



## Public Health Intervention Guidance

### Mental Wellbeing of Children –Consultation on Draft Guidance– Stakeholder Response Table 23<sup>rd</sup> November – 21<sup>st</sup> December 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust	 Responses from head teachers and  Psychotherapist evaluation.pdf	1	4	<p><u>Recommendation 1</u>  <u>Strategic planning for promoting emotional and social wellbeing of children in primary education:</u>  This is an important opportunity for genuine linkage between health and education. While whole-school programmes like SEAL can be effective for many children and families, it is essential to provide for the mental health needs of a small but significant group of children who are not mentally ill but who have chronic, complex and severe difficulties. These are children and families who usually have a history of non-engagement with services and are unlikely to get to a CAMHS clinic or a GP surgery. They are usually the children in the school about whom teachers are most worried. However, evidence from the Tavistock outreach in primary schools (TOPS) pilot project shows that these children and families will use a specialist CAMHS service if it is based in the school. An evaluation of primary school based CAMHS led by child psychotherapists has shown a whole-school benefit as well as benefits for referred children and families. Providing CAMHS in primary schools would require additional health/education funding. Schools in TOPS have now decided to commit to a financial contribution of £3K per school per term in order to sustain the project.</p>	Thank you for your comments and the evidence submitted. The need to link services such as CAMHS to schools is highlighted in this recommendation. We will review the evidence submitted with interest and assess its potential impact.
Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust		1	6	<p><u>Recommendation 2</u>  <u>Training and development for staff:</u>  While incorporating learning about children's emotional development and difficulties into teacher training programmes is essential in order to equip education staff in supporting children, the opportunity to work together with specialist CAMHS clinicians in schools provides a different kind of learning experience.</p> <p>In the Tavistock outreach in primary schools project (TOPS) an in-school child psychotherapist offers discussion groups to staff, known as 'work discussion groups', making use of observational material to help with understanding children's emotional needs and problems.</p> <p>Work discussion groups have been included as a model of good</p>	Thank you for your comments. You provide a number of statistics which reflect good practice would it be possible to forward the report or the reference for the ' <b>Brent Centre for Young People</b> ' work to NICE.

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				<p>practice in the DES/DoH November 2006 <i>Report on the Implementation of Standard 9 on the NSF for Children, Young People and Maternity Services, Annexe: models of good practice, p.17</i>. They provide teachers and other staff with an opportunity to think in depth about any concerns and difficulties they are experiencing in their work with pupils or class groups. These issues are discussed together and, usually, facilitated by an external consultant – often a child &amp; adolescent psychotherapist.</p> <p>The aims of the groups are to help staff:</p> <ul style="list-style-type: none"> <li>• Develop understanding about the underlying meaning of pupil behaviour</li> <li>• Develop capacity to identify children who are considered to be at risk and in need of more specialised assessment.</li> <li>• Develop understanding about the psychological factors that impact on teaching and learning</li> <li>• Manage the complexities of the pupil-teacher relationship; and</li> <li>• Feel more confident about and supported in work with worrying pupils who are at risk.</li> </ul> <p>Projects of this nature have also been developed by Brent Centre for Young People. Within Brent school based projects, evaluation with over 120 staff has shown that:</p> <ul style="list-style-type: none"> <li>• 97% were helped to persevere with challenging pupils when they felt like giving up;</li> <li>• 83% reported feeling less stressed after talking about challenging pupils/class groups.</li> <li>• Projects contribute to reduction in school exclusions.</li> <li>• In one school alone, over a three year period, the school reported that the 22 staff attending the fortnightly groups had a significantly lower rate of absence than the whole staff group.</li> </ul>	

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				<p>Balanced against the very modest cost of such an intervention, additional benefits would include the contribution to the reduction of pupil exclusions (and their consequences) and staff absence. Such an intervention, over time, would also be likely to increase the capacity for effective early identification of mental health problems in pupils by staff together with more effective capacity to handle such situations so as to enable the pupil and their family to access the most appropriate treatment. All of the above benefits also offer the possibility of considerable savings at a financial level.</p> <p>In the Tavistock outreach in primary schools project, child psychotherapists also work jointly with education staff in relation to referrals, assessments, on going clinical work and reviews. Thinking about emotional development and needs thus becomes integral to professional role and, therefore, to the culture of the whole school, rather than being a more theoretical add-on.</p>	

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Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust		1	6	<p><u>Recommendation 2</u> <u>Help to develop parenting skills:</u> Support for parents and carers is welcomed. However, primary schools have considerable experience of hard to reach parents who are unlikely to make use of parenting programmes or information sessions. Engaging with hard-to-reach parents is bound to be a long, slow process and needs careful joint work from education and CAMHS.</p> <p>In the Tavistock outreach in primary schools project we have found that even parents with a chronic history of non-engagement with services will work individually with child psychotherapists when CAMHS services are offered in schools with the backing of education staff.</p>	Thank you for your comment. This element of CAMHS and schools working together is covered in this recommendation but it would be useful if you could forward studies or reports that outline the impact of the links between CAMHS and schools
Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust		1	7 - 10	<p><u>Recommendation 3 &amp; 4</u> <u>Addressing the needs of children with chronic, complex and severe emotional difficulties:</u> It is essential to address the needs of primary school children who are not mentally ill but whose difficulties are chronic, complex and severe, including children who are anxious, distressed or conduct disordered. In this, it is vital that the range of interventions offered is not limited to brief, problem solving programmes, which are unlikely to have a sustained, beneficial impact for this significant group of children and their families. Research by Professor Richard Harrington (<i>Psychotherapy with children and adolescents</i>, Cambridge University Press 2001) points to the long term limitations of CBT: 'Some conditions do not appear to benefit significantly and it has not yet been established that the CBTs are effective in very severe forms of emotional and behavioural disorder'. Indeed, the research on CBT has been with children presenting with single issues in a research setting, while the children that teachers are worried about rarely suffer from one symptom. A danger of CBT in relation to work with children is that the focus is on a child with a problem and complex issues in families and networks are not taken up; psychological interventions with children and the their families with severe, chronic</p>	Recommendation 3 (combining the previous recommendation 3 and 4), has been amended and now highlights the need 'to provide a range of interventions that have been proven to be effective, according to the child's needs'. Use of CBTs is not highlighted specifically.

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				<p>and complex difficulties requires a highly specialised level of training and expertise and is risky is provided without this.</p> <p>In addition, while group work can be helpful for some children, children whose behavioural difficulties indicate acute anxiety and distress usually find it very hard to function in a group, as being a member of a group requires enough maturity and capacity to subordinate individual needs to the group task.</p> <p>A school-based psychotherapeutic approach led by child psychotherapists has been shown to produce social, emotional and learning benefits for such children in difficulties and their families. (see <i>Psychotherapy in Primary Schools: An Evaluation</i>, April 2007, Camden Children's Fund and Tavistock Outreach in Primary Schools, attached; see also reports from TOPS primary schools, attached). This school-based approach offers a wide range of interventions, including:</p> <ul style="list-style-type: none"> <li>• In-school consultation about referral options and pathways</li> <li>• Assessment of individual children</li> <li>• Individual psychotherapy</li> <li>• Group psychotherapy</li> <li>• Whole class work</li> <li>• Work with under-fives and their parents</li> <li>• Parent consultation and support</li> <li>• Referrals to CAMHS or other specialist services</li> </ul> <p>Although the draft guidelines do not seek to address the needs of children with a given diagnosis, in our experience the provision of CAMHS in-school provides a helpful link between Tier 2 and Tier 3 services.</p>	

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Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust		1	7 - 10	<p><u>Recommendation 3 &amp; 4</u>  <u>Supporting disadvantaged parents/carers</u>  The recommendation to support parents or carers living in disadvantaged circumstances is welcomed. However, in our experience, while thinking about practicalities can be helpful, parents' difficulties in using services are more to do with acute anxiety about being criticised or blamed. Often groups that focus on parenting are not attended by hard to reach parents because of worry about shame and blame.</p> <p>Joint work between primary school staff and specialist CAMHS clinicians has been successful in engaging parents who, in the schools' experience, do not get to clinics or other agencies (see <i>Psychotherapy in Primary Schools: An Evaluation</i>, April 2007; <i>Responses from head teachers and SENCos in TOPS primary schools</i>, November 2007, attached). Following a period of individual work with a specialist CAMHS clinician some parents develop sufficient faith in themselves to be able to make use of parenting group work.</p>	<p>Thank you for your comments and evidence. The fieldwork stage of the NICE process highlighted similar themes and these have been considered in the generation of these draft recommendations.</p> <p>The considerations now discuss issues of discrimination and stigma.</p>
Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust		App C	33 - 38	<p><u>Appendix C: the evidence:</u>  The focus on Randomised Control Trials is understandable but misses some of the qualitative data that other studies give (see <i>Psychotherapy in Primary Schools: An Evaluation</i>, April 2007, attached).</p> <p>The finding that CBT is not necessarily effective or long-lived in its effects in cases where depression or ADHD is co-morbid with other disorders is important given our experience that many of the children and families referred for targeted help suffer from difficulties which are complex, severe or chronic. Indeed, the research on CBT has been with children presenting with single issues in a research setting, while the children that teachers are worried about rarely suffer from one symptom. A danger of CBT in relation to work with children is that the focus is on a child with a problem and complex issues in families and networks are not taken up; psychological interventions</p>	<p>Thank you for your comment</p> <p>Recommendation 3 (combining the previous recommendation 3 and 4), has been amended and now highlights the need 'to provide a range of interventions that have been proven to be effective, according to the child's needs'. Use of CBTs is not highlighted specifically.</p>

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				<p>with children and the their families with severe, chronic and complex difficulties requires a highly specialised level of training and expertise and is risky is provided without this.</p> <p>These children and families constitute a sizeable minority of the population who are unlikely to make use of parenting programmes or CBT sessions. This is also supported by the study referred to in Evidence Statement 5 which indicates the difficulty of recruiting parents into support programmes.</p> <p>Engaging with hard-to-reach parents is bound to be a long, slow process and needs careful joint work from education and CAMHS. In the Tavistock outreach in primary schools project we have found that even parents with a chronic history of non-engagement with services will work with child psychotherapists when CAMHS services are offered in schools with the backing of education staff.</p>	

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Association of Child Psychotherapists; Tavistock Outreach in Primary Schools Project, Tavistock and Portman NHS Foundation Trust		App D	39 - 41	<p><u>Appendix D: gaps in the evidence</u> In relation to the need for valid methods of measuring the emotional and social well-being of primary schoolchildren, please see: <b><i>What Works For Whom? A Critical Review of Psychotherapy Research (Second Edition)</i></b> by Anthony Roth, PhD and Peter Fonagy, PhD, FBA New York: Guilford Publications, 2004.</p> <p><b><i>Outcomes of Psychoanalytic Treatment: Perspectives for Therapists and Researchers</i></b> edited by Marianne Leuzinger-Bohleber and Mary Target (London: Whurr Publications, 2001).</p>	Thank you for your contribution we will review the evidence that you have submitted
Association of Educational Psychologists		General		The Association of Educational Psychologists (AEP) is pleased to be able to respond to the NICE draft guidance on promoting the mental well-being of children in primary education. The AEP is the independently certificated trade union and professional association for educational psychologists. It represents the professional and employment interests of 93% of the qualified educational psychologists working in the United Kingdom, most of whom work for local government. It is the only professional association or trade union in the UK organised exclusively by and for educational psychologists. The AEP is unequivocally the voice of the educational psychology profession. The AEP has just over 3000 members.	We welcome the AEP's contribution
Association of Educational Psychologists		General		The AEP believes that the PHIAC might have benefited from the inclusion of educational psychology practitioners. The AEP would be willing to nominate representatives or co-optees if so wished. As a trade union and professional association we were greatly concerned that there was no reference to the contributions of educational psychologists in the process of supporting children and their families.	Thank you we will consider this in future related guidance. We are currently in the process of recruiting educationalists to PHIAC. Explicit reference is now made to the involvement of educational psychologists in the guidance.
Association of Educational Psychologists		App D	39	In this response we particularly addressed <i>Appendix D; Gaps in the evidence</i> . In particular we noted in paragraph 4 that there is a lack of evidence on the effectiveness and cost-effectiveness of interventions and wondered whether cognitive behavioural techniques were a "sticking plaster" and, if so, whether they would be effective. This is	Thank you for your comments. Research recommendations will be written into the final guidance document. We have considered the points that you have raised.

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				<p>only a short-term intervention (less than 2 years), whereas the efficacy of behavioural therapy has not been questioned.</p> <p>We noted the over-arching question asking which universal whole-school, targeted interventions effectively promoted the mental well-being of children in this age group. The fact that there is little supporting evidence for a number of interventions suggests to us that there should be a determined effort to collect information on an evidence-based approach rather than to ask opinions about the effectiveness of what is promoting well-being and what is not.</p> <p>Our responses to some of the subsidiary questions put in Appendix D are as follows, though they do not address all of these questions:</p> <ol style="list-style-type: none"> <li>1. We recommend that NICE commission research into approaches outlined in questions 1 and 4; as a professional Association the AEP would welcome the opportunity to facilitate a review of these approaches in terms of their effectiveness.</li> <li>2. We would also welcome the opportunity to consider the cost benefit of using cognitive behaviour therapy.</li> </ol>	

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Association of Educational Psychologists		1	4 - 10	<p>The responses below are prompted by the Recommendations at the start of the Consultative paper</p> <p>3. We note that poverty increases the vulnerability of young children and that this is especially the case where this is extreme.</p> <p>4. The AEP strongly endorses the whole-school approach to meeting basic needs, as identified by Abraham Maslow, that the physiology of healthy eating is a pre-requisite to developing higher-order activity.</p> <p>5. Educational psychologists are already contributing to the training of teachers and non-teaching staff in emotional literacy programmes (SEAL).</p> <p>6. Explicit reference should be made to the supporting role of educational psychologists because they are particularly well-placed to support children, their parents and schools in promoting the development of mental well-being. They are also in a position to make recommendations concerning children who are at risk or who display disruptive behavioural problems.</p> <p>7. We consider that the PHIAC might also draw attention to the phenomenon of school-based identification of children's emotional and mental health difficulties systematically under-identifying girls. This is also reflected in the referral rates to supporting services, such as educational psychologists.</p> <p>8. Good psychological health is identifiable; educational psychologists' experience in promoting this is a key factor.</p>	<p>Thank you for your comments. You make some interesting points and will consider these and discuss further.</p> <p>Explicit reference is now made to the involvement of educational psychologists in the guidance.</p>
Barnardo's		General		<p>This guidance is very welcome and generally the principals of the proposed intervention are things we can all agree to . However this is not the role of TEACHING staff and social workers/counsellors and the voluntary sector should be engaged to deliver this kind of work in the schools on behalf of the teaching staff. Teaching staff should identify the children who need the extra help and then refer them on for external people to come into the schools and deliver small group work. The Barnardos Swansea Children matter project is an example of where this already happens and works incredibly well and has well</p>	<p>Thank you for your comments. The draft recommendations echo your comments of the teachers' role in identification and referral, and also echo the involvement of associated professionals (voluntary, private and public). It would be most useful if you could provide NICE with any evidence that you feel may contribute to the guidance such as that mentioned in</p>

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				evaluated evidence of this .	your comments.
<b>Barnardo's</b>		General		<p>I have worked in primary schools, with children with potential mental health problems, for over 5 years. I implement two programmes on a whole school approach, both of which fit very well with all the targets set out in the Draft document.</p> <p>Pyramid is an assessment tool used with the whole school in a systematic manner aimed at identifying children with worrying needs i.e few friends, very quiet, poor home background, unhappy at school, bullied or at risk of being bullied, weepy, complaining of being unwell etc. Those identified as needing help are invited to attend a group for 15 hours over 10 weeks. This is done in a non-judgemental, non-stigmatising, fun way. Over the 10 weeks they make friends, learn to have a voice and grow in confidence and self esteem. Head teachers love it and as an early intervention preventative model is cost effective.</p> <p>The Massage In Schools Programme (MISP) works with all children and is shown to improve social relations between children and between children and adults. Teachers find that by doing the peer massage routine for 15 minutes with their children once a day they gain up to 1 hour's teaching time a day. Children report they are happier and have more friends and teachers say the class is calmer, the children are more eager to learn and aggression and bullying are well reduced.</p>	Thank you for your comments. If you could provide any references/evidence with regard to the programmes/assessment tools mentioned we would be most grateful.
<b>Blackpool PCT</b>		General		I would just like to make reference to the role of primary mental health workers in CAMHS. This role has been developed across the UK and I feel has made a vital contribution the mental health work within Schools. I would like to see in the document reference to this role and that this could be further developed within local CAMHS services to work alongside primary schools	Thank you. We have now made reference to the role of primary mental health workers.
<b>Blackpool PCT</b>		General		No Mention of family SEAL	SEAL is referenced in the introduction to the recommendations and the considerations section

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Blackpool PCT		General		Is this attributed to UK Schools	Thank you. This piece of guidance is aimed at Children aged 4–11 in primary education. NICE guidance applies to England, and includes children attending state sector maintained schools, independent schools and special education environments. If the evidence allows, specific groups of vulnerable/at risk children (such as those who are disadvantaged and school excludes) will be considered.
Blackpool PCT		General		Too simplistic to narrow mental health and wellbeing down to just a correction with violence and bullying incidents more complex!	Thank you for your comment. The guidance clearly takes a wider perspective and definition of mental wellbeing
Blackpool PCT		General		Wider determinants of mental health need to be considered within the targeted intervention – focussing on both school and family based interventions (family SEAL)	Recommendation 3 refers to the need to condition a range of appropriate options , and the guidance makes reference to a range of other complementary policies and activities that are important in promoting children's mental wellbeing
British Association of Art Therapists (BAAT)	 con mod AT.p   Reference evidencece.pd	General		The main point that I would include in response to the draft guidelines can be summed up as follows: <b>the arts therapies provide the only truly age appropriate psychological intervention for primary school children; focusing on psychological communication via the arts and play in lieu of spoken language which is consistently under developed in this age group, by its definition.</b> It needs to be repeated at each of the opportunities listed below:	Thank you for your comments and additional information.

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	 picrender.pdf   49.pdf   Art_Therapy_C Study.pdf				
British Association of Art Therapists (BAAT)			1	Need to include non verbal therapists within <b>stakeholders</b> group	Thank you for your suggestion. PHIAc recommendations are based on the best available evidence.
British Association of Art Therapists (BAAT)		1	4	It is essential for non verbal therapists to participate within the <b>providers of service</b> group re “Who should take action?” for a whole school approach ( <b>see the AHP 10 key roles</b> for each of the 4 “Recommendations” throughout the draft guidelines ) and also for specific targeted support for individual pupils within arts therapy sessions	Thank you for your suggestion. Recommendations are based on the best available evidence
British Association of Art Therapists (BAAT)		1	5	“...schools and local services should work closely with child and adolescent mental health <b>and other services (including arts therapists?)</b> to develop and agree local protocols....”	Thank you for your comment.
British Association of Art Therapists (BAAT)		1	7	“... identification and assessment of early signs of anxiety and emotional distress ...” <b>requires mental health practitioners who are trained in non-verbal communication (e.g. arts therapists) to facilitate basic training for teaching staff on how to identify early signs of anxiety and emotional distress through non verbal</b>	Thank you for your comment. NICE recommendations are based on the best available evidence.

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				means and for the practitioners to carry out assessments / referrals	
British Association of Art Therapists (BAAT)		1	8	<p>“...tailored group sessions...” can be delivered by art therapists. Children may be assessed by arts therapists for their suitability for group or individual work. ‘Hard to reach’ parents may find it easier to engage in arts based group work rather than a purely verbal group.</p> <p>* Please see ‘ “The Brush’s Footmarks”: Parents and infants paint together in a small community art therapy group’ by Hilary Hosea “ The International Journal of Art Therapy: Inscape”. Art Psychotherapy / Therapy certainly fits into the “Gaps in Evidence” (p 39). Volume 11 Number 2 December 2006</p>	Thank you for your comment and reference.
British Association of Art Therapists (BAAT)		1	9	<p>“.....What action should they take...make an appropriate referral for specialist assessment, where necessary.....” Please see attached case study due to be published on the Teaching Development Agency website and currently on the Hatfield and Rural Extended Schools Consortium website citing an example of an art therapy service set up within a consortium of schools for the stated purpose of specialist assessment and ongoing work where appropriate.</p>	Thank you for your comment
British Association of Art Therapists (BAAT)		3	12	<p>“<b>Considerations</b>..... PHIA adopted a <b>holistic</b> approach to mental wellbeing within primary schools.....this guidance should be used within the context of a <b>range of services and processes</b>.....” The guidance seems neither to embody a holistic approach nor to refer to a range of services. CBT and drug therapy hardly constitute a range of services even when seen in conjunction with the SEAL programmes used in schools.</p> <p>Again – there is room to promote the 10 key roles here for the universal approach to mental health in schools as stated in the document in addition to the direct referral and treatment of children to arts therapy services.</p>	<p>Thank you for your comment.</p> <p>Recommendation 3 refers to the need to consider a range of appropriate options.</p>
British Association of Art Therapists		3.3	13	<p>“..... <b>A strong focus on prevention could also avoid inappropriate referrals to clinical services...</b>” It is somewhat</p>	Thank you for your comment.

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(BAAT)				worrying to consider that teaching staff with no formal mental health training will be taking on this role following what could amount to very minimal “training” in line with the aims of this programme. ATs could implement this part of the work, <b>if appropriate</b> , via the AHP 10 key roles framework.	The recommendations define the respective roles of teachers and specialists.
British Association of Art Therapists (BAAT)		3.8	14	<b>“When using group- based approaches, care is needed with groups that include both aggressive and non-aggressive children.....”</b> Again, it should be remembered that school teaching staff have no mental health training. Even information on cognitive developmental stages (Piaget etc) that used to feature in teacher training courses is not necessarily included any longer.	Thank you for your comment.  The recommendations emphasised the importance of training and support to teachers; and specify the role of specialists
British Association of Art Therapists (BAAT)		4	15	<b>“Provide a focus for children’s trusts, health and wellbeing partnerships and other multi-sector partnerships.....”</b> The focus needs to be inclusive of work already implemented and valued by schools / local authorities including the arts therapies.	Thank you for your comments.
British Association of Art Therapists (BAAT)		5 (and App D)	16	“...evidence gaps”??? May we recommend a search of these databases “ Key words being Art Therapy, Art Therapy groups, Schools, Child and adolescent mental health” <a href="http://www.informaworld.com/smpp/home~db=all">http://www.informaworld.com/smpp/home~db=all</a>  <a href="http://www.sciencedirect.com/science/journal/01974556">http://www.sciencedirect.com/science/journal/01974556</a>  <a href="http://www.jkp.com/catalogue/index.php/cat/art">http://www.jkp.com/catalogue/index.php/cat/art</a>	Thank you we will consider this further.
British Association of Art Therapists (BAAT)		App A	20	<b>“...Membership of PHIAC is multidisciplinary...”</b> Need to indicate that PHIAC does not include any representation from professions that specialise in non verbal communication - such as the arts therapies. Again, it’s worth pointing out that children of this age group have an under developed capacity for verbal language.	Thank you for your comment. PHIAC has a limited number of places to ensure all types of therapists are represented.
British Association of Art Therapists (BAAT)		App B (5)	27	<b>“ Is it better if teachers, school support staff or a specialist (such as a psychologist or school nurse) delivers the intervention?”</b>  The “intervention” actually appears to span a range of approaches - from a universal whole school approach to specific, targeted psychological input from a specialist. Level of training is crucial here	Thank you. This question was one of the key questions outline in the initial scoping document ( <a href="http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11667">http://www.nice.org.uk/guidance/index.jsp?action=byID&amp;o=11667</a> )  The respective roles of teachers and

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				for safe and effective practice. Ethical / boundary issues arise when considering whether school teachers / teaching support assistants could deliver the “intervention”.	specialists are defined.
British Association of Art Therapists (BAAT)		App B	28	<b>Selection criteria ... studies were included if ...</b> Significance of regional differences for services such as the arts therapies should be mentioned	Thank you for your comment.
British Association of Art Therapists (BAAT)		General		<b>Final Points</b> <ul style="list-style-type: none"> <li>CBT is unlikely to be appropriate for all children and yet it dominates the guidelines. Although there is a dearth of evidence for the arts therapies (see data bases below) it is obvious to most school based staff that non verbal methods of communication are vital for engaging with primary school aged children in any meaningful psychological way. Children who are severely traumatised due to incidences of abuse and neglect need plenty of time to develop safe and trusting relationships with adults on their own terms and by using language that is meaningful to them and also child friendly i.e. creative and playful</li> </ul> <a href="http://www.informaworld.com/smpp/home~db=all">http://www.informaworld.com/smpp/home~db=all</a> <a href="http://www.sciencedirect.com/science/journal/01974556">http://www.sciencedirect.com/science/journal/01974556</a> <a href="http://www.jkp.com/catalogue/index.php/cat/art">http://www.jkp.com/catalogue/index.php/cat/art</a>	Thank you for your comments and database websites we will follow these up. NICE guidance is developed using the best and most appropriate available evidence.
British Association of Art Therapists (BAAT)		General		<ul style="list-style-type: none"> <li>There is no real sense of assessing psychological provision related to varying levels of need in these guidelines - including complex long term needs (attach very positive Guardian article on art therapy in schools)</li> <li><a href="http://education.guardian.co.uk/egweekly/story/0,,2209735,00.html">http://education.guardian.co.uk/egweekly/story/0,,2209735,00.html</a></li> </ul>	Thank you for your comment.
British Association of Art Therapists (BAAT)		General		<ul style="list-style-type: none"> <li>Children may draw attention to family / home difficulties at school through their behaviour. If this challenging behaviour is viewed solely within a context of a child's need to develop better emotional literacy and social skills (which appears to</li> </ul>	Thank you for your comments.  Recommendation 3 and considerations highlight the importance of issues of

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				be the main thrust of these guidelines) then valuable data will be over looked in terms of risk assessment and a child's vulnerability. Need to take into account the long term nature of the effects of domestic violence / sexual abuse / neglect / parents' mental health difficulties etc and the corresponding level of training required to identify, assess and "treat" the child in these circumstances.	abuse and violence ; and states that the recommendations should be implemented within the context of other processes and procedures, including safeguarding policies.
British Association of Art Therapists (BAAT)		General		<ul style="list-style-type: none"> <li>How to incorporate issues of attachment into this model?</li> </ul>	The whole school approach emphasises the importance of building 'successful relationships ' and all recommendations are concerned with promoting positive relationships; including child-parent relationships
British Association of Art Therapists (BAAT)		General		<ul style="list-style-type: none"> <li>These guidelines look helpful for children who have low level needs, or children who are at the end of a programme of counselling / psychodynamic (arts) psychotherapy and who are in a better, more robust, state of mind - better able to access a learning environment and to make good use of SEAL associated concepts.</li> </ul>	Thank you.  The guidance indicates that other NICE guidance covers the needs of children with specific conditions, such as depression
British Association of Art Therapists (BAAT)		General		<ul style="list-style-type: none"> <li>Re the above point there is probably good potential for CBT and Art Therapy to work together in a complementary manner</li> </ul>	Thank you for your comment.
British Association of Art Therapists (BAAT)		General		<ul style="list-style-type: none"> <li>Much arts therapies work already taking place in schools – Head teachers have never had guidance from DoH before and they will be entirely unaware of how limited in scope / inappropriate this document is for this age group of children (or what CBT actually is). It is possible that the guidelines will be delegated to special needs deputies within senior management teams.</li> </ul>	Thank you for your comments . The guidance stresses that implementation should take place within the context of other DH and DCSF guidance. It also highlights who should take action including Head teachers
British Association of Play Therapists	 Handout.doc			The British Association of Play Therapists represents many play therapists in schools. I myself am one such therapists. Our school has just been acknowledge as 'outstanding' by OFSTED and the play therapy service recognised as part of this. As an EBD primary school we are experts in addressing the mental health needs of primary aged children in schools. BAPT members offer individual play	Thank you for your comments and evidence. We will review the evidence that you have provided

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	 reference_research_2007-09-21-05.pdf   Meta-Analytic Literature Review.pdf			therapy, filial -play therapy and group and whole class therapy in schools. We have a research committee (research@bapt.uk.com). I have completed a piece of research on training school staff to give therapeutic play sessions (Journal of Emotional & Behavioural Difficulties Spring 2008) and have completed but not written up a whole class project. Both are based on American evidence based programmes Kinder Training, Primary Mental Health Project and PALS. Filial therapy is a family intervention with a large research history. I am attaching further info. Is there any way we can be included in your work on mental wellbeing in primary schools?	
<b>Buckinghamshire PCT</b>		General		No mention of circle time or of the no blame approach, both widely used in schools to deal with bullying	Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness.
<b>CASPE Research</b>		General		The following comments are made in respect of our role in advising NICE on audit criteria for implementation of their guidance. In this regard they tend to be mostly focused on our seeking help in resolving perceived drafting ambiguities.	Thank you
<b>CASPE Research</b>		General		As with many of the Public Health guidance publications, responsibility for action is shared between the NHS, local authorities and voluntary organisations. The audit criteria developed to assist implementation are currently only applicable to NHS organisations.  In formulating them, it is difficult to construct specific criteria centrally when different models of shared responsibilities will exist at local level. Criteria that are developed may therefore need to be amended to reflect local approaches.	Thank you for your comment. We will discuss this further.
<b>CASPE Research</b>		1	4	<u>Recommendation 1</u> (See General comment above). It is unlikely that NHS organisations will take the lead in the production of such plans, but clearly they should contribute to them either through Partnership or other arrangements. Organisational audit criteria might be constructed to cover the training and protocol development aspects of this	Thank you for your comment

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				recommendation.	
CASPE Research		1	6	<u>Recommendation 2</u> I do not think the health aspects of this recommendation are auditable. The main area would be the improvement of parenting skills but health involvement here is optional - may lend itself more to a checklist of good practice.	Thank you for your comment
CASPE Research		1	7	<u>Recommendation 3</u> This recommendation should provide a number of auditable criteria, although identification and referral may not be a direct responsibility of NHS staff.	Thank you for your comment
CASPE Research		1	9	<u>Recommendation 4</u> Although NHS involvement may be more limited than in recommendation 3, this recommendation should should lend itself to the development of an organisational audit criteria. Identification and referral of children may not be a responsibility of NHS staff.	Thank you for your comment. We will consider the issues raised around the nature of the recommendations and auditing.
Childhood Bereavement Network		General		All of the recommendations are likely to involve voluntary sector services (including childhood bereavement services). It would be helpful to acknowledge this by including the voluntary sector under each recommendation's section on 'Who should take action?'	Thank you for your comment. The guidance has been amended to reflect voluntary sector involvement.
Childhood Bereavement Network		1	5	<u><b>Recommendation 1</b></u> <u><b>Proposed amendment</b></u> Please insert 'including those in the voluntary sector' after 'In particular, schools and local authority children's services should work closely with child and adolescent mental health and other services'  <u><b>Explanation</b></u> Many of the services that would need to be involved in developing local 'stepped care' approaches – including childhood bereavement services - are based in the voluntary sector and it would be helpful to specify that they are to be included.	Thank you for your comment. This recommendation has been amended in line with your comments.
Childhood Bereavement Network		1	7	<u><b>Recommendation 3</b></u> <u><b>Proposed amendment</b></u> Please insert 'or the death of someone significant' after 'particular adverse life events (such as parental divorce'	Thank you for your comments. The guidance has been amended to reflect your comments

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				<p><b>Explanation</b></p> <p>Evidence is clear that bereaved children and young people are likely to display the early signs of anxiety and emotional distress, yet the needs of this group are frequently overlooked.</p> <p>Including the death of someone significant as an adverse life event in the guidance will help lever support for this vulnerable group.</p> <ul style="list-style-type: none"> <li>• Approximately 4% school age children and young people have experienced the death of a parent or sibling and 6% have experienced the death of a friend<sup>i</sup>.</li> <li>• 7% children and young people who have experienced the death of a parent or sibling, and 13% of those who have experienced the death of a close friend, have an emotional disorder, compared to 4% in the general population<sup>ii</sup></li> <li>• Beyond children with a specified disorder, Dowdney's review of literature concluded</li> </ul> <p>'...children do experience grief, sadness and despair following parental death. Mild depression is frequent and can persist for at least a year after parental death. However, when clinically referred children are excluded, psychiatric disorder characterises only a very small minority of children... Most commonly, bereaved children present with a wide range of emotional and behavioural symptoms that constitute a non-specific disturbance...One in five is likely to manifest such disturbance at a level sufficient to justify referral to specialist services.'<sup>iii</sup></p> <p>The most comprehensive recent literature review on the subject<sup>iv</sup> showed that significant bereavement can put an individual at greater risk of social exclusion and mental health difficulties, and that bereavement 'may have particularly harmful implications for the lives of young people who are already vulnerable or living in disadvantaged circumstances, or who have experienced multiple problems.'</p>	

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				It concluded with implications for policy-makers and practitioners, including 'A range of services and opportunities are needed for support, based on a variety of activities, from the provision of a single phone contact to individual or family based interventions, to peer group support, to particular provisions for specific circumstances (for example bereavement through suicide). This range of services needs to be better integrated and coordinated so that all bereaved young people do have help potentially available if they want it, and so that they know how to access this....The disruption of bereavement for young people may be a difficult issue that society generally has turned its face away from, but it is a topic requiring more specific attention from mainstream policies and services for young people.'	
Childhood Bereavement Network		1	9	<p><u>Recommendation 4</u>  <b>Proposed amendment</b>  Please insert 'or the death of someone significant' after 'particular adverse life events (such as parental divorce'</p> <p><b>Explanation</b>  Studies suggest higher than expected levels of aggressive or disruptive behaviour among parentally bereaved children and young people<sup>v</sup> yet the needs of this group are frequently overlooked and may not be traced back to their bereavement.</p> <p>Including the death of someone significant as an adverse life event in the guidance will help lever support for this vulnerable group.</p>	Thank you for your comments. The guidance has been amended to reflect your comment.
Dept of Children, Schools and Families				We think our comments, if adopted, will help bring further clarity in this area by suggesting use of the terminology with which schools will be increasingly familiar through DCSF programmes. There are also one or two points of substance such as the need to make clear that the work should not just be presented as helping schools achieve National Healthy School Status.	

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				<p>An important comment relates to the recommendation that schools undertake this sort of programme for at least two years. We are concerned about the message that this might give out to schools about SEAL ie. that its short term work. We believe that a school should implement SEAL for the long term. It is progressive work for pupils of all ages, and it would make no sense to stop after two years.</p> <p>I imagine that the reason for stating two years relates to the research evidence NICE drew on which maybe was about two year programmes or only provided two years' of evidence? In which case could the guidance clearly indicate the reason for stating 'at least two years' or our suggestion 'two years or more', so that schools understand what it really means, and also what it does not mean. We are working very hard as a Department to embed the SEAL programme on a permanent basis because we know it can take years to fully implement it and to see the full benefits and then it needs to continue if the impact is to be sustained. A two year period would not make sense.</p> <p>Do come back to me if it would be helpful to discuss this or any of the other suggestions,</p>	
Dept of Children, Schools and Families		Rec 1		<p><b>What action should they take?</b></p> <p>Develop and agree arrangements, as part of the 'Children's plan', to ensure all primary schools provide multi-component programmes to promote the emotional and social wellbeing of children. These programmes should:</p> <ul style="list-style-type: none"> <li>be offered as part of school policies for attaining the National Healthy Schools Standard and Outcome Framework targets</li> </ul>	<p>Thank you for your comment</p> <p>The introduction to the recommendations emphasise the importance of this guidance being implemented within the context of a number of policies concerned with promoting the social and emotional wellbeing of children</p>
Dept of Children,		Rec 2		<b>What action should they take?</b>	Thank you for your comments. The

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Schools and Families				Provide a school-based programme to promote the emotional and social wellbeing of children. This should include:  <b>a comprehensive curriculum on emotional and social development (covering the development social and emotional skills, problem solving, coping and other skills).</b>	guidance has been amended and highlights the importance of these skills.
Dept of Children, Schools and Families		Rec 2		This should be taught over a period of at least 2 years by appropriately trained teachers/practitioners and support staff <b>-Would be better to say 2 year or more, but this should be qualified explaining why this is recommended. Please see covering email.</b>	Thank you for your comments. The recommendation now states 'throughout primary education '
Dept of Children, Schools and Families		Rec 2		<ul style="list-style-type: none"> <li>integrated activities to promote emotional and social wellbeing within all aspects of school life. For example, classroom-based teaching should be reinforced in assemblies, homework and play periods (in class as well as in the playground).</li> </ul>	Thank you for your comments. The guidance has been amended to reflect your comments.
Dept of Children, Schools and Families		Rec 3		<p><b>Who should take action?</b></p> <p>Teachers and school support staff working with children in primary schools, those working in local authority education services (including healthy schools teams) and child and adolescent mental health services (levels 1 and 2).</p> <p>Add a wider range of professionals? E.g. Educational Psychologists</p>	Thank you for your comments. The guidance has been amended in light of your comments
Dept of Children,		Rec 3		<b>What action should they take?</b>	Thank you for your comments

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Schools and Families				Ensure teachers and school support staff are appropriately trained to identify and assess the early signs of anxiety and depression among primary schoolchildren. Do we want them to 'diagnose' anxiety and depression? Recognise behaviour of concern?	The respective roles of the teachers and specialists has now be defined more clearly
Dept of Children, Schools and Families		Rec 3		<ul style="list-style-type: none"> <li>Early signs of anxiety and depression may include poor peer relations, low self-esteem and behavioural problems. Children at risk may include those who persistently refuse to go to school, those living in families where there is marital conflict or little stability, who have experienced particular adverse life events (such as parental divorce) or been exposed to violence.</li> </ul> <p>We don't want teachers to be diagnosing medical conditions but they should be assessing need and intervening.</p>	Thank you for your comment The respective roles of the teachers and specialists has now be defined more clearly
Dept of Children, Schools and Families		Rec 3		<ul style="list-style-type: none"> <li>Identify and assess children who are experiencing the early signs of anxiety or depression using existing methods such as CAF. Discuss the options for reducing these problems in conjunction with the child and their parents/carers.</li> <li>Add assess the needs of children</li> </ul>	Thank you for your comment. The guidance has been amended to reflect your comment.
Dept of Children, Schools and Families		Rec 3		<ul style="list-style-type: none"> <li>Offer group sessions to the children's parents/carers to improve their parenting skills (including how to manage the child's</li> </ul>	Thank you for your comment. The recommendation has now been amended

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				<p>behaviour and their anxiety and/or depression –These sessions should be organised to run in parallel with the children’s sessions. Ensure parents/carers living in disadvantaged circumstances are given the help they need to participate fully in these sessions.</p> <p>assumes that a diagnosis has been done. Would it be better to say something like ‘enhance their emotional health and wellbeing and develop social and emotional</p>	
Dept of Children, Schools and Families		Rec 4		<p><b>What action should they take?</b></p> <ul style="list-style-type: none"> <li>Ensure teachers and school support staff are trained to identify and assess children at risk of developing (or who already display) aggressive or disruptive behaviour, using existing methods such as CAF.</li> </ul> <p>This is less negative and labeling</p>	Thank you for your comments
Dept of Children, Schools and Families		Rec 4		<ul style="list-style-type: none"> <li>Provide support and interventions, in addition to an existing, multi-component programme, to prevent or reduce these problems.</li> </ul> <p>This additional support should include:</p> <p>– offering, where appropriate, and then organising</p>	Thank you for your comments. This recommendation has now been amended

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				<p>weekly, group sessions lasting up to an hour.</p> <p>Groups should include no more than eight children. The sessions should help develop the children's social skills (including problem solving, conflict resolution, anger management and communication skills).</p> <p>–</p>	
Department of Health		General		We are keen to see the development and use of a common language for all to use in this area. In NHSP we would consider mental health to be a continuum from mental wellbeing to mental ill health.	Thank you comment
Department of Health		General		In our view, it would be helpful for schools to describe links to National Indicators and PSAs, in order to illustrate how they are contributing.	Thank you for your comment we will discuss this further
Department of Health		General		We feel that it would be helpful to give a definition of the meaning of 'Whole School Approach': in NHSP, the Department has ten elements.	Thank you.
Department of Health		1	5	<u>Recommendation 1</u> In the second bullet, could you please consider using the term "National Healthy School Programme", instead of "standard".	Thank you we will consider this.
Department of Health		1	5	<u>Recommendation 1</u> In the second bullet, could you please consider using the term: "part of all schools achieving National Healthy Schools Status" instead of "School's policies".	Thank you we will consider this.
Department of Health		1	5	<u>Recommendation 1</u> In the third bullet ('Working in healthy schools teams'), could you please clarify whether this is meant to be part of the National Healthy Schools Programme.	Thank you. This refers to local practitioners concerned with Healthy Schools.

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Department of Health		1	5	<u>Recommendation 1</u> There appears to be no mention of implementing the SEAL Programme which, we feel, is clearly an underpinning element of building skills and emotional resilience.	Thank you for your comment . The introduction to the recommendations now cites SEAL , and the consideration section now cites SEAL .
Department of Health		1	5	<u>Recommendation 1</u> There appears to be no mention of PSHE. Whilst this is an element of NHSP, we feel that it is an area which, in itself supports the SEAL agenda, and is part of an holistic approach to developing young people's skills and resilience.  In our view, it is dangerous to put everything under the heading of "NHSP". As you may be aware, NHSP is an infrastructure under which PSHE, SEAL and other programmes work to create a culture and ethos, promoting positive mental health. We feel therefore that this needs to be made specific, and not 'lumped' under NHSP.	Thank you. Recommendation highlights the importance of a holistic approach and the need to integrate social and emotional wellbeing within all subject areas, and other aspects of school life  The guidance highlights the importance of links to a range of other policies and activities
Department of Health		1	6	<u>Recommendation 2</u> Regarding "what action should they take?" (second bullet), we feel that <i>'put in place a curriculum to develop the social and emotional aspects of learning'</i> is more appropriate terminology.	Thank you for your comments. This recommendation has been changed
Department of Health		1	6	<u>Recommendation 2</u> In our opinion, there needs to be a recommendation that schools have clear information from services on service delivery, and that referral pathways are made clearer.	Thank you. Recommendation1 includes the importance of agreement of clear referral pathways
Department of Health		1	7	<u>Recommendation 3</u> Regarding "what action should they take?" (first bullet), could you please consider including "loss due to bereavement". We believe this is a very common initiating factor for emotional stress.  Could you please also note the potential impact of parental imprisonment.	Thank you for your comments. The guidance has been amended to reflect your comment on bereavement
Department of Health		1	7	<u>Recommendation 3</u> Could you please consider replacing "marital conflict" with "conflict between parents/carers".	Thank you we will consider this
Department of Health		1	9	<u>Recommendation 4</u> Could you please consider replacing "marital conflict" with "conflict	Thank you we will consider this

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## Public Health Intervention Guidance



### Mental Wellbeing of Children –Consultation on Draft Guidance– Stakeholder Response Table 23<sup>rd</sup> November – 21<sup>st</sup> December 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Department of Health		2	12	<p>between parents/carers”.</p> <p>We feel that there is a need to mention ‘Guidance for Schools on Developing Emotional Health and Wellbeing’, published in November 2007. In our view, it is a seminal document for schools in developing key programmes and service links.</p> <p>This can be accessed by using the following link:  <a href="http://www.healthyschools.gov.uk/Uploads/Users/National%20Co-ordinators/ice-paulcrellin/HS%20EHWB.pdf">www.healthyschools.gov.uk/Uploads/Users/National%20Co-ordinators/ice-paulcrellin/HS%20EHWB.pdf</a></p> <p>We feel that there is a need to mention ‘Whole School Approach to the National Healthy Schools Programme’ (2007), which can be access by using the following link:  <a href="http://www.healthyschools.gov.uk/Uploads/Users/National%20Co-ordinators/nationaluser1/HS%20Whole%20School%20Approach.pdf">www.healthyschools.gov.uk/Uploads/Users/National%20Co-ordinators/nationaluser1/HS%20Whole%20School%20Approach.pdf</a></p> <p>and an introduction to the National Healthy Schools Programme’ (2006), which can be accessed by using the following link:  <a href="http://www.healthyschools.gov.uk/Uploads/Users/National%20Co-ordinators/nationaluser1/Introduction.pdf">www.healthyschools.gov.uk/Uploads/Users/National%20Co-ordinators/nationaluser1/Introduction.pdf</a></p> <p>Could you please consider referencing the NHSP website more generally, ie, <a href="http://www.healthyschools.gov.uk">www.healthyschools.gov.uk</a>.</p>	<p>Thank you. This is now referenced.</p> <p>This information will be included in Implementation Advice developed by the NICE Implementation Directorate</p>
Dudley Counselling Service for Children and Young People	 Overview - Dudley Counselling Service   Information for Children & Young People	General		<p>It would be important for Counselling to be included in this Guidance as one of the important interventions for children with emotional and behavioural difficulties. A model for this could be the use of Specialist teachers who are also trained Counsellors as here in Dudley.</p>	<p>Thank you for the reports you have provided and your comments. In generating recommendations NICE considers the best available evidence.</p>

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	 Information for Parents & Carers   Information for about Counsellors				
Dudley PCT		General		<p>Thank you for sharing this excellent document for the promotion of Mental Wellbeing of Children in Primary Education, I wish to add that this work can be linked to the work being developed with young people in relation to the DH 2005 Delivering Race Equality in mental Health five year action plan, which requires Community Development Workers delivering the DRE action plan to <b>'help bridge the gap between local CAHMS and the local communities they are there to serve'</b> and highlights that <b>'that mainstream CAHMS services are not meeting the requirements of BME Young People and Children.'</b></p> <p>This work is already developing in Dudley and it would be appropriate to link it into this document as you have highlighted <b>'It is important to recognise and respond to the needs of children from different socio-economic, cultural and ethnic backgrounds'</b>, on page 13 of your document Mental Wellbeing of Children in Primary Education. Standard nine of the NSF for Children and Young People makes a specific requirement <b>for enhancing partnerships with BME groups</b>, which is work being developed under the DRE action plan and would add value and compliments the work required for the Mental Wellbeing of Children in Primary Education.</p> <p>Apologies in advance, if I have missed any mention of DRE, but it</p>	Thank you for your comments.

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				has not come to my attention.	
Durham County Council		General		<p><b>Some responses to the PHI - Mental Wellbeing of Children in Primary Education Draft Guidance document:</b></p> <p>Training and funding and time for provision of 1:1 support or for facilitation of groups needs to be considered if this is to be implemented.</p> <p>Very pleased to see the significance of parents and parenting recognised, and the need for parents to receive training, support and advice endorsed.</p> <p>Agree that short term expenditure leads to long term benefits and prevention.</p> <p>There is a need for skilled school staff to work with parents. In our experience this training requires planning and funding for release of people, otherwise it negatively impacts on curriculum or other service delivery. Alternatively para-professionals should be employed to work in the school setting.</p>	Thank you for your comments and observations.
Durham University		General		The basis of the guidance appears to be very different from the ADHD work that the NICE ADHD Development Group are involved in.	
Durham University		General		The large advisory committee had very little educational representation.	PHIAC has four educationalist members. A number of teachers and others from the education sector were coopted to the Committee
Durham University		General		The literature is all based on US schools which differ in many ways from UK schools - surely any recommendations must be for trials in this country - not for policy decisions.	NICE considers the best available evidence and assesses its relevance to the English context. Unfortunately there is a lack of UK based evidence in this area
Durham University		3.9	14	The recommendations involve the training of teachers and this would appear to suggest a very extensive programme but the organisation and costs of such a programme are left hanging. Some of the	Thank you for your comment. The statements on training have been clarified.

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				"planning" is given in Item 3.9; it includes a "hope" and the thought that school will identify their own training needs. But how would they know their own needs before training?	
Durham University			28	The thrust of the advice is based on what is termed a "whole school approach" and evidence statement UES1 states that "most successful programmes adopted a whole school approach". But the evidence was selected if they were "whole schools review" (page 28). One wants to ask how the evidence statement was formulated? I have not had time to read the review in full. In one sense a whole school approach seems to be obvious. But schools are loosely coupled organisations and a pupil's welfare might be viewed as being dependent on a particular teacher.	Thank you for your comment. The evidence statements are generated from the reviews of the evidence which are available on the NICE website (www.NICE.org.uk).
Health Promotion Agency for Northern Ireland	 20070808_Conson response Me	General		The Health Promotion Agency (HPA) welcomes the guidance and would like to make the following comments. The HPA understands that the document does not take account of the policy context within Northern Ireland which is outlined in a previous submission on Stakeholders Comment relating to the Public Health Intervention Guidance Scope. (See attachment)	Thank you and we welcome the Health Promotion Agency for Northern Ireland's comments
Health Promotion Agency for Northern Ireland		1	4	<u>Recommendation 1</u> The target population outlines professionals working with children in primary schools. The HPA recommend that this target population should also include reference to parents, carers and all disciplines.	Thank you for your comments
Health Promotion Agency for Northern Ireland		1	5	<u>Recommendation 1</u> The Draft Guidance should state clearly the need for all personnel with access to children within schools should have a Protection of Children and Vulnerable Adults (POCVA) check carried out to ensure child protection procedures are followed.	Thank you for your comment
Health Promotion Agency for Northern Ireland		1	6	<u>Recommendation 2</u> The HPA recommend that the "who should take action" section should include <b>all</b> outside agencies who deliver programmes within schools. What action should they take? Through the adoption of a healthy school process, integrated activities to promote emotional and social wellbeing within all areas of school life would be addressed.	Thank you for your comment
Health Promotion		1	7	<u>Recommendation 3</u>	Thank you for your comment. The NICE

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Agency for Northern Ireland				What action should they take? The guidance provides some examples of early signs of anxiety and emotional distress. The HPA recommends that the guidance outlines the importance of a “child centred” approach which takes into consideration the individual needs of each child within this process. Under adverse life events the HPA recommends the inclusion of bereavement including bereavement through suicide and the particular needs of children from BME groups. (See attachment)	recommendations are based on the available evidence and it would be useful if you could provide the evidence from which point derives so NICE can consider it.
Luton Borough Council	 MentalHealthinS s7thdec1.doc	1	4	<u>Comprehensive Programmes</u> Specifically articulating the value and importance of such work within each Children and Young People’s Plan will reinforce its importance. In Luton we have sought to do so – linking with the work of our CAMH Strategy and the multi agency group overseeing it.	Thank you and we welcome Luton Borough Council’s contribution. The NICE guidance reflects the comments you have made.
Luton Borough Council	 CAMHCSNov200 yFindingsReport	1	5	<u>Comprehensive Programmes</u> Training and supporting teachers and other non teaching staff, including Luton’s school based Family Workers, is one important feature of the CAMHS Community Service – see attached Key Findings Report. The CAMHS Community Service, as “On Track” won a Health Promotion Positive Practice Award in 2005.	Thank you for the findings report and your comments. We feel the guidance reflects the point you have raised.
Luton Borough Council		1	5	<u>Comprehensive Programmes</u> In terms of developing comprehensive mechanisms the 25 pilot sites of the DCSF’s Targeted Mental Health project should be able to develop examples of good practice. Luton is one of the shortlisted sites for such a pilot – see attached bid – the 25 sites will be announced in early January 2008. The Targeted Mental Health projects should produce British based research which will inform the promotion of mental health and wellbeing in our schools and for our young people and their families.	Thank you for your comments.
Luton Borough Council	 article.pdf	1	6	<u>Universal Approaches</u> With regard to the development of positive behaviour and the developing of parenting skills – SEAL programmes are proving both popular and effective. They are central to the criteria for the Targeted Mental Health programmes. In Luton we have adapted the Webster Stratton Incredible Years programme to meet the needs of South	Thank you for your comments and article. We agree and have considered the points you have raised around SEAL in this guidance.

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				Asian families, involving bilingual school Family Workers as interpreters and supporters of attending parents. Work in one predominantly South Asian school, involving school staff, Family Workers, the On Track School Nurse, bilingual Health Support Workers and a CAMHS clinical psychologist was written up in the British Journal of School Nursing Vol 02 No 02 March/April 2007 with the title "Mental health awareness in South Asian parents".	
Luton Borough Council		1	7	<u>Targeted Approaches</u> Training of teachers and other school staff – see comment re one function of CAMHS Community Service above (first comment re page 5) and the Key findings Report.	Thank you.
Luton Borough Council		1	7	<u>Targeted Approaches</u> Intervening early to support children with early signs of anxiety is addressed through referral and consultation meetings by CAMCS CS, involving Headteachers, other senior staff, Family Workers and CAMHS clinicians.	Thank you.
Luton Borough Council		1	10	<u>Targeted Approaches</u> Support to participate, through crèches and transport costs is vital in order to reach the "hard to reach". So is having access to translation services. Services need to be accessible and acceptable. Luton's CAMHS Community service has found developing home visiting allied to school based interventions to be crucial.	Thank you for your comment. The guidance highlights the importance of cultural sensitivity.
Luton Borough Council		3	13	A multi agency strategy is at the heart of our Targeted Mental Health bid and has been central to Luton's successful On Track programme. Services need to be connected across schools and children's centres, involving health (School Nursing in schools plus Midwifery and Health Visiting in Children's Centres) and voluntary sector as well as school based staff.	Thank you. We agree with your comment and feel the guidance has considered and reflects the point you make.
Mouchel		1	6	<u>Recommendation 2</u> This needs to align with the National Healthy Schools EHWP guidance and National Healthy Schools Status Criteria – see <a href="http://www.healthyschools.gov.uk">www.healthyschools.gov.uk</a>	Thank you for your comment. This guidance is now referenced
Mouchel		1	7	<u>Recommendation 3</u> The CAMHS section of EHWP guidance helps schools to do this – so cross-referencing here would be good	Thank you for your comment

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<b>Mouchel</b>	 RR717.pdf   selig_guidelines	2	11	<u>Policy Background</u> Ref EHWP guidance going to all 23,000 schools in England (including all primary schools) – guidance attached	Thank you for the documents you have provided.
<b>Mouchel</b>	 Southampton report.doc	App B	27	<u>Reviewing evidence of effectiveness</u> No reference to the work of a) Katherine Weare or b) <a href="http://www.antidote.org.uk">www.antidote.org.uk</a> – they have undertaken studies of effectiveness too	Thank you for your comments and evidence. NICE recommendations are based on the review of the best available evidence. The evidence you have provided has been reviewed in the 'review of effectiveness for whole school approaches' <a href="http://www.nice.org.uk/nicemedia/pdf/MentalWellbeingChildrenReviewWhole.pdf">http://www.nice.org.uk/nicemedia/pdf/MentalWellbeingChildrenReviewWhole.pdf</a> )
<b>NCSS</b>			10	Diagnosed should be diagnosable - the ONS survey matched children with symptoms – the majority had not got formal diagnoses.	Thank you for your comment
<b>North Somerset Council – Educational Psychology Service and Behaviour Support Team</b>	 North Somerset Council - Rebecca Pin	General		<b>Please see attached document.</b>	Thank you for your comments which we have considered. The role of educational psychologist is now referenced in the guidance.
<b>Northamptonshire County Council</b>		General		Although the support and interventions make mention of SEAL and of Local Authority staff, I am surprised to see no explicit mention of educational psychology services, as this is the only group of specialist mental health professionals routinely employed by Local	Thank you for your comments. The guidance has been changed to reflect the role of specialist with educational psychologist being used as an example.

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				Authorities. The emphasis on a holistic view is helpful, including a view beyond the 'school gate'.	
Northamptonshire County Council		1	5	Here and elsewhere in the document, the notion of "assessment and referral" needs to be expanded beyond this essentially medical perspective by the simple inclusion of the words, "These protocols should cover assessment, referral and requests for involvement." Within specialist education services, the emphasis is on working alongside & equipping / increasing the capacity of school-based staff (through specialist involvement & consultation), not by 'referral' which still can imply a notion of 'taking away, fixing & returning' – an entirely 'expert model' that does not increase capacities of the universal workforce.	The guidance has now been amended to be inclusive.
Northamptonshire County Council		1	6	The passing reference to SEAL is insufficient; this section on Universal approaches needs to be tied in with the SEAL work much more explicitly – given that this <b>is</b> the area that the SEAL curriculum is targeting. Educational Psychologists currently contribute to all work identified within this recommendation, and are frequently central to it.	Thank you for your comment.
Northamptonshire County Council		1	10	EPs would be an appropriate part of the workforce to contribute to or deliver to Recommendation 4, notably 'group sessions'	Thank you. The recommendations highlight the role of specialists which would include educational psychologists
Northamptonshire County Council		1	10	The provision of childcare or transport costs begs the question of who might fund this. Both PCTs & LAs have no spare cash and the recommendations within this document, though laudable, will require a considerable re-focusing of staff - or recruitment if all existing actives are expected to continue.	Thank you, the recommendations are based on the best available evidence and implementation issues that you have raised have been considered.
NSPCC		General		<p>The NSPCC welcomes the opportunity to respond to the consultation on Promoting the Mental Wellbeing of Children in Primary Schools.</p> <p>The NSPCC is the UK's leading charity specialising in child protection and the prevention of cruelty to children.</p> <p>The NSPCC exists to end cruelty to children through a range of activities designed:</p> <ul style="list-style-type: none"> <li>To help children who have suffered abuse overcome the effects of such harm</li> </ul>	Thank you and we welcome your contribution

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				<ul style="list-style-type: none"> <li>To prevent children from suffering abuse</li> <li>To prevent children from suffering significant harm as a result of ill-treatment</li> <li>To help children who are at risk of such harm</li> <li>To work to protect children from further harm.</li> </ul> <p>We have more than 180 teams and projects throughout England, Wales and Northern Ireland and the Channel Islands. Their work includes:</p> <ul style="list-style-type: none"> <li>Family support, assessment, counselling and therapy to children and families experiencing abuse</li> <li>Investigations into allegations of child abuse</li> <li>Work within schools and other youth organisations to provide a voice for children and advocate their rights.</li> </ul> <p>Since 2006 ChildLine has been incorporated into the NSPCC. The ChildLine Service is provided across the United Kingdom. Through ChildLine we gain a unique perspective of the problems and worries experienced by children and young people.</p> <p>The aim of our FULL STOP Campaign is to end cruelty to children. We believe that, given the will, most abuse can be prevented. In order to achieve this, it is vital that all children, whatever their needs, have a range of services that are flexible and offer them support and protection.</p>	
NSPCC		General		<p>The NSPCC welcomes the focus that the National Institute for Health and Clinical Excellence has placed on promoting the wellbeing of primary school children. Given that the recent UNICEF report has suggested that UK children experience a low level of wellbeing, it is extremely important that appropriate and well evaluated provisions are available to ensure that children experience positive mental health now and as a foundation for the future.</p> <p>While we appreciate that this guidance is primarily aimed at staff working within education, we would consider it crucial that other</p>	Thank you for your comments.

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				workers from health, social care and the voluntary sector are aware of these evolving policies and practice so that effective multi-disciplinary services can be offered.	
NSPCC		1	4	<p><u>Recommendation 1</u> The NSPCC welcomes the holistic approach of ensuring an ethos of healthy relationships and positive behaviour in schools while offering supportive programmes to parents and children. This positive approach needs to be supported by highly skilled trainers and facilitators and the NSPCC suggests that this section should be considerably strengthened in the final guidance. While we applaud the 'stepped care' approach to the prevention and management of mental ill-health we are very concerned that staff have adequate training and support to undertake these demanding roles. Recommendation 1 states that training should be provided by 'appropriately qualified people' who may be working in healthy school teams, community nursing, specialist educational, family support and mental health services (level 1 and 2) or the voluntary or private sectors. The quality of the support given to children will be determined to a large extent by the effectiveness of these trainers. The NSPCC would caution that the general term 'appropriately qualified people' may lead to fragmented provision with varying effect. What extra training will trainers have to fulfil this new role and how will this be standardised within the 'co-ordinating mechanisms'? As part of a whole school approach we also would recommend that staff working in schools have access to supportive counselling services.</p> <p>We welcome more detail in the guidance to ensure that service provision can be developed in conjunction with local authorities, schools and Child and Adolescent Mental Health Services (CAMHS). In addition provision and funding should be made available so that all provision is rigorously evaluated to ensure high quality services for all children in every location. We also recognise the important contribution that the SEAL programme is making and welcome this as part of a holistic approach.</p>	Thank you for your comments. The guidance highlights the importance of addressing training needs.

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NSPCC		1	6	<p><u>Recommendation 2</u></p> <p>We note that the target population is children aged 4 -11 years in primary school. While we welcome this important initiative, children will have already experienced care which may or may not have given them a foundation for mental wellbeing and health. Many children under the age of four will have experienced challenging family circumstances and significant harm as a result of witnessing or hearing domestic abuse<sup>1</sup>. Safeguarding children is everyone's responsibility but the role of early identification and support particularly falls to health professionals and if mental wellbeing is to be supported we feel that it is crucial that interventions should start early and be multidisciplinary. While a public health approach is important throughout the lifespan there are strong scientific reasons for targeting resources within the pre-natal period and the first years of life.</p> <p>“The developing infant is maximally vulnerable to nonoptimal and growth inhibiting environmental events during the period of most rapid brain growth” Schore 2001:217.</p> <p>If a public health approach to promoting primary school children's mental health is to be effective it must link with high quality early years services which begin during the ante-natal period. Similarly, there should be a seamless progression of supporting services as primary school children move into secondary education. Periods of transition can be potentially difficult for some children.</p> <p>The NSPCC welcomes the guidance suggesting the training and development of teachers and non-teaching staff in how to manage behaviour, improve relationships between children and adults and deliver a curriculum on emotional wellbeing. While fully endorsing this suggestion, the NSPCC is concerned that due weight should be given to the complexity of this task. Clinical psychologists and school counsellors should be involved in ensuring that training and delivery</p>	<p>Thank you.</p> <p>Preschool was beyond the scope of this guidance.</p> <p>However we anticipate future NICE guidance will address early years.</p>

<sup>1</sup> Section 120, Adoption and Children Act 2002

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				<p>of the service reaches the highest standards. We are concerned that in some areas personnel (including general trained nurses) are being employed as school nurses when they have very little experience of work with children and young people. The NSPCC feels that the guidance is much too general about staff training and that there should be a clearer indication of what resources are available, who should receive training, what should be included and what standards need to be achieved. The interface with CAMHS services should also be made explicit so that staff know when and how children's services can be accessed. The NSPCC considers that a close relationship between CAMHS and education staff could lead to earlier identification of problems and early support for children and families.</p> <p>The NSPCC considers that it is essential that young children's views and opinions are core in informing the training and curriculum as they can offer unique insights which should enable the services to be focused and effective.</p>	The guidance now clarifies the relationship with CAMHS
NSPCC		1	7	<p><u>Recommendation 3</u></p> <p>The NSPCC fully endorses offering training to staff in the recognition of signs of children's anxiety and emotional distress. Early identification relies on building positive relationships with children and having reflective observational skills. The workloads of many education staff do not always enable this to happen and staff should have adequate support and supervision to develop this area of their work. This training needs to be core in initial teacher training and in continuing professional development.</p> <p>The NSPCC is aware that there is a rapidly developing evidence base of what works in parenting support (Barlow et al 2006; Dretzke et al 2007) and we feel that this should underpin services as they evolve and that high quality rigorous evaluations will be a continuous feature.</p> <p>We welcome that the guidance identifies family transition as a time when children may need extra support for a period of time. However,</p>	<p>Thank you for your comments. Guidance has been changed to reflect your comments.</p> <p>The guidance now makes reference to abuse</p>

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				<p>we feel the term 'marital conflict' is limiting and would suggest that wider terms such as 'relationship difficulties' and 'domestic abuse' would be more appropriate and encompass the diverse range of family forms and circumstances in which children live.</p> <p>The NSPCC would welcome a clear definition of 'supervision' and what minimum levels may be expected by practitioners. We are concerned that 'supervision' may sometimes be loosely defined and may be more akin to 'line management' than the indepth emotional support that may be required when staff are working with children who have been abused or neglected. We recommend guidance as to the professional qualifications of supervisors.</p> <p>The NSPCC welcomes the reference in the guidance to the inclusion of disadvantaged parents but we are concerned that ensuring participation requires more than transport costs and childcare. Families may be living in poverty, experiencing addictions, violence or mental health issues which may be stigmatising and isolating. Experience from NSPCC practice indicates that families with complex problems may need a whole range of flexible interventions before they can engage with services. This might include home visiting to build trusting relationships or accessing services through the extended school provision. Other groups such as minority ethnic families may also experience isolation and may welcome responsive flexible provision.</p>	<p>The Guidance has been amended to reflect this comment.</p> <p>Thank you. NICE acknowledges that a number of elements beyond transport costs and provision of child care impact disadvantage parents in terms of participations and inclusion, and the two factors outlined are examples of a set of complex and interacting factors.</p>
NSPCC		2		<p>The NSPCC notes that the guidance defines mental wellbeing as good emotional, psychological and social health. We would ask for further clarification about the word 'good' and also suggest that emotional resilience is very important if children are to successfully achieve the five outcomes in 'Every Child Matters'. We would suggest from our practice that emotional resilience is promoted by having consistent loving relationships which fosters a positive sense of identity and healthy self-esteem. The NSPCC supports a public health approach to ensuring that healthy self esteem and emotional resilience is promoted throughout childhood, as laid down in the</p>	<p>Thank you for your contribution.</p>

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				<p>United Nations Convention on the Rights of the Child. A holistic and well designed approach to this support should reduce the high number of children who experience mental health problems. We would question the figures that show the higher incidence of mental disorders in boys than girls. In our practice experience we have found that boys often show externalising behaviour problems whereas girls may become withdrawn.</p> <p>We would strongly agree with the guidance which clearly states that lack of investment in mental health promotion in primary schools is likely to lead to significant cost for society. If these recommendations are to be effectively implemented, the NSPCC recommends that sufficient funding for training and further detailed guidance about precise implementation should be made available.</p> <p>Barlow J, Johnston I, Kendrick D, Polnay L, Stewart-Brown S (2006) 'Systematic review of the effectiveness of parenting programmes in treating abusive parenting', Cochrane Database of Systematic Reviews, (3), 1 - 20 (1469-493).</p> <p>Dretzke J, Hyde C, Taylor R, Barlow J, Stewart-Brown S, Sandercock J, Bayliss S, Raftery J (2007) 'The clinical and cost-effectiveness of parent training programmes for children with behaviour problems: a systematic review and economic evaluation.' BMJ</p> <p>Schore, A. (2001) The effects of secure attachment relationship on the right brain development, affect regulation and infant mental health. <i>Infant Mental Health Journal</i> 22, 7-66</p>	
Nurture Group Network		General		We hope that the final report will help to spread awareness of nurture groups and show how they have changed the life prospects of many thousands of children.	Thank you.
Nurture Group Network		General		One of the strengths of the movement is that it has spread at grass roots level, with senior management won over when they see that nurture groups work.	Thank you.
Nurture Group		General		The passion of staff who experience the effect of the nurturing	Thank you.

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Network				approach on their whole school, including the raising of parent morale, is impressive. This may not be the stuff of scientific proof but it is the energy that makes social change possible	
Nurture Group Network		General		For example; a head teacher discussing an inspection report on her school, which had previously been rated badly overall but particularly so on behaviour, reported how the inspector had commented. 'Your school has been transformed. I don't know what you call the ingredient but I wish I could bottle it and spread it around.'	Thank you.
Nurture Group Network		General		Such is the testimony of many to the importance of nurture groups in providing the framework for supporting healthy emotional development in the most vulnerable of children.	Thank you
Nurture Group Network		1	4 - 5	<u>Recommendation 1</u> We agree with the first 3 sub-paragraphs on page 5. Nurture groups have been working to these principles for many years.	Thank you
Nurture Group Network		1	6 - 10	<u>Recommendation 2, 3 &amp; 4</u> Our University accredited Certificate Courses, which have now trained over 4000 teachers, learning assistants, and other educators, have worked to sensitise all staff to note early signs of emotional distress.	Thank you for your comment.
Nurture Group Network		1	6 - 10	Through training staff learn to work with the whole school and with parent and provide teaching tailored to the child's needs as assessed by observation and use of the Boxall Profile.	Thank you
Nurture Group Network		1	6 - 10	The Boxall Profile is a schedule whose statistical validation was carried out by the Research and Statistics Branch of the Inner London Education Authority. The Boxall Profile Handbook (Bennathan and Boxall) is widely used and has sold over 10,000 copies since its publication in 1998.	Thank you
Nurture Group Network		2	10 - 14	We agree that raising the awareness of what schools can do to promote good mental health is essential.	Thank you
Nurture Group Network		3.7	13	We agree with paragraph 3.7 that cost effectiveness is difficult to evaluate given the conflict between short and long term benefits;	Thank you
Nurture Group Network		3.7	13	We hope that the reconfiguration of children's services will encourage a longer term view being taken of how children's needs are best met.	Thank you
Nurture Group Network		3.9	14	We agree strongly with para.3.9 that school staff need training in understanding children's emotional needs.	Thank you

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Nurture Group Network		3.9	14	Perhaps the most important effect of nurture group work is that once staff are taught to understand the connection between early attachment experiences and later development, their attitudes change dramatically.	Thank you
Nurture Group Network		3.9	14	Their energy is freed from defending themselves against feelings of professional incompetence and put into planning to meet the child's needs with precision. We think that the failure of initial teacher training to include this understanding of the processes of early childhood and their relationship to successful later development is to be deplored.	Thank you
Nurture Group Network		App D	39	We think that the Nurture Group Network has produced good evidence in relation to paras: 1, 2, 5, and 6.	Thank you. It would most beneficial if you could provide NICE with this information.
Nurture Group Network		App D	39	This evidence can now be found in the Report by the <u>University of Leicester Nurture Group Research Project</u> <i>Emotional and Behavioural Difficulties</i> Volume 13 Number 3, September 2007.	Thank you for the reference provided
Royal College of Nursing		General		With a membership of over 400,000 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 and other national and European political institutions, trade unions, professional bodies and voluntary organisations.  The RCN welcomes this guidance.	Thank you and we welcome the RCN's comments and contributions.
Royal College of Nursing		General		Firstly it should be said that this focus is one that is welcomed and helps put an emphasis on mental health promotion in a Child's early years.	Thank you
Royal College of Nursing		General		There is discussion around levels of service and to be consistent with existing framework language it may be better to use the term 'tiers' rather than 'levels'.	Thank you
Royal College of Nursing		General		There is a current move to increase the number and provide a more consistent role for Primary Mental Health Care Workers yet the	Thank you for your comment.

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				document does not appear to recognise the importance of this professional group.	
Royal College of Nursing		1	7	<u>Recommendation 3</u> It would be helpful to include in the section ' <i>What action should they take?</i> ' - Children who have been bereaved or living with parents/carers/ siblings who have a life limiting illness or are young carers (including families of substance misuse). These children often get overlooked and may well exhibit signs of emotional or anxiety based distress.	Thank you for your comment. The guidance has been amended to reflect your comment.
Royal College of Nursing		1	9	<u>Recommendation 4</u> Recommendation 4 talks about children with disruptive behaviours and suggests this should be the domain (amongst others) of Tier (level 2) CAMHS. A distinction should be made between specialist CAMHS (which would include Tier 2 services) and the wider CAMHS. Disruptive behaviour on its own in the absence of co morbidity would probably not be seen as core business of most specialist CAMHS.	Thank you for your comment.
Royal College of Paediatrics and Child Health		General		Since many of the children presenting with mental health problems will have special needs (almost by definition, for the severer end of the spectrum), this seems a trifle unfortunate. The way the guidance is split up into so many different categories discourages joined-up thinking, although it is understandably necessary to make the tasks doable and the documents readable.  Wolverhampton has been chosen as a site for implementation of some sort of schools plan that could in principle implement these guidelines. The BEST teams are to be partially resuscitated, with the aid of an initial year's grant of £300,000, which will subsequently taper. With a total population of 240,000, and a corresponding number of primary and secondary schools, this will not go very far.	Thank you for your comments and we welcome your contribution.
Royal College of Paediatrics and Child Health		General		This is a very useful review of the field.	Thank you
Royal College of Paediatrics and Child Health		General		Overall we found the guidance to be clear and helpful, and we will certainly be looking to see it implemented locally.	Thank you

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Royal College of Paediatrics and Child Health		1	8	<u>Recommendation 3</u> Recommendation 3 seems to partially contradict evidence given. It asks for “specific psychological. interventions...” (sic) whilst TES1 and TES2 specifically point to CBT based interventions. Need to be more specific?	Thank you for your comment  Recommendation 3 (merging previous 3 and 4) has been amended accordingly
Royal College of Paediatrics and Child Health		4	37	Importance of “booster” interventions (TES5) would be better placed in recommendation 4	The recommendation has been amended
Royal College of Paediatrics and Child Health		1	5	Exemplars of other agencies involved (YOT, On-track, NSPCC etc) would be useful	Thank you for your comment
Royal College of Paediatrics and Child Health		1	7	<u>Recommendation 3</u> This appears to suggest school nurses are responsible for overseeing teacher training in this matter. They may well make a contribution in some cases but that is not the same thing!	Thank you for your comments. The guidance has been amended in line with your comment.
Royal College of Paediatrics and Child Health		1	9	<u>Recommendation 4</u> As above	Thank you for your comments. The guidance has been amended in line with your comment.
Royal College of Paediatrics and Child Health		1	9	<u>Recommendation 4</u> “...only refer them for detailed specialist assessment ..” should also say “...unless treatable conditions such as ADHD are suspected.”	Thank you for your comment.
Sandwell Local Authority		General		I have been involved in co-ordinating the Primary SEAL (Social and Emotional Aspects of Learning - DCSF) in Sandwell Local Authority for the last 2 years and am very surprised on reading the guidance that this is not explicitly referred to by name. It is key in developing emotional and mental health of children and is having an enormous impact in schools who wholeheartedly embrace it. It is the programme for social and emotional development that is most in the forefront in primary education at present and will be for the foreseeable future	Thank you for your comments. The recommendations are based on the best available evidence.  SEAL is now referenced
School-Home Support		General		School-Home Support helps disadvantaged, vulnerable and disaffected children overcome the barriers that get in the way of their learning through the support of highly-trained, independent workers in schools. We deliver a school home support service in local authorities in 13 London boroughs, 5 local authorities in York and the	Thank you and NICE welcomes School-Home Support's contribution.

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				<p>Humber and in Nottingham. School-Home Support is also currently delivering the Parent Support Adviser pilot in Barking and Dagenham.</p> <p>Schools commission us to deliver a school-based service; School-Home Support workers (SHSWs) are our employees and are therefore independent from the school. This is greatly valued by parents and children. Work priorities are agreed with schools and are likely to include improving attendance, transition and working with families. The priorities may reflect the outcomes of inspection or of a school improvement plan.</p>	
School-Home Support		General		<p>School-Home Support entirely endorses the NICE recommendations that involve parents in their children's well-being. We know from extensive field work experience gained over 23 years that a holistic approach works.</p> <p><b>Our model of working</b> Our model is based on three key principles. We believe in early intervention; we have a child centred approach and we work in partnership with parents, schools and other agencies. Our commitment to transforming young lives by building a bridge between home and school is consistent with the Every Child Matters agenda which takes a holistic view of children and their development.</p> <p>The distinctiveness of SHS services comes from:  <b>- working from a school base</b> – schools provide a service for all children of statutory school age. They are the only place where children must go (parents have a duty to send their children to school), as opposed to a family or community centre where parents/carers must first choose to visit. It also enables us to pick up on patterns of change in children's behaviour, such as regular lateness leading to casual truancy and then regular truancy; or a usually well behaved young person becoming disruptive in the classroom, giving rise to short-term exclusions.  <b>- our staff, our major asset</b> - by recruiting staff with special skills and abilities, and a thorough knowledge of the local community, SHS</p>	Thank you.

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				is able to reach those parents who would not ordinarily seek out support and work with them and their children to make the most of their education. Our model of working (see above) includes the provision of ongoing practice based supervision to support our staff and ensure the safety of our practice	
School-Home Support		1	4	<u>Recommendation 1</u> Support should be provided for all pupils and parents. It is encouraging that NICE recommends that training should be provided for both teaching and non teaching staff. We train our School-Home Support workers and will shortly have an accredited programme of training. When staff are first employed by us they receive three days induction. Internal training offered thereafter is identified through annual appraisals and the compilation of individual learning plans. Recently we have offered solution focused therapy, working with African families and dealing with aggression. Our annual staff conference next year will explore issues of community cohesion. We are currently looking into Investors in People as a first quality mark and have been recognised as an accredited partner by the Children's Workforce Development Council. Many of our staff have been trained to deliver 'Strengthening Families, Strengthening Communities'. Our staff are thus well equipped to support pupils and parents.	Thank you for your comments
School-Home Support		1	6	<u>Recommendation 2</u> We do support the development of parents'/carers' skills. However your guidance assumes that nurses are best placed to provide this because at some point parents will take their child to see one. In fact, children are expected to attend school daily and therefore other school based staff are the likely to identify emerging problems both in the child and the parent/carer. Our staff work in partnership with their colleagues in school and will often be asked by their in-school line manager to investigate children causing concern. Our practice of 'meet and greet' in the primary school playground means that staff are adept at identifying when things are going wrong for parents too.	Thank you for your comment and the guidance has been amended in line with your comment
School-Home Support		1	7	<u>Recommendation 3</u> The training to identify early signs of anxiety and distress is welcome. Those who are in daily contact with a child are most likely to spot	Thank you for your comments

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				<p>concerning behaviour changes and they need to know what to do with these concerns. If all those working in a school have received this training then there will be a common understanding of terms, concepts, procedures and referrals used.</p> <p>Of particular note is the recommendation that group sessions should be delivered by trained staff who are 'in receipt of supervision'. We are heartened by this recognition of the importance of supervision - which all our field staff receive. We provide it as an essential part of the support we give staff because they encounter some extremely perplexing, problematic and distressing cases in their daily work. We know that supervision helps the worker manage what they are feeling as well as engage productively with child and with the family.</p> <p>Parallel sessions for children and their parents/carers are a good suggestion but may be logistically difficult within a primary school timetable.</p>	
School-Home Support		1	8	<p><u>Recommendation 4</u></p> <p>we welcome the emphasis on early intervention. Key to our approach is timely intervention at school before disengagement and disaffection set in. This is done through careful monitoring of behaviour, attendance and achievement patterns, early identification of problems such as bullying, anger management, disorganised lifestyle. We then supply one to one support and offer practical and emotional action based programmes. We thereby build a trusting relationship with the child and may then discover and tackle barriers to learning, such as the young person acting as a carer, substance abuse, and/or inadequate housing. We also provide children with an advocate in school to support them during the day and we offer support to parents/ carers whose own experience of education was negative and who may be unsure how to offer support to their children.</p> <p>Recent research conducted for us by Matrix Evidence found our model is not only effective in human terms, but it is also cost-effective. For every pound spent on School-Home Support, £3.35</p>	Thank you for your comments. NICE would appreciate any case studies or further information that you could provide.

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				<p>worth of savings are made in terms of further likely expenditure on the child. This includes the impact made on drug use and the consequences of this, exclusions, truancy, offending and attainment. The full report is available at <a href="http://www.schoolhomesupport.org.uk/News/TheMatrixReport">http://www.schoolhomesupport.org.uk/News/TheMatrixReport</a>.</p> <p>Our experience bears out your research and our staff have experience working with children, young people and parents/carers with mental health problems. We could make case studies available. In 2006-07 we made a total of 109,889 interventions with children and young people - 10,096 of these associated with health and drug abuse and 1,208 that were directly related to mental health problems. Our staff are trained and their training is ongoing but if they cannot work with a child then they will refer a child and his/her parents to a suitable agency - often one that understands any cultural factors that might be material. Our staff who are often recruited from the local community have a good knowledge of local services available and as an organisation we are committed to multi-agency working and integrated working principles. We have strong relationships with children's services in local authorities and with their field staff. This means that our workers are often a key contact in schools for other agencies and we are able to signpost families to services and to advocate on their behalf to ensure they receive appropriate services.</p>	
Sheffield Children's NHS Foundation Trust		General		<p>Involving parents and developing parenting skills requires skills in building partnerships, listening, identifying goals and helping the parent(s) to find solutions to their problems. I would like to see a clearer emphasis on developing these skills within and across education and health staff groups.</p> <p>All teachers will have conversations with parents, especially when a child is presenting with mental health or behavioural problems. The parent's experience of these meetings is often negative, leaving them feeling blamed/defensive/patronised rather than feeling as if everyone has a common view of the problem and are working together. Specific additions could be:</p>	Thank you for your comments.
Sheffield Children's		1	6	<u>Recommendation 2</u>	Thank you for your comment

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NHS Foundation Trust				Training and development for teachers and other staff in how to engage positively with parents to build partnerships to work together to meet children's needs	
Sheffield Children's NHS Foundation Trust		1	6	<u>Recommendation 2</u> Include an action relating to gathering information on children's strengths and difficulties, or risk and resilience factors. This means sharing information across services, particularly when a child starts or moves schools, and collating information as the school identifies it. Some schools in Sheffield are piloting a pre-CAF form to collate information on each child to help identify those most at risk.	Thank you for your comment  The guidance highlights the importance of sharing information as the basis for assessment
Sheffield Children's NHS Foundation Trust		1	8	<u>Targeted Approaches</u> Include interventions that tap into the resources of the peer group e.g. appropriate training and support to enable peer mentor or buddying systems to be in place; staff able to use friendship circles.	Thank you for your comment
Sheffield Children's NHS Foundation Trust		General		Would like to see more emphasis included on the training and development to teachers to understand the importance for the child of secure relationships both within the home and the school. How the teacher welcomes, talks to and tries to understand each child can have a big impact on their emotional well being.	Thank you for your comment.
Sheffield Children's NHS Foundation Trust		General		Also, I think the emphasis on the whole school approach is really important. How the staff model relationships, emotional control and emotional literacy, conflict management and applying rules fairly is an important part of this	Thank you
Sheffield Educational Psychology Service		General		We welcome the attention being given to this important aspect of school and education.	Thank you. We welcome your comments and contributions.
Sheffield Educational Psychology Service		General		We welcome the acknowledgements that interventions and targeted approaches will be effective within a school where the whole ethos supports the development of the skills and attitudes being addressed. We have some concerns that, in practice, there will be too much emphasis on specific targeted interventions and attempts to measure their effectiveness.	Thank you for your comments  PHIAC stressed the important of the whole school universal approaches
Sheffield		General		In the listed representatives to the group there is no educational	Thank you. The guidance has been

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Educational Psychology Service				psychologist. We think that our knowledge and familiarity with schools, outside agencies and the issues being addressed in the document would enable us to contribute helpfully to the guidance. A number of colleagues work closely with mental health professionals and have expertise and particular interest in this area. Their involvement would be invaluable. For contacting the Association of Educational Psychologists please see their website ( <a href="http://www.aep.org.uk">www.aep.org.uk</a> )	amended to reflect your comment.
Sheffield Educational Psychology Service		General		What status will the document have? Will all schools be expected to take on the recommendations? Will it form part of Ofsted assessments?	NICE guidance is intended the complement other guidance and support the role of Ofsted
Sheffield Educational Psychology Service		General		The written content is clear and easy to read. It is not too technical or detailed.	Thank you.
Sheffield Educational Psychology Service		General		It would be helpful to include a more visual outline showing the content, to help readers who require information presented in this way - to encourage people to read it and help its accessibility. The document needs to be easily accessible to head teachers and other school staff, as they are the people who will have to directly implement many of the recommendations.  Pictures will be helpful in the finished document  Real case examples will be helpful in the finished document	Thank you for your comment and suggestions.
Sheffield Educational Psychology Service		General		It would be helpful to have more reference to the emotional literacy of the whole organisation – leadership, staff relationships with each other, valuing everyone's role. This includes how difficult issues (such as staff stress) are managed within the organisation.	Thank you. Your comments are addressed in recommendations 1 and 2, although not specifically detailed.
Sheffield Educational Psychology Service		General		Highlighting key points rather than simply embedding them in the text – key operational principles, working with parents/carers, considering the needs of looked after children etc.	Thank you for your comment.

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Sheffield Educational Psychology Service		General		Add reference to problems in society in addition to bullying – such as homophobia, experiences of racism.	Thank you for your comment. The guidance addresses issues of discrimination and stigma
Sheffield Educational Psychology Service		General		It is important to refer to risk/resilience factors – and to present a hopeful message that school can make a difference.	Thank you for your comment
Sheffield Educational Psychology Service		1		The distinction between Universal and Targeted is helpful and something that staff in school should find accessible as it is not dissimilar to the thinking contained in documents such as the Special Educational Needs Code of Practice and those relating to the waves approach to teaching across a school (regarding levels of intervention).	Thank you.
Sheffield Educational Psychology Service		General		There is a danger of making all emotional distress a problem – it needs to be acknowledged that getting anxious or upset is part of life and we should not encourage school staff to pathologise the distress of many life events.	Thank you for your comment. The considerations section of the guidance highlights the point you make
Sheffield Educational Psychology Service		2		It might be helpful to change the order of the sections. It would be helpful to have this information at the beginning. It gives a rationale for the importance of the document.	Thank you for your comment.
Sheffield Educational Psychology Service		1	8	We wonder where funding will come from for transport, childcare when parents/carers are being trained.	Thank you for your comment.  The resource implications are highlighted in Implementation advice and costing tools
Sheffield Educational Psychology Service		1	8	There is a risk that schools will take the advice simplistically and think that by having anger management groups, problems solving groups, they are doing the early intervention. It is important to stress that interventions need to take place within a positive whole school ethos.	Thank you for your comment
Sheffield Educational Psychology Service		1	8	Add a note recognising that behaviour management difficulties may well be an indication of child's anxiety or emotional distress	Thank you for your comment

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Sheffield Educational Psychology Service		3.9	14	Is there more money for training? It is ironic that local CAMHS services have been reduced in terms of doing preventative work in schools.	Thank you for your observation and comment.
Sibs – For Brothers and Sisters of People with Special Needs		1	7	<u>Recommendation 3</u> Siblings of disabled children and young carers should be included as an 'at risk' group here, as well as bereaved children. The isolation and helplessness plus all the additional impact of disability on the family such as poverty, lack of respite care, disruptions to family routines and increased rates of family breakup and maternal depression – all increase the stress placed on siblings of disabled children. This group of children are often hidden in the school setting yet frequently have internalised or externalised behaviours. Those with brothers and sisters with autism or complex health needs including life limiting conditions, have the most unmet needs for support and information to help them cope emotionally.	Thank you for your response. The group you have highlighted specifically are covered in this recommendation and would fall into 'children of primary school age who are experiencing anxiety or emotional distress.
Sibs – For Brothers and Sisters of People with Special Needs		1	8	<u>Recommendation 3</u> Tailored sessions for small groups of siblings of disabled children and one to one support sessions reduce isolation, and increase emotional literacy, and help sibling develop strategies for coping with difficult situations or to ask for help when things are too difficult form them. Sibs already provides schools with resources and training to run sibling support sessions.	Thank you. Any further information and evidence of effectiveness would be welcomed.
Sustain		1	5	<u>Recommendation 1</u> For the programme to be based on a whole school approach, it ought to include not only support for pupils and parents but <u>also</u> staff.	Thank you for your comment.
Sustain		1	6	<u>Recommendation 2</u> The section outlining action to promote children's social wellbeing unfortunately ignores the role of nutrition. There is growing evidence that a poor diet can increase the risk amongst children of primary school age of developing mental health and behavioural problems. Studies have shown that: ❖ Children who eat breakfast can improve their daily and long-term academic performance: M. Chandler et al., "School Breakfast Improves Verbal Fluency in	Thank you for your comment.  The link to nutrition was beyond the scope of this guidance

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				<p>Undernourished Jamaican Children," J Nutr 125, no. 4 (1995).  A. F. Meyers et al., "School Breakfast Program and School Performance," Am J Dis Child 143, no. 10 (1989).  C. A. Powell et al., "Nutrition and Education: A Randomized Trial of the Effects of Breakfast in Rural Primary School Children," Am J Clin Nutr 68, no. 4 (1998).  K. A. Wesnes et al., "Breakfast Reduces Declines in Attention and Memory over the Morning in Schoolchildren," Appetite 41, no. 3 (2003).</p> <ul style="list-style-type: none"> <li>❖ Children who receive supplements of essential fatty acids showed less aggression, compared with controls, when they were placed under stress:</li> </ul> <p>M. Itomura et al., "The Effect of Fish Oil on Physical Aggression in Schoolchildren--a Randomized, Double-Blind, Placebo-Controlled Trial," J Nutr Biochem 16, no. 3 (2005).</p> <ul style="list-style-type: none"> <li>❖ A number of trials have shown an association between ADHD and dietary factors:</li> </ul> <p>See <i>Changing Diets, Changing Minds: how food affects mental well being and behaviour</i> (available at: <a href="http://www.sustainweb.org/page.php?id=132">http://www.sustainweb.org/page.php?id=132</a>)</p> <p>It would be helpful for the NICE guidelines to incorporate in this section the role that diet, and developing skills around food, can play in emotional and social development.</p>	
Sustain		1	9	<p><u>Recommendation 4</u>  The section that calls for offering a range of interventions for children at risk of developing (or who already display) disruptive behaviour should highlight the importance of diet.</p>	Thank you for your comment
Sustain		2	10	<p>The first paragraph, defining mental wellbeing for the purpose of these guidelines and drawing links between mental wellbeing and physical health / healthy lifestyles, is significant because mental and physical wellbeing are inextricably linked and interventions in primary school should reflect this.</p>	Thank you for your comment.
Sustain		2	11	<p>It would be useful to accompany this section with evidence about the cost of mental ill health among children in the UK. This information</p>	Thank you for your comment.

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				would further emphasise the importance of investing in mental health promotion, intervention and ill-health prevention in primary schools.	
<b>Sustain</b>		General		We urge NICE to consider interventions that address the relationship between mental wellbeing and nutrition.	Thank you for your comment. NICE has a tool on its website ( <a href="http://www.nice.org.uk">www.nice.org.uk</a> ) with which to suggest potential referrals. We encourage you to suggest topics for future referral.
<b>Tacade</b>		General		Tacade welcomes the NICE guidance on 'Promoting the mental wellbeing of children in primary education'. We are delighted that the NICE have decided to focus on the promotion of mental wellbeing but concerned that much of the guidance actually focuses on supporting children with mental distress. Tacade recommends the final guidance should have a better balance with increased emphasis on the promotion of mental wellbeing within primary education.	Thank you for your comments, and NICE welcomes Tacade's contribution.
<b>Tacade</b>		1	5	<u>Recommendation 1</u> <u>First action point</u> Central to promoting mental wellbeing in primary education is the need to create a school environment where children feel safe and supported to learn. Tacade has found in our work that staff and senior management teams within schools can be motivated to focus on promoting mental wellbeing for children when they appreciate that this is central to creating a safe, supportive learning environment within the school. In our view the guidance would benefit from using terms such as 'creating a safe, supportive learning environment.'	Thank you for your comment. The guidance has been amended to reflect your comment.
<b>Tacade</b>		2	12	<u>Policy Background</u> Include: DCSF 'Homophobic bullying. Safe to Learn: Embedding anti-bullying work in schools.' 2007 DfES/DH 'Stand up for us. Challenging homophobia in schools' 2004 DfES 'Working together: giving children and young people a say' 2004 about children and young people's participation.	Thank you for the policy references.
<b>The 1990 Trust</b>		General		In that case, can I ask immediately if this guidance will specifically for BAME youth be located within an Anti-Racist Framework for their	Thank you for your comment. The consideration section highlights issues

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				mental health?	relating to discrimination and stigma and the need for programmes to be culturally sensitive
The 1990 Trust		General		<p>Since racism is at the heart of the dysfunctional well being of Black Asian Ethnic Minority (BAME) children, I would like to know to what extent the framework is premised on Anti-Racism.</p> <p>The promotion of human rights for all is central to mental well-being.</p>	Thank you for your comment
The Place2Be	 NICE	General		<p>I also attach again my letter, dated 13/08/07 in which I express my views on behalf of The Place2Be.</p> <p>In my attached stakeholder comments, I make frequent reference to The Place2Be. I am very anxious to draw your Committee's attention to our work, which has pioneered an effective model of school based mental health service during the last 14 years and which now operates in 120 schools across the country and in Scotland. We are a voluntary organisation and we believe we are at the forefront in developing school based services.</p> <p>Should you require further information on The Place2Be, please contact me.</p>	Thank you for your comments.
The Place2Be		General		<p>Please note that the above comments have focussed on matters that The Place2Be regard as very important... matters that do not seem to have been addressed or overlooked or even counter indicated in these draft guidelines. In particular, The Place2Be wishes to emphasise</p> <ul style="list-style-type: none"> <li>the importance of the voluntary sector;</li> <li>the importance of services being school based (which The Place2Be services very much are);</li> <li>and the need for individual interventions as well as group interventions</li> </ul> <p>The Place2Be is also interested in the emphasis placed in your draft guidelines on appropriate training of teaching and teaching staff. This needs to be explored in much greater depth. Who are the people best</p>	Thank you for your comments and observations

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				<p>qualified to train staff who work in schools, not clinics? Who are best able to be seen as sufficiently authoritative and credible by school staff. The Place2Be has developed a particular training for school staff, drawn from its extensive experience in this field.</p> <p>Finally, there is much in these draft guidelines that The Place2Be welcomes The emphasis on a holistic approach The importance of a supportive and secure environment and ethos The key role of teachers and non teaching staff. The provision of universal services The importance of services being school based The emphasis on prevention as well responsive intervention The importance of multi agency collaboration</p>	
The Place2Be		1	5	Who are to be approved as 'appropriately qualified people" ?	Thank you for your question. NICE Implementation advice produce by the NICE implementation team will provide further details on training issues and competences
The Place2Be		1	6	Include in "Who should take Action' the Voluntary Sector.	Thank you the guidance has been amended in line with your comment.
The Place2Be		1	6	<p>Re. 'What action should they take'. Whilst I agree teaching staff should be involved, I think there is a good case for outside agencies to also contribute to the curriculum of emotional and social development – provided that the agency is based in the school and has credibility. Eg. Such as the service that The Place2Be provides in 120 primary schools across the country</p> <p>Re. parents, Voluntary organisations have a part to play here as well. The Place2Be has contact with parents through their School Project Managers and additional designated parent workers</p> <p>The Place2Be experience that in some areas in this country, parents do not take to group events. These are parents in closed deprived neighbourhoods where parents do not like to have their personal family business shared with neighbours. This may well be culturally</p>	Thank you for your comment.

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				different from the areas in which the your research has been based ( mostly in USA)	
The Place2Be		1	7	<p>Re. Who Should Take Action? It would be helpful to spell out who are being referred to as 'non teaching staff'. Does this include staff from external agencies who are working in schools e.g. such as those employed by The Place2Be but based in schools</p> <p>Again, pleased include Voluntary Sector organisations Re. What Action Should They Take?</p> <p>Assessment and referral is a skilled activity especially in a school setting. Again, who are the people who are deemed 'appropriate' to train teachers? Are you thinking only of statutory CAMHS or are you including relevant Voluntary Organisations.</p> <p>It should be emphasised that referral for detailed specialist assessment will depend on the availability of such specialist assessors and also their accessibility. The Place2Be experience is that specialist CAMHS services are often over stretched and not available. More seriously, they are not accessible; they are not based in the schools and many children and families simply do not attend. The Place2Be is school based and assesses in the school setting</p>	Thank you. We will consider your points further.
The Place2Be		1	8	<p>The emphasis here is on group sessions. This I believe is because in your remit you have not considered individual interventions. The Place2Be experience is that group intervention is not enough to meet the needs of many of the emotionally disturbed children who are referred by teachers for help. Individual work with children by trained professionals capable of communicating with and responding to children through play using a range of creative materials and through talking through some of their feelings and thoughts is essential.</p> <p>What is being referred to as ' a specific psychological intervention"?</p>	Thank you for your comments they are most insightful. The recommendations are based on the best available evidence which included consideration of a number of different types of intervention.

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				Many of the children who are showing moderate to serious disturbance in schools, have complex problems and it is The Place2Be experience that they need much more than the practical, problem solving skills that you indicate here. They are very troubled in their feelings and thoughts about their often traumatic experiences in their families and communities. The cognitive behavioural approach that you are indicating here .	
The Place2Be		1	8	Here can be helpful with some children, but by no means all. This is a subject for more full discussion.	Thank you.
The Place2Be		1	8	Please refer to Page 6 regarding many parents not wishing to discuss their family or parental matters in groups.	Thank you
The Place2Be		1	9	Re. Who should take action?, again, please include agencies in the voluntary sector.	Thank you
The Place2Be		1	9	Re. What action should they take? Again please refer to Page 7 re assessment and referral.  In the last paragraph on this page, please include again the voluntary sector.	
The Place2Be		1	10	The emphasis again is on group intervention. Is this because the research has positively found evidence against individual intervention? Or that it did not include it in its remit? In The Place2Be experience, group interventions are not sufficient or acceptable to many children and parents	Thank you. The recommendations are based on and led by the best available evidence of effectiveness.
The Place2Be		2	10	A small point.... But isn't health by definition 'good'? So why the need for 'Good' here	Thank you for your comment.
The Place2Be		3.8	14	An important acknowledgement here of the need to respond to individual needs.	Thank you for your comment
The Place2Be		4	15	Please include here the role of voluntary organisations	Thank you for your comment
Training and Development Agency for Schools		2	11	<u>Policy Background</u> Government policy on Extended Schools covers the development of Swift and Easy Access arrangements in primary schools for children with mental health needs, encouraging processes for prevention, identification, early intervention and specialist referral. Another relevant element of the Extended Schools offer is Parenting Support.	Thank you for your comment

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				It would be helpful for schools, other providers and commissioners to see reference to this context alongside the recommendations, which do support the Extended Services policy. This will improve the linking of agendas at local authority and school level, with benefits for implementation and consistency. A suitable reference would be 'Extended Schools: Building on Experience' (DCSF 2007) Further details and resources are available from TDA if required.	
Unite/CPHVA		General		There is no reference in this guidance to the possibility that a child's behaviour or distress may be caused by physical, mental or sexual abuse. All practitioners, whether from education, health or social services, must be trained to be alert and aware for any signs of this.	Thank you for your comment
Unite/CPHVA		1	8	If the practitioner considers that the child's distress may be due to assault or neglect, then discussing with the child's parent/carer may not always be the best or first option.	Thank you for your comment. The guidance highlights the need to link to other local procedures including the local safeguarding policy
Unite/CPHVA		1	8	Older children in particular may need to be offered a confidential opportunity to explain their distress or behaviour in their own words and own time.	Thank you for your comment.
United Kingdom Society of Play & Creative Arts Therapies – Play Therapy UK		1	5	Protocols must include outcome measures as well as assessment and referral.	Thank you for your comment
United Kingdom Society of Play & Creative Arts Therapies – Play Therapy UK		1	6	Add mental health to emotional and social well being.	Thank you for your comment
United Kingdom Society of Play & Creative Arts Therapies – Play Therapy UK		1	7	Add to 'such as' the Goodman SDQ as well as CAF	Thank you for your comment.
United Kingdom		1	8	Add 'clinical' to 'supervision' otherwise readers will confuse it with line	Thank you for your comment. The

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Society of Play & Creative Arts Therapies – Play Therapy UK				management supervision.	guidance has been amended to consider your suggestion
United Kingdom Society of Play & Creative Arts Therapies – Play Therapy UK		1	9	Add to 'such as' the Goodman SDQ as well as CAF	Thank you. Guidance refers to use of locally appropriate tools
United Kingdom Society of Play & Creative Arts Therapies – Play Therapy UK		1	10	Add 'clinical' to 'supervision' otherwise readers will confuse it with line management supervision.	Thank you. The guidance has been amended to consider your suggestion
United Kingdom Society of Play & Creative Arts Therapies – Play Therapy UK		4	14	Add to 'does not consider': the link between academic achievement and emotional well being.	Thank you for your comment. The guidance has been amended to include your comment
University of Wales	 Consultation WAG.doc   Contents pg W doc.doc	General		Please see attached	Thank you for the document that you have provided and the comments that it raises.

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Yorkshire Play		1	4 - 5	In view of the evidence for the importance of play in promoting general wellbeing for children in this age group, commissioners and providers of services to children in primary schools should use CYPP commissioning arrangements to promote the implementation of whole-school play policies, and the enhancement of children's play experiences before, during and after the school day. Positive play experiences are a key part of an "ethos of positive behaviour and successful relationships".	Thank you for your comments
Yorkshire Play		1		Following on from the point above, school leaders and other school staff should promote positive play experiences for all children through (a) training in playwork skills for playground supervisors, (b) enhancement of the play quality of school grounds, and (c) inclusion of supervised free play opportunities in the "offer" of extended school services.	Thank you for your comments.
Yorkshire Play		5 (and App D)	15 & 39	<p>There is good general evidence for the efficacy of play, especially in natural environments, in securing children's all-round healthy development, in the following literature reviews:</p> <p>National Playing Fields Association (2000) <i>Best Play: what play provision should do for children</i>. Children's Play Council, London</p> <p>Lester, S &amp; Maudsley, M (2006) <i>Play, naturally: a review of children's natural play</i>. Children's Play Council, London</p> <p>Cole-Hamilton, I, Harrop, A and Street, C (2002) <i>Making the case for play: gathering the evidence</i>. Children's Play Council, London</p> <p>Mainwaring, B &amp; Taylor, C (2006) <i>The benefits of play and playwork</i>. SkillsActive, London.</p> <p>However, there is comparatively little evidence about the effects of play specifically on children's mental health. An important source is the Mental Health Foundation (1999) <i>Bright Futures</i> report but this is now in need of updating.</p> <p>We concur with the need identified in Appendix D for better evidence about the cost effectiveness of different interventions to promote</p>	Thank you for your comments and references you have provided. There is a facility on the NICE website ( <a href="http://www.nice.org.uk">www.nice.org.uk</a> ) to suggest topics for referral. We encourage you to submit suggestions you may have.

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				children's emotional and social wellbeing. It is suggested that recommendations for future research in this area should include evaluations of the effectiveness of play and playwork.	
Young Minds		General		Briefly state how the recommendations link to the evidence, and the grading of the evidence within the body of the document	Thank you. This aspect is covered in the appendices. For a more detailed account of the NICE methodology in generating recommendations and evidence statements please review the methods manual section on the NICE website ( <a href="http://www.nice.org.uk">www.nice.org.uk</a> )
Young Minds		General		Once this guidance is implemented how will impact be measured – either locally or nationally. YoungMinds suggests using proxy measures such as behaviour or school attendance in the absence of any more vigorous evaluation methods.	Thank you. We expect that the guidance will support local monitoring through Healthy Schools and the Ofsted review procedures.
Young Minds		General		Leadership skills are essential, so all heads and other relevant managers should receive leadership training and coaching to help them implement this guidance and take their school forward into what might be new territory.	Thank you for your comment. This aspect of having training and appropriate skill sets are outlined and covered in this guidance.
Young Minds		General		We are pleased to see that the guidance states who the intended audience is for each recommendation, but we are less sure as to who you are suggesting should do what. We believe that this guidance is not possible unless it fits with the CAMHS or CYP strategy for the area. So we would like to see the importance of multi-agency working made more explicit.	Thank you for your comment  The guidance has clarified the respective roles, and the importance of multi-agency working
Young Minds		General		Assume that this document will be issued in a version that is easily accessible to non-Mental health professionals.	Thank you. This guidance will be available to non-mental health professionals and other professionals. It will be available and accessible in a variety of formats and the NICE Implementation team will be following this up.
Young Minds		3.9 (and General)	14	A general training in children's mental health, and child development should be part of pre-qualified teacher training, and also should be provided for qualified teachers. YoungMinds has considerable experience in providing introductory training for teachers and other	Thank you for your comment

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				tier 1 staff, who work with children, but do not have any specific mental health training.	
Young Minds		3.3 (and General)	13	Cultural competency and the context of the school is essential for all schools, especially for schools that have a very low number of children from different cultural or ethnic backgrounds.	Thank you for your comment. The NICE guidance has been strengthened to better reflect the comment you have made
Young Minds		3.3	13	Training - what support will be put in place etc to enable teachers to take-up this training. Will they be supported during and after the training i.e. CPD.	The guidance highlights the importance of training and ongoing support to teachers
Young Minds		1	7	Children at this age are more likely to be troubled, or vulnerable, rather than suffering from a mental disorder. So maybe rephrasing and using language that is more meaningful to non-clinicians i.e. vulnerable, troubled etc.	Thank you for your comment.

<sup>i</sup> Green, H et al (2005) *The mental health of children and adolescents in Great Britain, 2004* London: HMSO

<sup>ii</sup> Green, H et al (2005) *ibid*

<sup>iii</sup> Dowdney, L (2000) 'Annotation: Childhood bereavement following parental death' *Journal of Child Psychology and Psychiatry* 7, pp 819-830 Page 827

<sup>iv</sup> Ribbens McCarthy, J (2005) *Young People, Bereavement and Loss: Disruptive Transitions?* London: NCB

<sup>v</sup> Worden, J (1996) *Children and Grief*

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