be subject to change: young people at risk of offending, school attendance, looked after children and young people, speech and language development and youth voice and consultation.</p> <p>We are in the process of commissioning this work and plan to have it completed by March 2008.</p>	Thank you for your comment. Whilst the evaluation of the <i>Creative Services</i> programme will be published too late to be considered for this version of the guidance, the guidance will be updated at a later date.
Banes PCT	School based interventions for mental wellbeing Public health Guidance	General regarding universal approaches		<p>Looking at the papers that have been included in the review we are aware of other RCTs for the FRIENDS programme that have not been mentioned. There is a good website which provides a research digest/references at <a href="http://www.friendsinfo.net/">http://www.friendsinfo.net/</a></p> <p>We are unsure whether these would meet the committees criteria for inclusion but possibly relevant papers about universal applications of</p>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.

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				<p>FRIENDS are:</p> <p>Lowry-Webster, H.M., Barrett, P.M., &amp; Dadds, M.R. (2001). A universal prevention trial of anxiety and depressive symptomatology in childhood: Preliminary data from an Australian study. <i>Behaviour Change</i>, 18, 36–50.</p> <p>Lowry-Webster, H., Barrett, P., &amp; Lock, S. (2003). A universal prevention trial of anxiety symptomatology during childhood: Results at one-year follow-up. <i>Behaviour Change</i>, 20(1), 25–43.</p>	
<b>British Association for Counselling &amp; Psychotherapy</b>	Effectiveness review	Executive summary: Methods		<p>BACP is familiar with the hierarchy of evidence used by NICE and understands the rationale for using this hierarchy, including the need to minimise bias. As an organisation committed to the development of effective and ethical psychological therapies, BACP understands the need for a solid evidence base from which to make recommendations for treatments and service delivery. Nonetheless, BACP has submitted evidence to the Health Select Committee Inquiry into NICE, arguing that an over- reliance on controlled trials to review the effectiveness of psychosocial interventions is inappropriate in that it unduly narrows the evidence base from which to make recommendations and overlooks much high quality qualitative research that lends itself to the evaluation of psychosocial interventions. BACP values the rigour of controlled trials and regrets the lack of trials in the psychological therapies, particularly for populations without clinical diagnoses (such as unhappy children) and without manualised interventions (such as play therapy or circle time).</p>	<p>Thank you for your comments. We do recognise the limitations of basing our evidence reviews on inclusion of controlled trials only.</p> <p>However the scope of this guidance has been constrained (primarily because this piece of guidance has been referred from the DH as a piece of intervention guidance -as opposed to a broader programme guidance piece of work), to an assessment of intervention effectiveness, which as you say, is most reliably evaluated (in terms of limiting sources of bias) in controlled trial study designs.</p> <p>However, it is important to note that evidence from qualitative sources has not been excluded <i>per se</i>, only those studies that employ a control comparison group have been included. It should also be noted that where a controlled study also reports on qualitative outcomes (such as issues pertaining to user satisfaction, acceptability etc) then these outcomes have been reported within the reviews.</p> <p>We are reassured that such an approach is</p>

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					appropriate since some psychotherapeutic approaches (such as CBT) were captured within the review of targeted interventions.
<b>British Association for Counselling &amp; Psychotherapy</b>	Effectiveness review	Background: Scopes; targeted interventions		<p>We note however, that increasing numbers of systematic reviews of quality- assessed evidence include informative narrative syntheses of rigorous qualitative research and we suggest that in contrast, the traditional and narrow scope of the current review of the effectiveness of mental wellbeing for children, if used as the basis of treatment recommendations, will result in a narrow range of recommendations which will bear little relevance to the needs of children in primary education and does not take account of evaluations of existing, highly valued, services. The review utilises a 'qualitative synthesis of results' but does not appear to synthesise qualitative research results.</p> <p>BACP has over 28,000 members, many of whom deliver counselling in schools. While there are far fewer services in primary education than in the secondary sector, lessons can be learned from the detailed evaluations of services in secondary schools which may be transferable to primary education settings.</p>	<p>Thank you for your comments. As part of our literature search process we have made every attempt to identify all studies and evaluations of school-based interventions for the promotion of mental well-being in children. We welcome submission of evaluations missed by our search although it is important to note that only those interventions that have been subject to controlled evaluation will be included in the reviews.</p> <p>Evidence from qualitative sources has not been excluded from the reviews <i>per se</i>, and where a controlled study also reports on qualitative outcomes (such as issues pertaining to user satisfaction, acceptability etc) then these outcomes have been reported within the reviews.</p>
<b>British Association for Counselling &amp; Psychotherapy</b>	Effectiveness review contd.	Scope contd.		<p>We are surprised that counselling is not included as a targeted intervention in the review, which underlines the gap between academic research and the realities of service delivery in practice.</p> <p>BACP is currently undertaking an evaluation of counselling in secondary schools in Wales for the Welsh Assembly Government. The research team is gathering important information about service delivery through a mix of desk research, survey research and field work, including interviews with parents, children, teachers and counsellors. While this report will not be published until September 2007 the researchers have already developed recommendations about delivering high quality and effective services.</p> <p>The research is available on request from BACP by emailing</p>	<p>Thank you for your comments. Studies were not excluded from the review on the basis of intervention type, rather only those studies in which interventions were subject to rigorous (controlled) evaluation were included. If specific counselling based interventions are not included in the targeted review, it is because the review team were unable to find any good quality evidence assessing effectiveness of these approaches.</p> <p>However, it is important to note that several CBT-based interventions were included within the targeted review.</p>

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				<a href="mailto:research@bacp.co.uk">research@bacp.co.uk</a> , or by telephone on 01455 883318.	Counselling interventions delivered to children with specific mental health problems has been assessed within related pieces of NICE guidance (see for example, treatment of depression available at: <a href="http://www.nice.org.uk/CG028">www.nice.org.uk/CG028</a> ).  We welcome submission of the completed evaluation.
<b>British Association for Counselling &amp; Psychotherapy</b>	Effectiveness review	Results		<p>The authors note that 'the quality of studies is limited by the subject matter'. BACP agrees that research into psychosocial interventions in schools and elsewhere is seriously under-funded and that there is a dearth of controlled trials. Nonetheless, we submit that the review is limited not just by the lack of high quality controlled studies but by the limited inclusion criteria for the review.</p> <p>BACP commissions systematic reviews and we support the need for robust evidence reviews, but suggest that the traditional hierarchy of evidence and the narrow scope is unhelpful in this review. The review would benefit from inclusion of Professor Mick Cooper's evaluation of school counselling in Scotland. Cooper, M. (2004). <i>Counselling in Schools Project: Evaluation Report</i>. Glasgow: Counselling Unit, University of Strathclyde and Cooper, M. (2006). <i>Counselling in Schools Project Phase II: Evaluation Report</i>. Glasgow: Counselling Unit, University of Strathclyde which would add weight and depth to the findings. In addition, the authors should note the existence of a systematic review of counselling for children and young people by Dr Belinda Harris with Dr Sue Pattison. Harris, B., &amp; Pattison, S. (2004). <i>Research on counselling children and young people: a systematic scoping review</i>. Rugby: The British Association for Counselling and Psychotherapy.</p>	<p>Thank you for your comments. We do recognise the limitations of basing our evidence reviews on inclusion of controlled trials only.</p> <p>However the scope of this guidance has been constrained (primarily because this piece of guidance has been referred from the DH as a piece of intervention guidance -as opposed to a broader programme guidance piece of work), to an assessment of intervention effectiveness, which as you say, is most reliably evaluated (in terms of limiting sources of bias) in controlled trial study designs.</p> <p>Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.</p>
<b>British Association for Counselling &amp; Psychotherapy</b>	Effectiveness review	Recommendations for research		The recommendations for research are so wide ranging that we would suggest that the evidence base as reviewed is too narrow to make substantive recommendations for future service delivery. An alternative is to conduct a different type of review, along the lines of	Thank you for your comments. The guidance is based on the best available evidence, according to NICE methodologies. We recognise there are alternative approaches.

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				<p>the research commissioned by the Welsh Assembly Government (cited above) which will enable practical suggestions to be made about the delivery of high quality and ethical services, while recommendations are followed up through the funding of a range of research programmes as outlined in the review's research recommendations.</p> <p>A further point we would like to make is that it is not helpful to narrow the scope of search to diagnostic categories in children and while the authors refer to the sleeper effects of mental health problems in children, there are many issues about researching the mental health of children and young people that are not discussed here, but which are discussed fully in the counselling children and young people review by Harris and Pattison (2004).</p> <p>BACP is currently undertaking an evaluation of counselling in secondary schools in Wales for the Welsh Assembly Government. The research team is gathering important information about service delivery through a mix of desk research, survey research and field work, including interviews with parents, children, teachers and counsellors. While this report will not be published until September 2007 the researchers have already developed recommendations about delivering high quality and effective services. The project will report in September 2007. We will send a copy of the report to the review panel, if so requested.</p>	<p>The scope of the review was not confined to disagnostic categories. We acknowledge that there are many issues relating to research in this area.</p> <p>We welcome submission of completed evaluations.</p>
<b>The British Psychological Society</b>	Summary of evidence on whole school approaches	General		The main findings indicating teacher training, programmes to improve children's emotional literacy and parenting classes are to be welcomed and in line with practice based evidence developing on the ground	Thank you for your comment.
<b>The British Psychological Society</b>	Summary of evidence on targeted approaches	General		The key issues in relation to targeted problems on the ground relate to identification and accessible models of service delivery. Many of the treatments are available through routine CAMHS the question is access. There are two parts to this. Firstly identification of those with	Thank you for your comments.

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				internalising problems, the second is the recognition of anxiety, depression, self-esteem and sometimes, developmental issues in those presenting with behaviour problems. The evidence base around co-morbidity of emotional and behavioural difficulties, and behavioural and learning issues together with the use of self-report measures as a way of honing in on these underlying difficulties is vital. Secondly once identified the issue becomes accessing of services that can treat the symptoms and their underlying causes e.g. family work to help a child whose behaviour difficulties are linked to stress of parental break up. Here the evidence base around multiple points of access, school based CAMHS increasing access for hard to reach families, and working from a formulation to tackle the key issues rather than offering a standardised package of care becomes crucial in achieving positive outcomes	
<b>Charlie Waller Memorial Trust</b>	Executive Summary	General		The Charlie Waller Memorial Trust is interested in raising awareness and prevention within primary schools. We believe that an effective programme will focus on the training of all staff with nominated 'leads' receiving more comprehensive training with them becoming a 'trainer' within their school or a small group of schools. In this way, provided clearly understood support mechanisms are available within each school, the programme will become sustainable. <b>(Effectiveness)</b>	Thank you for your comment.
<b>Childhood Bereavement Network</b>	All			It would be helpful for the forthcoming guidance to be tied closely to DCSF's recently announced initiative supporting schools in working with mental health practitioners.	Thank you for your comment.
<b>Childhood Bereavement Network</b>	All			Approximately 1 in 25 school age children today have already experienced the death of a parent or sibling, and child bereavement charity Winston's Wish estimates that a further 50 children and young people are bereaved of a parent each day in the UK. A study of Humberside primary schools suggests that up to 70% primary schools have at least one recently bereaved pupil on roll.  There is a growing body of evidence that bereavement affects	Thank you for your comment.  We acknowledge that there are some children that will be predisposed to poor mental well-being (for example looked after children, children living in disrupted or poorer families, and those that have experience of bereavement amongst others).

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				<p>children's mental well-being in the short and long term, and can pose risks to their mental health, especially in circumstances which are already disadvantaged. In a review of the literature, Dowdney (2000) concludes 'children do experience grief, sadness and despair following parental death. Mild depression is frequent...one in five is likely to manifest [emotional and behavioural] disturbance at a level sufficient to justify referral to specialist services'.</p> <p>(See Ribbens McCarthy, J (2006) <i>Young People's Experiences of Loss and Bereavement</i> Maidenhead: OUP for a full review of the literature).</p> <p><b>Emotional well-being</b></p> <ul style="list-style-type: none"> <li>➤ Worden (Worden, W (1996) <i>Children and Grief</i> New York: The Guilford Press) found that many parentally bereaved children were anxious: significantly more so a year after the death than right away. This was associated with changes in daily life, and with feeling less in control of circumstances.</li> <li>➤ <i>Mental health of children and young people in Great Britain, 2004</i> (ONS, 2005) showed children in disrupted families – including those in which a parent had died – to have a higher rate of mental disorders. It also showed that children with emotional disorders were more likely than those with no disorder to have experienced the death of a parent or sibling: especially those with separation anxiety or social phobia.</li> </ul> <p><b>Psychological well-being</b></p> <ul style="list-style-type: none"> <li>➤ Worden found that parentally bereaved children had lower self-efficacy and self-esteem scores than their non-bereaved peers: this was greatest at two years after the death, suggesting that bereavement can compromise well-being over longer periods than have previously been studied. Children had greater difficulty concentrating at school than their non-bereaved peers and this was associated with anxiety.</li> </ul>	<p>This guidance however, does not seek to identify or characterise the association between poor mental well-being and those predisposing factors. Rather, the guidance will target all children in primary education and will include recommendations for both universal (whole-school) and targeted (at-risk individuals) interventions for the promotion of mental well-being.</p>

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				<p><b>Social well-being</b></p> <ul style="list-style-type: none"> <li>➤ Green et al (ONS 2005) found children and young people with conduct disorder to be more likely to have experienced the death of a parent or sibling than those with no conduct disorder</li> <li>➤ Youth offending teams raised bereavement as one of the key health issues they encountered among the young people they were in contact with</li> </ul> <p>The Childhood Bereavement Network's <i>Grief Matters for Children</i> calls for appropriate information and support for all bereaved children and their families, wherever they live and however they have been bereaved. As part of the campaign, we want all schools to</p> <ul style="list-style-type: none"> <li>• promote the well-being of bereaved children and young people through a whole school approach including proactive, flexible pastoral support and the curriculum</li> <li>• have a system for managing and communicating important information about children and young people's bereavements</li> <li>• ensure that staff have training to give them the confidence and skills to respond appropriately to the diverse needs of bereaved children and their families, including making referrals to child bereavement services</li> <li>• support these measures by incorporating them into relevant policies</li> </ul> <p>For more information, please visit  <a href="http://www.childhoodbereavementnetwork.org.uk/griefMatters.htm">http://www.childhoodbereavementnetwork.org.uk/griefMatters.htm</a> </p>	
Childhood Bereavement Network				<p>We see the relevance of dividing the guidance into whole school and targeted approaches, but feel that the resulting guidance will be strengthened if the two are very clearly linked.</p> <p>It will be appropriate to offer targeted support to individual pupils when they are bereaved. But the majority of young people will</p>	Thank you for your comment. It is our intention that although the evidence reviews have been presented as two separate approaches, the final guidance will bring these strands together in a set of overlapping recommendations.

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				<p>experience a bereavement at some point in their childhood, and so the general provision of education about loss and bereavement will be of wider relevance, helping to dispel myths and taboos. (Rowling, L (2003) <i>Grief in School Communities</i> Buckingham: OUP ) Evidence suggests that the majority of children think about death and dying and that '<i>children have a greater awareness of death than most adults would believe.</i>' (Bowie 2000: 24 in Ribbens McCarthy, J (2005) <i>ibid</i>) For schools not to tackle this topic can suggest to children that it is something not to be discussed, which could prevent them from seeking support if they or a friend were later bereaved.</p> <p>In addition, targeted interventions for individual pupils are more effective if located in a school which is generally supportive. For example</p> <ul style="list-style-type: none"> <li>• Staff showing that they value targeted support can make children feel more comfortable about accessing it</li> <li>• Support for staff can help them to understand their role in supporting bereaved pupils and addressing bereavement in the curriculum, and reduce the anxiety around this difficult subject</li> <li>• Sharing strategies for targeted support (eg agreeing with a child and family how the rest of the class should be informed about a bereavement) can ensure consistency of care</li> <li>• Promoting peer support, educating about loss and tackling bullying can reduce the bullying and isolation which bereaved children may experience</li> </ul> <p>As explained, targeted support for bereaved children needs to be part of a whole school approach to dealing with loss and bereavement. This can include</p> <ul style="list-style-type: none"> <li>• Peer support groups</li> <li>• Books and resources in the library</li> <li>• A safe environment</li> </ul>	<p>Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.</p>

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				<ul style="list-style-type: none"> <li>• Support for staff</li> <li>• Communication with parents</li> <li>• Inclusion of loss and bereavement in the curriculum eg through SEAL resources, PSHE and other subject areas (See Job, N and Frances, G (2004) <i>Childhood bereavement: developing the curriculum and pastoral support</i> London: NCB)</li> </ul>	
Childhood Bereavement Network				<p>Despite the inclusion of 'death and loss' as a risk factor for children's mental illness and mental well-being, (p36 Universal approaches), we were disappointed to see that only one evaluation of an intervention relating to death education has been included in the review of universal approaches (Dubow 1993: Universal approaches p99) and no interventions targeted at bereaved children and young people have been included.</p> <p>Page 32 of the Evidence review: universal approaches comments that <i>'school based mental health promotion programmes, particularly those multi-component whole school interventions conducted over a long period, do not lend themselves easily to the randomised, controlled, double blind, objectively assessed approach to evaluation. Some 'inadequacies' may therefore be inevitable'</i>.</p> <p>The criteria for selecting evidence, while certainly robust, has excluded many studies which could have been useful in informing the guidance.</p> <p>For example, as the guidance will presumably be applicable to extended schools, it would have been useful to include rather than exclude targeted interventions which took place entirely in clinical settings, out of school or at home (p3, Evidence review, targeted/indicated approaches), as these could be adapted for use in an extended school programme.</p> <p>Stokes J et al (1997) 'The challenge of evaluating a child bereavement programme' <i>Palliative Medicine</i> 11: 179-190 reviews</p>	<p>Thank you for your comments. As part of our processes, our evidence reviews are based on an assessment of the best available evidence. As a consequence, only those studies in which interventions were subject to rigorous (controlled) evaluation were included. If interventions addressing bereavement specifically are not included in either review, it is because the review team were unable to find any good quality evidence assessing effectiveness of these interventions.</p> <p>Unfortunately, the scope of this guidance is restricted to those interventions delivered within school settings, which is in line with the referral from the Department of Health to 'prepare guidance for schools on the promotion of good mental health in children'.</p> <p>Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion</p>

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## Public Health Intervention Guidance

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				<p>the literature of evaluations on child bereavement interventions and considers the ethical difficulties of experimental research design. It discusses the importance of using mixed qualitative and quantitative paradigms which are closely related to the programme's aims.</p> <p>Ribbens McCarthy J, (2006) <i>Young People's Experiences of Loss and Bereavement</i> Buckingham: OUP surveying evaluations of childhood bereavement interventions discusses the methodological difficulties of evaluation studies and writes that 'two relevant reviews (Shneiderman et al 1994, Curtis and Newman 2001) find the evidence too inconclusive to be able to recommend such interventions...others however interpret the evaluation studies more favourably for interventions with children and young people in particular, suggesting that there is more evidence that such children's programmes do help them cope with their loss than there is for adult intervention programmes(Schut et al 2002, Schut 2005)' (pp172-3).</p> <p>References for a number of evaluations of interventions with bereaved children and young people are given here:</p>	criteria of the evidence reviews by our review teams.
Childhood Bereavement Network				<p>Sandler IN et al (1992) was excluded from the review because of the setting criterion (Targeted activities p57). However, as suggested above, these criteria could have been relaxed to allow incorporate learning from interventions which could be repeated in extended school settings.</p> <p>Sandler IN (2003) 'The Family Bereavement Programme: Efficacy evaluation of a theory based prevention programme for children and adolescents' <i>Journal of Consulting and Clinical Psychology</i> 71:3</p> <p>This group intervention for parentally bereaved children aged 8-16 involved separate groups for children, adolescents and caregivers who were randomly assigned to the FBP or a self-study condition. Families were assessed pretest, posttest and at eleven months follow up. Results indicated that the FBP led to improved parenting, coping</p>	Unfortunately, the scope of this guidance is restricted to those interventions delivered within school settings, which is in line with the referral from the Department of Health to 'prepare guidance for schools on the promotion of good mental health in children'.

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				and caregiver mental health, and to reductions in stressful events at post-test. At 11 month follow up the FBP led to reduced internalising and externalising difficulties for girls and for those whose difficulties were greater at baseline.	
Childhood Bereavement Network				<p>Ross, D and Hayes, B (2004) Interventions with groups of bereaved pupils <i>Educational and Child Psychology</i> ben.hayes@kent.gov.uk</p> <p>An intervention of 5 sessions offered by an educational psychologist to bereaved primary and secondary pupils concentrated on four main areas: emotional awareness and management of difficult feelings; alleviation of and cognitive mastery over painful memories and thoughts; narratives and storytelling; and solution-focused and future-oriented thinking.</p> <p>The intervention with secondary pupils was evaluated using the Pupils' Feelings about School and School-work Inventory (Indoe, 1999) and showed a significant difference between pre and post test scores in cognitive motivation. There was an increase in competence in knowledge and skills, interest and enthusiasm in activity, independence and self-confidence, and pressure and excessive demands (a higher score indicating improvement in this area). The article concluded 'Groups, such as those described in this article, not only offered direct support to the children involved but enabled staff to develop skills and confidence by working alongside the EP'</p>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Childhood Bereavement Network				<p><a href="http://www.goodgrief.org.au/seasonsforgrowth/sfgevaluations.htm">http://www.goodgrief.org.au/seasonsforgrowth/sfgevaluations.htm</a></p> <p>Seasons for Growth is a loss and grief education programme catering for young people aged 6 - 18 years, delivered in schools and communities. The core element of this programme is the promotion of social and emotional wellbeing for young people who have experienced significant loss due to death or family breakdown.</p> <p>Seasons for Growth focuses on understanding the effects of change,</p>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.

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				loss and grief, and specifically develops skills in communication, decision-making and problem-solving.	
Childhood Bereavement Network				<p>Tonkins A, Lambert M (1996) 'A treatment outcome study of bereavement groups for children' <i>Child and Adolescent Social Work Journal</i> Vol 13 No 1</p> <p>An empirical study of the effectiveness of an eight-week children's bereavement psychotherapy group. 7-11 year olds bereaved of a parent or sibling were assigned to a treatment group or a waiting list control group and followed over 8 weeks. They were tested using a number of assessment instruments which found that the experimental group had a decrease in overall emotions and depression from pre-treatment to post-treatment, and significantly greater decrease in overall emotions and depression than the control group. Their parents and teachers reported a decrease in total symptoms from pre-treatment to post-treatment, and this was greater than among the control group.</p>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Childhood Bereavement Network				Also see Rowling, L (2003) <i>Grief in school communities: effective support strategies</i> Buckingham: OUP for universal and targeted approaches for death education and support for bereaved pupils	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Children and Young People's Public Health (inc National Healthy School Programme), Department of Health	General			We would be grateful if reference can be made in the guidance document to the National Healthy Schools Programme. Within the programme, a central theme is Emotional Health and Well-being (EHWB), which is to be actioned through a 'whole school approach'. Guidance for schools on EHWB is being produced.	Thank you for your comment. We shall ensure that the final guidance appropriately refers to the National Healthy Schools Programme.
Children and Young People's Public Health (inc	Targeted approaches,		1	We feel that it does not seem appropriate to refer to 4-11 years as 'young people'.	To clarify, the 4-11 year age range refers to 'children and young people'.

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National Healthy School Programme), Department of Health	exec summ.				
Children and Young People's Public Health (inc National Healthy School Programme), Department of Health			4	Could you please include detail of the contents of the 'multi-component approaches'.	Thank you for your comment. Wherever possible we have tried to include a description of what each multi-component programme comprises wherever it is mentioned.
Children and Young People's Public Health (inc National Healthy School Programme), Department of Health	Whole school approaches, exec summ.		5	"Ev statement 6": Could you please clarify what GBG is?	Thank you for your comment. GBG refers to 'good behaviour games'. The wording of the evidence statements has been amended to clarify this.
Children and Young People's Public Health (inc National Healthy School Programme), Department of Health			5	"Ev statement 8": Could you also please clarify what the Mastery of Learning programme and emotional writing are?	Thank you for your comment. The wording of the evidence statement has been amended to clarify.

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<b>Dudley Counselling Service for Children and Young People</b>	 Dudley Counselling Service for Children and Young People   Information for Schools about Counselling   Information for Children & Young People   Information for Parents & Carers.			<p>I have decided to just attach some information on our service as I would like counselling to feature somewhere in the guidance.</p>	<p>Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.</p>
<b>Haringey Teaching Primary Care Trust</b>		General		<p>Have you looked at the evidence base for the impact of gardening and growing clubs on children's mental well-being?</p>	<p>Unfortunately, the scope of this guidance is restricted to those interventions delivered within school settings, which is in line with the referral from the Department of Health to 'prepare guidance for schools on the promotion of good mental health in children'.</p> <p>If the gardening and growing clubs were school-based, then any studies assessing the effectiveness of the clubs on mental well-being in primary school age children would have been included in our evidence reviews.</p>

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Health Promotion Agency For Northern Ireland	Public Health Intervention Guidance Scope	2 (b)	1	<p>These guidance will support the following Regional Strategies within Northern Ireland:</p> <p>Investing for Health, Department of Health Social Services and Public Safety (DHSSPS) March 2002</p> <p>Fit Futures Focus on Food Activity and Young People DHSSPS Investing for Health 2006</p> <p>Promoting Mental Health Strategy and Action Plan 2003-2008</p> <p>Protect Life a Shared Vision the Northern Ireland Suicide Prevention Strategy and Action Plan, DHSSPS, 2006-2011</p> <p>The Revised Curriculum for Northern Ireland, Department of Education for Northern Ireland 2007-2008</p> <p>The Bamford Review for Mental Health and Learning Disability in Northern Ireland, DHSSPS, 2006</p> <p>Teenage Pregnancy and Parenthood Strategy and Action Plan 2002-2007</p> <p>Our Children and Young People – Our Pledge. A 10 Year Strategy for Children and Young People Northern Ireland 2006-2016. Office of the First Minister and Deputy First Minister</p> <p>New Strategic Direction for Alcohol and Drugs Strategy 2006-2011. DHSSPS</p> <p>A Healthier Future. A twenty year vision for Health and Wellbeing in Northern Ireland 2005-2025</p> <p>Children's Services Planning</p> <p><a href="http://www.southernareacsp.n-i.nhs.uk/Work%20Plans/csp%20plan%202005.pdf">http://www.southernareacsp.n-i.nhs.uk/Work%20Plans/csp%20plan%202005.pdf</a></p> <p><a href="http://www.ehssb.n-i.nhs.uk/EBWEB.NSF/1f58c9ebd6713a8780256b370045445d/a4123b30d97a7a2d80256fc400573a98/\$FILE/draftChildrensServicesPlan.pdf">http://www.ehssb.n-i.nhs.uk/EBWEB.NSF/1f58c9ebd6713a8780256b370045445d/a4123b30d97a7a2d80256fc400573a98/\$FILE/draftChildrensServicesPlan.pdf</a></p> <p><a href="http://www.wacy-pc.org/filestore/publications/Childrens_Services_Plan_2005-2008.pdf">http://www.wacy-pc.org/filestore/publications/Childrens_Services_Plan_2005-2008.pdf</a></p>	Thank you for your comments. Although NICE issues guidance for England we are pleased to see that the guidance may support policy directives in other countries.

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Health Promotion Agency For Northern Ireland		2 (c)	2	The HPA recognizes the schools as a key ecological setting for health promotion. Through the adopting of a whole school approach, mental and emotional health can be addressed across all sectors and disciplines. It is a place where health programmes and education can have their greatest impact as they reach pupils at influential stages in their lives; childhood and adolescence. Central to this is the importance of investing in a healthy school. The HPA continues to be involved in the promotion of healthy schools in Northern Ireland and have developed a toolkit to assist school development planning for health and wellbeing taking a whole school approach. The Extended schools initiative also adopts a whole school approach through engagement in collaboration and partnership working with schools and community groups. The HPA recommend that the guidance include reference to the need to adopt the whole school approach and extended schools initiatives.	We confirm that that the guidance will support the National Healthy Schools Programme, within which, a central theme is Emotional Health and Well-being (EHWB), which is to be actioned through a 'whole school approach'.
Health Promotion Agency For Northern Ireland		3 (a)	3	In relation to the lack of available national data on how to promote mental wellbeing among children of primary school age the HPA would like to highlight the following: The HPA has carried out a recent study to establish baseline data on child well-being including mental wellbeing. This study focused on children aged 8-12yrs and used a number of comprehensive wellbeing measures: Child Health and Illness Profile (CHIP) as HRQoL measure, Scales from European KidScreen project and adapted Rosenberg Self-esteem scale. Results from this study will be available from the HPA info@hpani.org.uk The Young Persons Behaviour and Attitudes Survey (2000 and 2003) also included social and emotional wellbeing in the context of school, friends and family. <a href="http://www.csu.nisra.gov.uk/surveys/survey.asp?id=11">http://www.csu.nisra.gov.uk/surveys/survey.asp?id=11</a>	Thank you for submitting details of this study. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.

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Health Promotion Agency For Northern Ireland		3 (b)	3	The HPA recommend implementation of the Bamford Review recommendations relating to child and adolescent mental health and mental health promotion. ( <a href="http://www.rmhdni.gov.uk/camh-vision-comprehensive-service.pdf">http://www.rmhdni.gov.uk/camh-vision-comprehensive-service.pdf</a> )	Thank you for submitting details of this review. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
Health Promotion Agency For Northern Ireland		3 (c)	3	Findings from the HPA Primary School Survey as mentioned in 3(a) will help to inform developments in relation to the mental health needs of children aged 8-12 years in primary school settings. The HPA recommends further research and longitudinal studies with children aged 5-11yrs in relation to influences on their mental health and emotional well being.	Thank you for your comments.
Health Promotion Agency For Northern Ireland		3 (d)	3	The HPA agrees with the need for guidance regarding points outlined in 3(d). The aim of the Northern Ireland <i>Our Children and Young People – 10 year strategy</i> is to ensure that by 2016 all children and young people will be fulfilling their potential. Progress on outcomes relating to the above strategy will indicate that our children and young people are: <ul style="list-style-type: none"> <li>• Healthy</li> <li>• Enjoying learning and achieving</li> <li>• Living in safety and with stability</li> <li>• Experiencing economic and environmental wellbeing</li> <li>• Contributing positively to community and society</li> <li>• Living in a society which respects their rights (Page 7)</li> </ul> ( <a href="http://www.allchildrenni.gov.uk/tenyearstrategychildren1-2.pdf">http://www.allchildrenni.gov.uk/tenyearstrategychildren1-2.pdf</a> ) The estimated number of children in NI aged between 5-11 years is 167,804 (June 2005) so the potential to support mental health and emotional well being in this group is important for the further generation. <a href="http://www.nisra.gov.uk/archive/demography/publications/annual_reports/2005/Table2.1_2005.xls">http://www.nisra.gov.uk/archive/demography/publications/annual_reports/2005/Table2.1_2005.xls</a> The HPA strongly recommends that Our Children and Young People Strategy and the Investing for Health strategy are fully implemented. These strategies seek to tackle poverty and disadvantage including actions relating to affordable housing, neighbourhood renewal,	Thank you for your comments.

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				welfare reform programme for lone parents, fuel poverty and a sustainable development plan. Both of these strategies recognise the impact which the wider determinants of health have on the mental and emotional health of children and young people.	

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Health Promotion Agency For Northern Ireland		3 (e)	3	<p>The HPA acknowledges the increasing numbers of children from BME Groups in Northern Ireland.</p> <p>It is estimated that between 2005-2006 population growth in Northern Ireland due to migration was the highest ever observed and for the first time was larger than natural growth.</p> <p>(<a href="http://www.nisra.gov.uk/archive/demography/publications/pr_mye_2006.pdf">http://www.nisra.gov.uk/archive/demography/publications/pr_mye_2006.pdf</a>)</p> <p>Since the expansion of the European Union in May 2004, Northern Ireland has seen significant migration.</p> <p>The HPA recommends the need for more research to determine cultural influences including risk and protective factors.</p> <p>Any future studies need to consider the mental health needs of parents from BME communities.</p>	Thank you for your comments
Health Promotion Agency For Northern Ireland		3 (f)	4	<p>The HPA believes that the adoption of a settings approach in care settings would contribute to and support the mental health of children and young people living in and leaving care. The need to drive an understanding of the effectiveness of the settings approach in addressing mental health issues is very important. The HPA recommends a “whole child” approach is required in care settings. The HPA recognises the complexity of childrens' lives and recommends the adoption of a whole child approach in all areas of policy development and service delivery relevant to children and young people.</p> <p>This approach recognises the:</p> <ul style="list-style-type: none"> <li>• Rounded nature of children's and young persons lives</li> <li>• Individuality which characterises how children and young people grow, develop and express themselves</li> <li>• Rich diversity of pathways through childhood and youth</li> <li>• Capacity of children and young people to shape their own lives as they grow and to learn from the mistakes they may make along the way</li> </ul> <p>Way in which children and young people gain from and contribute to complex networks of social support</p> <p>(<a href="http://www.allchildrenni.gov.uk/tenyearstrategychildren1-2.pdf">http://www.allchildrenni.gov.uk/tenyearstrategychildren1-2.pdf</a>) (Page 14)</p>	Thank you for your comments.

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Health Promotion Agency For Northern Ireland		4.1.1	4	The HPA believes that if possible the informal and primary school childcare settings would offer potential fertile ground for using the guidance. The guidance should possibly be extended to include these formative years which are very important for the development of mental and emotional health in adult life.	Thank you for your comments. Unfortunately, the scope of this guidance is restricted to those interventions delivered within school settings, which is in line with the referral from the Department of Health to 'prepare guidance for schools on the promotion of good mental health in children'.
Health Promotion Agency For Northern Ireland		4.1.2	4	If evidence allows, the HPA would recommend the inclusion of those children who are in hospital and/or excluded from school.	Unfortunately, as stated above, the scope of this guidance is restricted to those interventions delivered within school settings.
Health Promotion Agency For Northern Ireland		4.2.1	5	The transition from primary to post-primary (NI)/secondary school (GB) has been associated with negative effects on mental well-being of some children. This transition in teaching environment occurs simultaneously with other normative transitions (e.g. puberty, identity formation) and often demands a change in social networks (particularly loss of friends). Together these changes impact on children's well-being e.g. self-esteem – particularly , anticipation or fear of loneliness in the short and long term (e.g. Anderson et al., 2000; Eccles et al., 1997; Galton et al., 2000; Pratt & George, 2004; Seidman et al., 1994; Simmons et al., 1987). Extended induction programmes, multifaceted transition programmes (Stewart-Brown 2006) and health promotion activities (preferably with parental involvement), and the health promoting school approach have all shown positive influence on the mental and social well-being of children and young people in these settings. (Anderson et al., 2000; Galton et al., 2000; Lister-Sharp et al., 1999). The HPA endorses the whole school approach and recommend the continued use of this approach through the extended school initiative, and through the transition from nursery to primary school and primary to post-primary.	Thank you for your comments.  Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Health Promotion Agency For Northern Ireland		4.4	5	The HPA welcomes the fact that the Guidance is giving consideration to the measurement of wellbeing. However the HPA feels more work is needed to develop Mental Wellbeing Indicators for Children and Young People as most of the work to date in Scotland has focused	Thank you for your comments. They will inform the development of the research recommendations

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				on adults. <a href="http://www.wellscotland.info/indicators.html">http://www.wellscotland.info/indicators.html</a>	

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Health Promotion Agency For Northern Ireland		4.5	6	The HPA agrees with the proposed questions outlined.	Thank you for your comment.
Health Promotion Agency For Northern Ireland		4.6	6	The HPA suggests adding the following to the target audience and settings: parents/guardians, parent organisations, parent/teacher groups, childminders and childminding organisations.	Thank you for your comments. PHIAAC will consider making reference to these groups in the guidance and supporting implementation materials
Health Promotion Agency For Northern Ireland				<p><b>References</b></p> <p>Anderson, L., Jacobs, J., Schramm, S. &amp; Splittberger, F. (2000). School transitions: beginning of the end or a new beginning? International Journal of Educational Research, 33, 325-339.</p> <p>Eccles, J.S., Lord, S.E., Roesner, R.W., Barber, B.L. &amp; Hernandez Jozefowicz, D.M. (1997). The association of school transitions in early adolescence with developmental trajectories through high school. In: J. Schulenberg, J.L. Maggs &amp; K. Hurrelmann (eds), Health risks and developmental transitions during adolescence. Cambridge: Cambridge University Press.</p> <p>Galton, M., Morrison, I &amp; Pell, T. (2000). Transfer and transition in English schools: reviewing the evidence. International Journal of Educational Research, 33, 341-363.</p> <p>Lister-Sharp, D, Chapman, S, Stewart-Brown, S &amp; Sowden, A (1999). Health promoting schools and health promotion in schools: two systematic reviews. Health Technology Assessment, Vol. 3: No.22.</p> <p>Pratt, S. &amp; George, R. (2005). Transferring friendship: girls' and boys' friendships in the transition from primary to secondary school. Children &amp; Society, 19, 16-26.</p> <p>Seidman, E., Allen, L.R., Aber, J.L., Mitchell, C. &amp; Feinman, J. (1994). The impact of school transitions in early adolescence on the self-system and perceived social context of poor urban youth. Child</p>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.

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## Public Health Intervention Guidance

### Mental Wellbeing of Children - Consultation on Evidence– Stakeholder Response Table 13<sup>th</sup> July – 10<sup>th</sup> August 2007

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				<p>Development, 65, 507-522.</p> <p>Simmons, R.G., Burgeson, R., Carlton-Ford, S. &amp; Blyth, D.A. (1987). The impact of cumulative change in early adolescence. Journal of early Adolescence, 58, 1220-1234.</p> <p>Stewart-Brown, S (2006) What is the evidence on school health promotion in improving health or preventing disease and specifically, what is the effectiveness of the health promoting school approach? Health Evidence Network, WHO, Copenhagen</p>	

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NHS Confederation		General		The NHS Confederation's Mental Health Network welcomes the proposal for public health intervention guidelines for children's mental wellbeing in primary school. We would, however, urge that any recommendations are also based on evidence of likely impact of the suggested interventions on other services such as the NHS in terms of resources, workforce, and time.	The recommendations are subject to evaluation of cost effectiveness for the NHS. The guidance will be informed by fieldwork that will highlight such implementation issues.
NHS Confederation		General		We also welcome the fact that the paucity of evidence in this area has been highlighted and hope that this will lead to increased support for the development of a stronger evidence base for Tiers 1 & 2 CAMHS interventions.	Thank you for your comment.
NHS Confederation		General		Intervention by well-trained teachers and other professionals at school is vital for early detection of emerging problems, and an important setting for intervention and management of mild mental health problems. Promotion and education is equally vital to prevention of mental health difficulties and awareness among children and their parents of how to maintain mental health.	Thank you for your comment.
NHS Confederation	Evidence reviews – economics	General		The reviews of cost effectiveness of the interventions do not look in detail at longer term cost effectiveness of intervention at primary school. Mention should be made of existing (if sparse) research which estimates the costs, both to public services and to society, of untreated/ unrecognised mental illness in children (e.g. Knapp et al. Maudsley follow-up etc). This is quite apart from economic and social impact on educational attainment, employment prospects, individual suffering and detriment to quality of life for those affected and their families.	Thank you for your comment. The economic analysis attempts to estimate the long term benefits of the intervention based on work previously undertaken for NICE on parent training programmes in conduct disorder.
NHS Confederation	Executive summary	Cost effectiveness of whole school interventions	1	We would strongly support development of the suggested evaluative framework for the longer-term quality of life and other impacts of improved mental health in childhood, as a basis for more satisfactory assessment of the value of these interventions.	Thank you for your comment.
NHS	Evidence	Whole	3-4	Programmes like PATH, if proven successful in the UK context, are	Thank you for your comment. The cost of training is

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<b>Confederation</b>	review exec summary	school review of effectiveness		<p>undoubtedly the most thoroughgoing universal approach to prevention and promotion. However, the reviews do not mention the knock-on costs of training teachers and supervising them as they carry out these programmes. These should be estimated before any recommendations are made. Should this require input from specialist CAMHS professionals, additional resources will be needed as these services are already running at capacity.</p> <p>Similarly, the capacity of the psychology profession to offer targeted interventions should be examined.</p> <p>Impacts of increased recognition of problems at school level may include increased levels of referrals to specialist CAMHS. These costs need to be weighed against the benefits of early intervention where problems may be able to be managed within school before they escalate into severe problems requiring specialist CAMHS input.</p>	not included in NICE's consideration of cost effectiveness. However, these costs may be considered with respect to implementation tools.
<b>National Children's Bureau</b>		General		A disappointing breadth of evidence with a narrow focus.	<p>Unfortunately, the scope of this guidance is restricted to interventions delivered within school settings, in line with the referral from the Department of Health to 'prepare guidance for schools on the promotion of good mental health in children'.</p> <p>Assessment of intervention effectiveness, is most reliably evaluated (in terms of limiting sources of bias) in controlled trial study designs.</p>
<b>National Children's Bureau</b>		General		Welcome the focus on breadth of audience and recommend considerable consideration should be given to the varying levels of prior knowledge, learning, skills, understanding and responsibility that each of these stakeholder categories bring to the issue of mental well-being	Thank you for your comment.
<b>National Children's Bureau</b>		General		Clarify the relationship between this piece of work and the development of the DCSF project on targeted mental health in schools currently underway	We are liaising with the DCSF to ensure the guidance is complementary with current development work

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National Children's Bureau		General		Greater need to set the context for action, particularly relating to concepts of well-being in schools and the key policy drivers, notably the Children Act, 2004 and the Every Child Matters framework. Attention will need to be drawn to the Education and Inspections Act 2006 which places a duty on governing bodies of maintained schools to 'promote' pupil well-being.	Thank you for your comment. The key policy drivers you identify will be incorporated within the draft guidance.
National Children's Bureau	Effectiveness: Whole-School	Background	1	Is there a role for 'civic well-being', indicating positive connections within social structures (at all levels) and a sense of being engaged with decision making processes, communities and the environment	Thank you for your comment,
National Children's Bureau		Health Promotion in Schools - SEAL	28-30	There is an over-reliance here on 'programmes', (including SEAL), several of which are not UK-contextual; there is scant mention of a school <i>curriculum</i> that supports mental well-being. PSHE (Personal, Social, Health Education) is missed almost completely and should be engaging children in learning about a range of topics that may impact on their mental well-being, their emotional development and resilience.	We acknowledge the limitations of the current 'best available evidence approach that focuses on use of evidence from controlled studies. However some programmes included within the reviews do cover use of the school curriculum, albeit in non-UK settings.. Fieldwork testing will further inform the relationship between international curricula to UK-PSHE.
National Children's Bureau	Effectiveness: Targeted	General		The Disability Equality Duty applies to primary schools from December 2007; the definition of disability is broad – how does this overlap with 'disordered' behaviours requiring interventions?	<a href="#">We note this point and will consider any specific implications in the course of developing the guidance.</a> <a href="#">As you indicate the definition of disability is very broad and would apply to this guidance (and also new legislation relating to Equity and Human Rights). The focus of the guidance is prevention, including early intervention among those of children who may be vulnerable or at risk of developing conditions of mental illness.</a>
National Children's Bureau		General		The relative efficacy of the CBT interventions would seem to link well with SEAL skills-based learning.	Thank you for your comment.
Play England	Whole school approach	General		Play is important for children's mental health. The Mental Health Foundation <sup>1</sup> has reported that the increasingly limited amount of time	Thank you for your comment. This guidance does not seek to identify or characterise the association

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				children have to play outside or to attend supervised play projects is a causative factor in the rise of mental ill health in young people.	between poor mental well-being and predisposing factors.

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Play England	Whole school approach	General		The Mental Health Foundation <sup>ii</sup> also highlights the importance of children being able to play and take risks and to use their own initiative. It is also essential for them to have opportunities to practice making and consolidating friendships and to deal with conflict – the basic skills needed in order to become ‘emotionally literate’, which increases their resilience to mental health problems.	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Play England	Whole school approach	General		Research has shown that providing for play during the school day helps to ensure that the school setting attends to the social and emotional development of children as well as their cognitive development. <sup>iii</sup>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Play England	Whole school approach	General		The charity 4Children carried out their national <i>Buzz Survey</i> <sup>iv</sup> in June 2007 that highlighted bullying as the number one issue that children worry about. The two projects mentioned below demonstrate how good play opportunities can reduce the number of incidents of bullying, which impacts on children emotional, psychological and emotional wellbeing.	Thank you for your comments
Play England	Whole school approach	General evidence		Positive PlayGrounds <sup>v</sup> , an interactive programme for lunchtime supervisors, teachers and children at 70 primary schools in Northern Ireland, designed to enhance and support children’s play. Schools, that participated say it has resulted in: <ul style="list-style-type: none"> <li>• an increase in children’s activity and participation levels</li> <li>• a significant reduction in bullying</li> <li>• improved attention-spans in class.</li> </ul>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Play England	Whole school approach	General evidence		Nike and the Department for Education and Skills (DfES), developed Zoneparc/Sporting Playgrounds. This is a playground improvement project that aims to tackle social exclusion and increase the activity levels of young people. This is just one example of an effective project being introduced in school playgrounds  As well as offering a range of exciting resources and equipment,	Thank you for your comment.  We would welcome further details of the evaluation.

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				<p>Zoneparc/Sporting Playgrounds also provide training for lunchtime supervisors and staff, as well as older school pupils to become playground leaders - known as 'Zoneparc players'.</p> <p>The monitoring and evaluation of Zoneparc/Sporting Playgrounds - carried out in partnership with the Institute of Youth Sport and schools found that the project made a difference in the following areas:</p> <ul style="list-style-type: none"> <li>• increase in physical activity levels</li> <li>• increase in the imagination of designing playground games</li> <li>• skill level increasing for all pupils</li> <li>• dramatic shift in the equality of access to space</li> <li>• decrease in the number of bullying and fighting incidents</li> <li>• the zones create a sanctuary area for pupils</li> <li>• the playground caters for non-competitive children as well</li> <li>• big change in the playground culture</li> <li>• more choice and wider variety of things to do and activities on offer.</li> </ul>	

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Play England	Whole school	General evidence		<p>A recent guide published by the DfES, <i>Schools for the future: designing school grounds</i><sup>vi</sup> provides information, guidance and ideas to inspire the best possible designs for school grounds. The guide advocates a varied landscape in school grounds and suggests that well designed playgrounds and play spaces contribute to children and young people's emotional wellbeing.</p> <p>The guide states that schools should provide a variety of play opportunity and define the space for play, such as traversing walls, playground markings, fixed play equipment, temporary play equipment, ball walls, balancing beams, fitness trails, logs and stepping stones.</p>	Thank you for submitting details of the DfES guide. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
Play England		General		<p><sup>1</sup> The Mental Health Foundation (2000) Bright Futures: promoting children and young people's mental health</p> <p><sup>1</sup> Mental Health Foundation (1999a) Bright Futures London, Mental Health Foundation</p> <p><sup>1</sup> Ginsburg, K (2006) <i>The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds</i>. Clinical Report. American Academy of Pediatrics.</p> <p><sup>1</sup> 4Children (2007) My Shout Out; 4Children's national Buzz Survey: <a href="http://www.4children.org.uk/uploads/information/MyShoutOutReport_07.pdf">www.4children.org.uk/uploads/information/MyShoutOutReport_07.pdf</a></p> <p><sup>1</sup> Play Board (2006) <i>Giving Priority to Play</i>. Play Board Northern Ireland</p> <p><sup>1</sup> DfES (2006) <i>Schools for the future, designing school grounds</i>. London: TSO</p>	Thank you for submitting details of these papers. They will be assessed to see if they meet the inclusion criteria of the evidence reviews by our review teams.
Royal College of Nursing				<p>With a membership of over 395,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments</p>	Thank you for your interest in our work.

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				<p>and other national and European political institutions, trade unions, professional bodies and voluntary organisations.</p> <p>Mental health nursing is represented in all its diverse forms. This embraces clients across the life span and in settings as diverse as high security hospitals, statutory care settings and the community. Mental health nurses are engaged in these diverse areas engaging with service users, carers and families in promoting well being and recovery . The RCN does not have any comments to add at this stage.</p>	

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Royal College of Paediatrics and Child Health	General (all comments are general comments on the evidence synopsis)			The evidence used appears to be sound and reviewed by appropriate people/organisations. One concern is that the most vulnerable children i.e. those not attending school are not included.	Unfortunately, the scope of this guidance is restricted to those interventions delivered within school settings, which is in line with the referral from the Department of Health to 'prepare guidance for schools on the promotion of good mental health in children'.  We would encourage the submission of the promotion of mental health in children in other settings as a future topic via the NICE website:  <a href="http://www.nice.org.uk/page.aspx?o=ts.home">http://www.nice.org.uk/page.aspx?o=ts.home</a>
Royal College of Paediatrics and Child Health				There is a local project at Northwick Park entitled the 'HOPES' project (holistic organisations in partnership for emotional strength). The project followed the tragic death of a 13-year-old girl who died from an overdose, but targets all children in school to promote social skills as part of the curriculum. It has been included in the NSF case studies database. See: <a href="http://www.childrensnscasestudies.dh.gov.uk/children/nsfcasestudies.nsf">http://www.childrensnscasestudies.dh.gov.uk/children/nsfcasestudies.nsf</a> .  A website is also being published to share their experiences ( <a href="http://www.hopesproject.org">www.hopesproject.org</a> ). Contact Dr Ximena Poblete ( <a href="mailto:Ximena.Poblete@nwlh.nhs.uk">Ximena.Poblete@nwlh.nhs.uk</a> ) to find out more.	Thank you for submitting details of the HOPES project. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
Royal College of Paediatrics and Child Health				<b>(re: Targeted approaches doc)</b>  It is difficult to comment on a review of the evidence, without knowing the evidence in details. One interesting finding is that of the Metropolitan Area Child Research Study Group, which highlighted significant 'school effects'. My experience* is primarily with children on the autistic spectrum, who are excluded from this review, but I suspect that my experience is generalisable – that is, that some schools simply do not consider 'medical' conditions to be their problem – irrespective of how severely the child's emotional well-	Thank you for your comment.

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				<p>being, conduct, attention control, or autism impact upon their ability to 'access the curriculum'. These schools will not actively seek the advice or training which is available from the Education department. Schools are semi-independent, and subject to individual inspection, but the Education directorate does not appear to feel able to enforce schools to access available training or advice on children with difficulties. If whole school and targeted approached to children with mental wellbeing issues remain voluntary, they are unlikely to succeed. This is a quality issue, which needs addressing at a National level.</p> <p>*comment supplied by Dr Sally Stucke (<a href="mailto:Sally.Stucke@herefordpct.nhs.uk">Sally.Stucke@herefordpct.nhs.uk</a>)</p>	

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Royal College of Paediatrics and Child Health				<p>Community Child health is no longer confined to child care and implementing vaccination programmes, but a need to have a holistic approach to the development of the child, to contribute to the education of young people in partnership with education, social services and allied child care services, and to identify early intervention and remedial measures.</p> <p>The recent use of ASBO's has criminalised a section, albeit small numbers, in the community.</p> <p>The introduction of early intervention and identifying problems in child care in vulnerable families is crucial to the primary education for the well being of young people.</p> <p>In considering the primary education of young people can we suggest a developmental approach to their physical, emotional, psychological and personal understanding of individual values, family care, community responsibilities and national identity:</p> <ul style="list-style-type: none"> <li>• developing individual ability to appreciate shared values, a balance between participation in games/activities and personal choice to enjoy family and social life, fun and humour.</li> <li>• in community life values in friendship and respect for others, personal sense of worth, emotions and coping, self care and identity, gender and cultural identity</li> <li>• national identity: to have a sense of belonging to the country, loyalty and pride in citizenship, contribution to the development for the good of the community (probono publico), care for the disabled and disadvantaged, weak and marginalised.</li> <li>• cultural and religious consideration: developing an understanding and appreciation of the racial communities, societies and cultures in our nation.</li> </ul>	Thank you for your comment.
Tavistock Clinic, Child and Family Department/	Exec summary whole school approach	General	All	<p><u>Need for evaluation of the impact of ongoing emotional support for educational staff</u></p> <p>The area of support for educational staff in primary schools and the</p>	<p>Thank you for your comment.</p> <p>Thank you for submitting details of the small scale</p>

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Association of Child Psychotherapists				impact of providing this on whole school culture and on children's emotional well-being should be thoroughly addressed and evaluated. For example, the small scale evaluation of the use of work discussion seminars in schools (Emil Jackson, Association of Child Psychotherapists, provided to NICE) could be usefully developed.	evaluation of work discussion seminars in schools. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
Tavistock Clinic, Child and Family Department/ Association of Child Psychotherapists	Exec summary whole school approach	General	All	<u>Need for evaluation of impact of providing learning opportunities about children's emotional development for educational staff</u> Learning about ordinary emotional development is not currently part of teaching training curricula, which makes it hard to evaluate. However, the qualitative small scale evaluations conducted in schools where work discussion groups have been developed or where child psychotherapists have offered INSET training suggests that these learning opportunities for school staff have a significant impact on teachers' capacity to contain emotional difficulty and distress in the children they work with (see evidence provided by Emil Jackson, Association of Child Psychotherapists)	Thank you for your comment.  Thank you for submitting details of the small scale evaluation of work discussion seminars in schools. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
Tavistock Clinic, Child and Family Department/ Association of Child Psychotherapists	Exec summary whole school approach and targeted approach	General	All	<u>Need for further research in this country in the context of a tiered multi-disciplinary child mental health system</u> School based interventions in other countries do not necessarily translate to the UK context, particularly at a time when mental health services for children are being restructured to create greater links between Tiers 2 and 3. Quantitative and qualitative research into the impact at whole school and targeted levels of providing Tier 3 CAMHS services from within a Tier 2 school setting is needed.	Thank you for your comment.  In drafting their recommendations for practice, PHIAC considered the applicability of non-UK evidence to UK contexts.
Tavistock Clinic, Child and Family Department/ Association of Child Psychotherapists	Exec summary targeted approach	General	All	<u>Need for further evaluation of impact of psychotherapeutic help in primary schools for children with complex, chronic and severe emotional difficulties</u> The needs of a small but significant group of children with severe, complex and chronic difficulties are not addressed in the targeted approaches that are considered here. These are children who are most worrying for schools and families but often are not able to	Thank you for your comment.  Specific psychotherapeutic interventions delivered to children with more severe mental health problems will be assessed within related pieces of NICE guidance (see for example, treatment of depression available at: <a href="http://www.nice.org.uk/CG028">www.nice.org.uk/CG028</a> ).

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				transfer to a Tier 3 CAMHS and need a specialised child mental health service in schools. A small-scale local evaluation of psychotherapeutic work in 5 L.B. Camden primary schools was carried out by Camden Children's Fund/Thomas Coram. This evaluation found that children, carers and teachers thought that psychotherapy was effective in addressing and alleviating anxiety and aggression, thereby freeing up children's minds in order that they can learn.	We welcome submission of evaluations to further inform the evidence base.

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Tavistock Clinic, Child and Family Department/ Association of Child Psychotherapists	Exec summary targeted approach	General	all	<u>Need to take users' views into account when evaluating mental health interventions in primary schools</u> As a clinician working in primary schools I find it helpful to take on board evaluations that draw on the views of children, parents and teachers, even if these are small scale. There is a dearth of thoroughgoing wider scale qualitative research in this area and this is a gap that needs to be explored.	Thank you for your comment.
The Nuture Group	Review of Effectiveness – Target Approaches	General		<b>Effectiveness</b>  Although it may be that the national research project, <u>The Effectiveness of Nurture Groups, Leicester University, Professor Paul Cooper</u> , did not meet the eligibility criteria of peer reviewed research, it is a considerable gap in the work undertaken not to have included reference to the well established and evaluated approach of nurture groups in schools.  Nurture groups are a school based and targeted intervention for vulnerable children. Assessment for suitability for the group is undertaken by staff using The Boxall Profile, which identifies particular areas of difficulty in a child's emotional development and links these to the behavioural problems exhibited. The Profile provides an ongoing tool for monitoring progress and the aim of the intervention is to re-settle the child into the mainstream class environment.  The Nurture Group Network submission, ' <u>The Nurture Group Approach</u> ' provided detailed information and evidence of the contribution made by nurture groups in providing intervention in a school setting, delivered by staff with the most direct relationship with the children. The outcomes of the intervention demonstrate the particular effectiveness of nurture groups in providing experiences for children that increase their ability to form relationships and build up self-esteem. The structured and consistent routines of the nurture group reinforce the essential building blocks of healthy emotional	Thank you for your comment.

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## Public Health Intervention Guidance


### Mental Wellbeing of Children - Consultation on Evidence– Stakeholder Response Table 13<sup>th</sup> July – 10<sup>th</sup> August 2007

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				development often lacking in children who have difficult early attachment experiences.	

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The Place2Be	 hard to reach #3 06.doc	General		<p>I am writing in response to the evidence you have provided regarding the Mental Well Being of Children in Primary School. I have one or two general comments to make. I would also like to draw your attention to the work of The Place2Be. I attach a paper written by Benita Refson, Chief Executive of The Place2Be and myself published in a book, edited by Baruch, Fonagy and Robins, entitled 'Reaching the Hard to Reach' ( published by Wiley,2007) This gives a concise picture of the work of The Place2Be.</p> <p>I am greatly impressed by the thorough reviews of the research literature conducted by Warwick and Teeside Universities. The questions they set out to address are clear and relevant. There are a number of indications, arising from this research, of useful approaches in schools to promote the mental well being of children. These include teacher training and participation, parental involvement and school curriculum design. I appreciate that the evidence is not conclusive and that there is no substantial evidence of the cost effectiveness of these approaches. Nevertheless, there is much to be learnt from what has been tried.</p> <p>However, I do have concerns about the limitations of the kind of evidence collected so far. I understand that NICE favours the evidence to be gained from Random Controlled Trials and Controlled Trials. This clearly is important, but an over reliance on them can obscure the evidence gained by practicing agencies in the field, such as The Place2Be, who have carried out detailed evaluations of their services. These evaluations do not meet the criteria of the RCTs and CCTs but they do provide very useful information.</p> <p>I am also concerned that most of the evidence reviewed in the Warwick and Teeside reports is based on research carried out in the USA. There is a considerable question here about how far the interventions carried out in these trials can be applied in school settings in UK. A critical issue is how receptive schools are to</p>	<p>Thank you for submitting details of the work of the Place2Be. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.</p> <p>Thank you for your comment.</p> <p>Thank you for your comments. We do recognise the limitations of basing our evidence reviews on inclusion of controlled studies only. However, as a piece of intervention guidance, the scope of this guidance is focused on assessing intervention effectiveness which is most reliably evaluated (in terms of limiting sources of bias) in controlled trial study designs.</p> <p>In drafting their recommendations for practice, PHIAC have considered the applicability of non-UK evidence to UK contexts.</p>

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				<p>interventions initiated from outside the schools – how far such interventions are assimilated into the life of the schools and sustained over a productive period of time. I am not clear from the synopsis about how the interventions were conducted in the schools in which these trials operated and how far they were sustained following the period of research. Our experience at The Place2Be, working closely as we do with school staff in the everyday running of ordinary schools in socio-economically deprived backgrounds, is that a great deal of time and patience needs to be given to schools before they are prepared to accept and make good use of outside help – and to develop it over time.</p> <p>My last major concern is that most of the interventions described in the reviews are based on cognitive behavioural therapy. Whilst clearly such approaches are valuable and have the additional merit of lending themselves well to systematic enquiry, they are not by any means the only method of therapeutic approach. Psychodynamic and Person Centred counselling and psychotherapy also takes place, a great deal in schools in UK. As is well known, such approaches are less well researched. However, lack of clear evidence does not necessarily mean lack of effectiveness</p> <p>Finally, a few words about The Place2Be. It is a voluntary organisation set up in 1992 in response to a pressing need in primary schools in South London for help in dealing with disturbed and distressed children – over and above what teachers were able to provide. We now operate in 112 schools in areas across the country and in Scotland. We are a fast growing organisation and plan to be in 160 schools by the end of 2008. The service we provide is a comprehensive counselling service. – available for use by children, teachers and parents. Through individual and group counselling of children, consultation to teachers, parental involvement and training of school staff, we believe we make a substantial impact on the whole ethos of the schools in which we are working.</p>	<p>Whilst all interventions were considered for inclusion in the evidence reviews, those not assessed for effectiveness in controlled trials were necessarily excluded.</p> <p>Thank you for bringing the work of your organisation to our attention.</p>

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				<p>We have systematically evaluated our service, in conjunction with University Departments and we can provide impressive evidence of our effectiveness. We have for example carried out for a number of years pre and post intervention evaluations based on the Goodman SDQs on all the children we have seen in individual and group counselling. Whilst we have not been able to carry out RCT trials, we are currently conducting comparison group research, collecting baseline data on children in schools before The Place2Be begins operation in the schools; follow up data is then collected at a later date once The Place2 Be is established in the schools. In this way, we hope to gain further evidence of the effectiveness of The Place2Be</p> <p>I shall be very pleased to provide further information of our work and share with you the evidence gained from our Clinical Audits and other evaluations in The Place2Be</p>	Thank you for your comment. Whilst the evaluation of the <i>Place2Be</i> programme will likely be published too late to be considered for this version of the guidance, the guidance will be updated at a later date.

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The United Kingdom Society for Play and Creative Arts Therapies (PTUK)	 BACP2007ResCon nicalOutcomesPap	General		We are disappointed that play therapy and therapeutic play used in combination with creative arts therapies has not been considered or even mentioned. PTUK has a continuing research programme into the effectiveness of these therapies, with currently over 700 cases reported upon using the SDQ measure. The data shows that 70% of the children receiving play therapy from PTUK members show a positive change. We attach our most recent report presented to this year's BACP Research Conference.	Thank you for your comment.  Whilst all interventions were considered for inclusion in the evidence reviews, only those assessed for effectiveness in controlled trials were included.  Thank you for submitting details of the work of PTUK. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
The United Kingdom Society for Play and Creative Arts Therapies (PTUK)		General		It is also our view that the latest findings of neuroscience should have been included. These are having a major impact upon the training of practitioners working therapeutically with children. (references can be supplied if required).	Our review teams did make every effort to identify all relevant studies of interest to these reviews. If you feel that further studies have been missed, please submit further details.
The United Kingdom Society for Play and Creative Arts Therapies (PTUK)		General		We agree with the overall conclusion that much more research is required before credible guidelines can be produced. The research carried out so far by academic institutions has given a good coverage of published research. Although it is in our view incomplete, (see below), it provides a starting point. However the next stage of research must involve practice based evidence, so that the results have a high probability of being replicated..	Thank you for your comment.  PHIAC have considered the need for further research and will be making a number of specific research recommendations that will help inform future versions of the guidance.
The United Kingdom Society for Play and Creative Arts Therapies (PTUK)	Exec Summary	Recommendations for research (unnumbered)	No page number	There is no indication of the priority of the suggested research topics. We assume that NICE does not have unlimited resources. Our conclusions on priorities are: 1. Research on content and process of delivery .... Top priority but the next stage MUST include UK practice based research. This should include the existing and continuing PTUK research programme, amended where necessary to meet NICE's criteria – it already meets seven out of the twelve criteria listed on p45 of the Review of Effectiveness report 2. Cross cultural applicability – Also a top priority – PTUK has developed a research framework for this but it has not yet been	PHIAC have considered the need for further research and will be making a number of specific research recommendations that will help inform future versions of the guidance.

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				implemented. This could be combined with 1.	

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The United Kingdom Society for Play and Creative Arts Therapies (PTUK)				<p>3. Trials of promotion programmes – we do not see this as a top priority. What can be promoted until programmes of interventions have been proven?</p> <p>4. Coping programmes and reduction of stress and anxiety – included in 1 above but note that the latest neuroscience findings show that ‘talking’ interventions are not as effective as those that address the unconscious such as play therapy and the creative arts</p> <p>5. Other short term class based programmes. We do not think a case has been made for these. Our recommended approach, which is working in practice, is a hybrid of whole school and targeted. All pupils are screened and offered interventions (whole school) but the needs of individual children are prioritised so that the limited resources available in schools can be targeted and the optimum cost benefits are achieved.</p> <p>6. Health promotion measures. A low priority in our view because a golden rule is do not promote until the ‘product’ is right</p> <p>7. Combination of targeted and universal approaches – see 5 above</p> <p>8. Clinical outcome measures. A low priority in our view because the Goodmans SDQ is perfectly satisfactory for widespread use. We are surprised that little mention is made of this instrument, (for example its use in the 1999 survey of children’s mental health) perhaps because the literature searches have thrown up mainly US studies</p>	
The United Kingdom Society for Play and Creative Arts Therapies (PTUK)	Report 1 Universal Approaches	Appendix 1	104	It is a pity that the only UK study quoted has had such inconclusive results. The PTUK study, based on 700+ children, also using the SDQ measure shows positive results.	Thank you for submitting details of the work of PTUK. It will be assessed to see if it meets the inclusion criteria of the evidence reviews by our review teams.
The United Kingdom Society	Cost Effectiveness Whole School	Discussion	8	Second paragraph: Agreed that the majority of benefit may accrue outside the health sector. We hope that the fully developed model will be fully systemic, including these factors and work with specialists	Thank you for your comment. The economic analysis attempts to estimate the long term benefits of the intervention to the health, social, voluntary and legal

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for Play and Creative Arts Therapies (PTUK)				from the social and education sectors.	sectors from improved mental health and associated behaviour based on work previously undertaken for NICE on parent training programmes in conduct disorder.
The United Kingdom Society for Play and Creative Arts Therapies (PTUK)	Cost Effectiveness Whole School	Conclusions	9	We agree with the conclusions that much more research is needed. It appears to us that this study, which is a brave attempt in a very difficult area, has produced an illustrative model, being constrained by the PATH and MRC PICOS data, certainly not a definitive one.	Thank you for your comment.
The United Kingdom Society for Play and Creative Arts Therapies (PTUK)	Cost effectiveness – universal mental health promotion	Appendix 1	14	<b>With respect, the use of the Health Utilities Index Mark 2 is inappropriate as it stands for this purpose.</b> It reflects its medical background. It only partly addresses the holistic child. There are significant omissions: social skills – ability to form relationships; communication; creativity; spiritual/moral; responsibility and self control. It is a pity that specialist practitioners working successfully with children were not consulted at this stage. PTUK could have made available over 500 therapists for inclusion in your survey.	As part of NICE's guideline development process, consultation with experts in the field will take place during the fieldwork stage.  Further details of the guidance development process are available at: <a href="http://www.nice.org.uk/page.aspx?o=295452">http://www.nice.org.uk/page.aspx?o=295452</a>

<sup>i</sup> The Mental Health Foundation (2000) Bright Futures: promoting children and young people's mental health

<sup>ii</sup> Mental Health Foundation (1999a) Bright Futures London, Mental Health Foundation

<sup>iii</sup> Ginsburg, K (2006) *The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds*. Clinical Report. American Academy of Pediatrics.

<sup>iv</sup> 4Children (2007) My Shout Out; 4Children's national Buzz Survey: [www.4children.org.uk/uploads/information/MyShoutOutReport\\_07.pdf](http://www.4children.org.uk/uploads/information/MyShoutOutReport_07.pdf)

<sup>v</sup> Play Board (2006) *Giving Priority to Play*. Play Board Northern Ireland

<sup>vi</sup> DfES (2006) *Schools for the future, designing school grounds*. London: TSO