

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH INTERVENTION GUIDANCE

DRAFT SCOPE

1 Guidance title

Guidance on promoting the mental wellbeing of children in primary schools
(targeted approach)

1.1 *Short title*

Mental wellbeing of children in primary education

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on school-based interventions aimed at promoting good mental health among children aged 11 and under.
- (b) NICE public intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSF and other government policy documents:
 - 'National service framework for children, young people and maternity services' (DH 2004a)
 - The Children Act 2004, including the 'Every child matters: change for children' programme (HM Government 2004)
 - 'Higher standards, better schools for all' (DfES 2005a)

- ‘Promoting children’s mental health within early years and school settings’ (DfEE 2001)
 - ‘Healthy minds: promoting emotional health and wellbeing in schools’ (Ofsted 2005)
 - ‘Bullying – a charter for action’ (DfES 2003a)
 - ‘Bullying: effective action in secondary schools’ (Ofsted 2003)
 - ‘The respect action plan’ (Home Office 2006)
 - ‘Healthy living blueprint for schools’ (DfES 2004)
 - ‘Choosing health’ (DH 2004b)
 - National healthy school status – a guide for schools’ (DfES 2005b)
 - ‘Our health, our care, our say’ (DH 2006)
 - ‘Making it possible: improving mental health and well-being in England’ (NIMHE 2005)
 - ‘Aiming high’ (DfES 2003b), ‘Promoting the health of looked after children’ (DH 2001), ‘A better education for children in care’ (SEU 2003), and ‘Managing pupil mobility’ (DfES 2003c).
- (c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at teachers, school governors and professionals with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors.

3 The need for guidance

This scope adopts the term ‘mental wellbeing’ (from the report of NHS Scotland on monitoring positive mental health [NHS Scotland 2006]). For a summary of the definition see the outcomes section 4.3.

- a) One in five students (21%) report ‘less than good’ health, one in 10 (9%) say they are not happy and one in three (33%) report feeling low each week (Morgan et al 2005).

- b) In 2004, one in ten (10%) of children and young people aged 5–16 had a clinically diagnosed mental disorder: 4% were anxious or depressed, 6% had a conduct disorder, 2% had a hyperkinetic disorder, and 1% had a less common disorder (including autism, tics, eating disorders and selective mutism) (ONS 2004).
- c) In 2004, boys were more likely to have a mental disorder than girls and the prevalence of mental disorders was greater among:
- children in disrupted families (lone parent, reconstituted)
 - children with parents who have no educational qualifications
 - children in poorer families and those living in disadvantaged areas
- (ONS 2004).
- d) Up to one in three children with a conduct disorder had been excluded from school (ONS 2004). A slightly higher proportion of black children (12%) than white children (10%) had mental health problems. Among Asian children, 8% of Pakistani and Bangladeshi children and 4% of children of Indian origin had mental health problems (ONS 2004).
- e) Looked after children aged 5–10 were at least five times more likely than children in the general population (42% versus 8%) to have mental health problems. Among 11–15 year olds, the contrast was slightly less marked (49% versus 11%) (ONS 2004).

4 The guidance

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

4.1 *Populations*

4.1.1 Groups that will be covered

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

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

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

4.1.2 Groups that will not be covered

Children aged over 11 years and children not in school.

4.2 *Areas/interventions*

4.2.1 Areas that will be covered

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

- a) Indicated and targeted activities. These focus on particular types of behaviour or particular groups of pupils. They address the factors likely to lead to poor mental health, or aspects of mental disorders. A variety of methods are used including: programmes to help children make the transition to secondary school, lessons taught as part of the curriculum, changes in school ethos and the environment, or activities involving the family and/or community.

4.2.2 Areas that will not be covered

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

4.3 Comparators

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

4.4 Outcomes

Outcomes will be measured using the definition of ‘mental wellbeing’ set out in ‘Monitoring positive mental health’ (NHS Scotland 2006). These outcomes are measured using indicators and scales relating to:

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

4.5 Key questions

The following questions will be addressed:

- What are the most cost effective ways of promoting the mental health of children and young people (aged 4–11 years old) in schools?
- What type of content is most effective?
- What is the frequency, length and duration of an effective intervention?
- Is it better if a teacher or specialist delivers the intervention?
- What is the role of parents?
- What are the barriers to – and facilitators of – effective implementation?
- What are the most effective and appropriate interventions for different groups of children and young people (for example, from different social or ethnic groups)?
- Does the intervention lead to any adverse or unintended effects?

4.6 Target audiences and settings

The guidance will be aimed at teachers, school governors and professionals working in the NHS, local authorities and wider public, private and voluntary

and community sectors who have either a direct or indirect role in and/or responsibility for promoting the wellbeing of children and young people.

4.7 *Status of this document*

This is the draft scope, released for consultation on 27 October 2006, to be discussed at a stakeholder meeting on 17 November 2006. Following consultation, the final version of the scope will be available at the NICE website in December 2006.

5 Further information

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

6 NICE related guidance

Published

Clinical guidelines

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

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

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

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

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

Technology appraisals

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

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

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

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

Under Development

Clinical guidelines

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

Public health interventions

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

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

Mental wellbeing of children in primary education – draft scope for consultation October 2006

Public health programmes

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

Appendix A Referral from the Department of Health

The Department of Health asked the Institute to:

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

Appendix B References

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

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

Department for Education and Skills (2003b) *Aiming high*. London: Department for Education and Skills.

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

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

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

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

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

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

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

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

Mental wellbeing of children in primary education – draft scope for consultation October 2006

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

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

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

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

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

Morgan A, Malam S, Muir J et al. (2005) *Health and social inequalities in English adolescents: exploring the importance of school, family and neighbourhood. Findings from the WHO Health Behaviour in School-aged Children study*. London: National Centre for Health and Clinical Excellence.

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

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

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

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

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

Social Exclusion Unit (2003) *A better education for children in care*. London: Social Exclusion Unit.