Public Health Intervention Guidance

Social and Emotional Wellbeing in Secondary Education - Consultation on the Draft Scope: Stakeholder Comments and Response Table

Thursday 3rd April – Thursday 1st May 2008

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust	Warman A & Jackson E (2007) Recruiting and retaining children and families' social workers: the potential of work discussion groups. Journal of Social Work Practice Vol. 21, No. 1, March 2007, pp. 35-48 Department for Education and Skills (2004) Report on the implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services.	4.3	**Section 4.3 Key Questions and Outcomes**: What aspects of 'whole school' approaches and activities are particularly effective and cost effective in promoting young people's social and emotional wellbeing in secondary education and preventing bullying and violent behaviour? **The development and support of teachers** **1. Inset and Training in Child & Adolescent Development** The starting point for considering how best to promote the mental wellbeing of young people needs to be a comprehensive grounding in theories about 'normal' child and adolescent development. Without this it is not possible to differentiate clearly between what might be considered 'normal' behaviour and something more 'pathological' (ie when we need to be more actively concerned). This differentiation is especially difficult in the case of adolescents. Cont'd	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust	Jackson E (2002) Mental health in schools: what about the staff? Journal of Child Psychotherapy, Vol. 28, No. 2, 129-146 Jackson E (2005) Developing observation skills in school settings: The importance and impact of 'work discussion groups' for staff. Infant Observation, April 2005; 8(1): 5-17		However, it is important for NICE and this guidance to note that there is a virtual absence of any significant input within initial teacher training courses relating to child & adolescent personality development or the emotional factors that impact on teaching and learning. For example, within a mental health and staff training needs assessment carried out by the Brent Centre for Young People (London) in ten secondary schools, only 12 out of 145 teachers (6.9%) reported that they had 'received sufficient training in adolescent development'(see Jackson, 2002 and 2008). Although the Tavistock Clinic (eg professionals such as child psychotherapists and clinical psychologists) are increasingly involved in delivering input and training courses of this kind, this remains a serious problem which urgently needs to be addressed at a national level. Cont…	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			<u>Continued from above</u> An effective, easy and cost effective way in which this could be addressed is to offer a series of whole school inset/training on relevant areas such as: • Child & adolescent personality development • Attachment theories and patterns and their impact on learning and social interaction • Emotional factors in teaching and learning • Inter-personal and group dynamics • Managing the teacher-pupil relationship • Managing endings, separations and transitions • Where things can go wrong in adolescence • impact of neglect and trauma on the developing brain • how behavioural and attention difficulties can mask specific psychological issues (eg; depression, attention deficit hyperactivity disorder, autistic spectrum disorders, psychotic symptoms, etc) Inset on these areas could be offered to: • Whole staff groups (as well as smaller sub-sets of staff) • Parents • Young people themselves. Cont'd	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			Inset could be tailored to the needs of schools and could be offered either in more intensive packages or as a series of individual sessions. The Tavistock Clinic has extensive experience of providing courses of this nature to professionals and organisations within education. We would welcome the opportunity of developing further training of this nature in conjunction with NICE, DCSF and other key stakeholders.	

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		4.3 (continued)	2. **Work Discussion Groups for Teachers and Support Staff** Most teachers would agree that the cornerstone for effective learning and teaching is the creation of an effective teacher-pupil relationship. However, it is important for NICE to note that it is exceptionally rare, in schools, for any regular support to be offered to teachers to help them understand or make sense of their pupils' communications, behaviour and relationships. The absence of such support is likely to result in an increase in pupil disengagement, exclusions and also in staff stress. Issues such as bullying and violent behaviour are likely to exacerbate this further. In contrast, regular support and consultation offered to teachers by core CAMHS professionals, on-site in schools, is likely to lead to more effective and widespread promotion of mental wellbeing at a pupil, staff and whole-school level. The Tavistock Clinic, Association of Child Psychotherapists and Brent Centre for Young People have, for many years, been actively involved developing a range of mental health projects offered on-site in secondary schools. Rather than simply focusing resources directly at vulnerable young people (important as this is), they have additionally provided essential consultation to staff (both individually and in groups). In particular, this has involved the provision of work discussion groups for staff.	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		4.3 continued	**Tavistock Clinic work discussion group model: summary of aims and outcomes** Work discussion groups have been included as a model of good practice in the DES/DoH November 2006 *Report on the Implementation of Standard 9 on the NSF for Children, Young People and Maternity Services, Annexe: models of good practice, p.17.* Work discussion groups 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 & adolescent psychotherapist. The aims of the groups are to help staff: • Develop understanding about the underlying meaning of pupil behaviour • Develop capacity to identify children who are considered to be at risk and in need of more specialised assessment. • Develop understanding about the psychological factors that impact on teaching and learning • Manage the complexities of the pupil-teacher relationship; and • Feel more confident about and supported in work with worrying pupils who are at risk. • Promote the development of reflective (rather than reactive) practice within the wider culture of the organisation.	Thank you for your comments here

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			Projects of this nature have also been developed by Brent Centre for Young People and by the Tavistock Clinic within Camden CAMHS (see references below). Within Brent school based projects, evaluation with over 100 staff has shown that: • 97% of staff reported that they had developed a deeper understanding about the meaning of behaviour; • 91% of staff reported that they had been helped to develop new ways of engaging with challenging or disruptive pupils. • 88% were helped to persevere with challenging pupils when they felt like giving up; • 85% reported feeling less stressed after talking about challenging pupils/class groups. • Projects contribute to reduction in school exclusions. • Significantly, in one school alone, the 22 staff attending the fortnightly groups had a significantly lower rate of absence than the whole staff group – over a three year period. Cont'd	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			In trying to impact on the culture of a 'whole school' it is also important to consider the leadership and development needs of middle and senior managers. This is especially important in schools where a more forceful or sometimes bullying atmosphere has got into the staff group and relationships. The Tavistock Clinic and Tavistock Consultancy Service has successfully pioneered the development of inter-school work discussion groups for headteachers and deputy headteachers. These were offered within the wider DfES 'Leading Edge' initiative and proved to be an important and innovative resource for all involved. 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.	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		4.3 continued	In Tavistock outreach projects, child psychotherapists also work jointly with education staff in relation to referrals, assessments, on-going therapeutic work and professional network meetings and reviews. This might include regular attendance at 'pastoral support meetings' or meetings to consider those pupils considered to be 'at risk' or emotional or academic breakdown. The promotion of thinking about emotional and psychological development in this way enables it to become integral to the work and culture of a school as a whole. As a direct result of the work developed by child psychotherapists at the Tavistock Clinic and Brent Centre for Young People, other professionals working locally, nationally and internationally are now beginning to set up and develop work discussion groups for teachers elsewhere. The Tavistock would welcome the opportunity of working with NICE and other key stakeholders to develop a commissioned pilot research project to evaluation the impact and outcome of work discussion groups within educational settings. Cont'd	

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			Publications describing the development of work discussion groups in educational settings are attached and include: • **Jackson, E. (2002)** "Mental Health in Schools – What about the Staff? Thinking about the impact of work discussion groups in school settings". *Journal of Child Psychotherapy*, Vol 28, No 2, 129-46 • **Jackson, E. (2005)** 'Developing observation skills in school settings: the importance and impact of 'work discussion groups' for staff', *International Journal of Infant Observation and its applications*, Vol. 8, No 1: 5 – 17. • **Warman, A and Jackson, E. (2007)** 'Recruiting and Retaining Children & Families' Social Workers; The potential of work discussion groups'. Journal of Social Work Practice, Vol 21, No1 • **Jackson, E. (2008**) 'The development of work discussion groups in educational settings' in *Journal of Child Psychotherapy* Vol 34, No. 1: 62-82	Many thanks for these references

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		4.3 continued	**<u>The school's links with parents and the community</u>** It is essential that serious attempts are made to engage parents, particularly in on-going parenting interventions. Often a school culture at secondary level focuses on individual pupils – often seeing pupils as 'problems' or even 'bad' without understanding the emotional context of the child. There is considerable evidence to suggest that helping parents by intervening at the level of parents and the community is central to how cultures and individual pupils change. In the first instance, it is important for specialist professionals to offer a range of parenting programmes, parenting groups and/or information sessions to suit the needs of the local population. Programmes with exceptionally strong evidence base that could be regularly run would include Strengthening Families Programme (SFP) http://www.strengtheningfamiliesprogram.org/about.html and Kumpfer, K. L., & Whiteside, H. (2006). Strengthening Families Program, 12 to 16 years [CD-ROM]. Salt Lake City: University of Utah, Strengthening Families Program Office. Another program with good evidence for more disturbed and acting out children was devised by Scott Sells ref, http://www.difficult.net/about.asp Cont'd	Many thanks for these references

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			It is also essential that good partnerships between health (CAMHS) and education can be developed so that more specific concerns arising out of this input can be followed up with more specific consultations or referrals as necessary. However, it is also important to recognize that schools have considerable experience of hard to reach parents, some of whom may be unlikely to make use of such parenting programmes. Engaging with hard-to-reach parents is likely to be a long, slow process and needs careful joint work from education and CAMHS. In the Tavistock outreach project in schools project we have found that even parents with a chronic history of non-engagement with services will work individually with psychotherapists when CAMHS services are offered in schools with the backing of education staff.	Many thanks for these comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		4.3 continued	**<u>Curriculum based Programmes and other activities</u>** In addition to input for pupils about adolescent development, other central and important issues need to be addressed. Amongst others these include education and information about drug & alcohol, sexual health, bullying and violence, mental health. Rather than being delivered by teachers, this is most effectively delivered by external professionals from CAMHS and other services specializing in work with young people. It is also essential to address the needs of secondary school children who are not mentally ill but whose difficulties are chronic, complex and severe, including young people 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 (*Psychotherapy with children and adolescents*, 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'. 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.	Many thanks for these references however children who are already suffering distress are not within the existing scope for this guidance

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		4.3 continued	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 *Psychotherapy in Primary Schools: An Evaluation*, April 2007, Camden Children's Fund and Tavistock Outreach in Primary Schools, attached). This school-based approach offers a wide range of interventions, including: • In-school consultation about referral options and pathways • Assessment of individual children • Individual psychotherapy • Group psychotherapy • Whole class work • Parent consultation and support • Referrals to CAMHS or other specialist services Although the draft guidelines do not seek to address the needs of children with particular types of risk (eg depression), in our experience the provision of CAMHS in-school provides a helpful link between Tier 2 and Tier 3 services.	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		General	**1/ What is the frequency, length and duration of an effective treatment?** • As indicated earlier, rather than only having formal structured interventions, it is important for there to be a whole school, headteacher led, commitment to mental health and emotional learning. This should include the provision of regular support and training slots for staff by CAMHS therapists with ongoing experience of direct work, and a good understanding of child development and related issues – including the ways in which emotional and social difficulties might manifest within in the classroom and school setting.	Many thanks for this comment

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		General	**2/ Is it better if teachers, other school-based practitioners or a specialist (such as a psychologist or school nurse) delivers the intervention?** We think it is essential that core Camhs clinicians are involved in delivery of such programmes for a number of reasons. These include: • From our experience of in-service delivery into over 30 schools in recent years it has become apparent that skilled CAMHS therapists offer something unique to schools alongside other professionals. In an evaluation into service delivery in all 9 secondary schools in Camden heads and pastoral support leads were clear that CAMHS input provided an entirely different opportunity for the school, helping with the most challenging and complex areas (see attached report on Tavistock TOPS project and school based references on this work.) • The opportunity to work together with specialist CAMHS clinicians in schools provides a different kind of learning experience. Professionals with a wide range of mental health experience and ability to identify and assess pupils with difficulties can hugely deepen the process of delivering learning. They can also advise staff, and be available to 'pick up the pieces' when anxieties are generated about complex issues. They are also in a good position to facilitate referrals along appropriate pathways to more specialist help. Cont'd	Many thanks for these comments

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust			• Despite good intentions about working with all children, staff primarily become concerned with the most worrying children, such as seriously externalizing or depressed ones. They need help recognising such issues, and being given the confidence to work with these children, as appropriate within their teaching role. This lessens staff anxiety and facilitates a healthier school ethos. If staff are not offered appropriate support by external agencies and professionals it is likely to result in them either ignoring such issues, 'jollying' children along, or becoming overly worried and involved – all of which is likely to result in a less healthy atmosphere. This requires regular input from skilled therapists, as part of a genuinely joined up multi-agency service delivery.	Many thanks for your comments

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Association of Child Psychotherapists, Tavistock & Portman NHS Foundation Trust		General	**3/ Evidence base** In relation to the need for valid methods of measuring the emotional and social well-being of schoolchildren, please see: *What Works For Whom? A Critical Review of Psychotherapy Research* (*Second Edition)* by Anthony Roth, PhD and Peter Fonagy, PhD, FBA New York: Guilford Publications, 2004. *Outcomes of Psychoanalytic Treatment: Perspectives for Therapists and Researchers* edited by Marianne Leuzinger-Bohleber and Mary Target (London: Whurr Publications, 2001).	Many thanks for these references
Barnsley Metropolitan Borough Council		General	Given the "guidance" nature of the document, how is it envisaged that schools will be encouraged and enabled to adopt the guidelines?	The guidelines it is anticipated will support implementation of Education policies and therefore be relevant and valuable. It is hoped that the guidelines will inform the Ofsted review processes
Barnsley Metropolitan Borough Council		4.1.2 (b)	Will young people who attend school on partial timetables be covered within the guidelines? The feedback is that they should be covered as these are often the young people most at risk of mental health difficulties.	All children in full time education will be included in the scope, however we anticipate that future guidance we address young people not in schools ie including those excluded from school

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Barnsley Metropolitan Borough Council			As your evidence shows, 33% of young people with Conduct Disorders have been excluded, 25% more than once. If this group is not to be covered within these guidelines, is there a proposal for guidelines to cover this often vulnerable group?	All children in full time education will be included in the scope, however we anticipate that future guidance we address young people not in schools ie including those excluded from school
Barnsley Metropolitan Borough Council		4.2.2 (c)	Question as to why this will not be covered within these guidelines given that the guidelines are designed to sit within the sphere of the preventative aspects of NSFs. Again, are these strategies covered in or due to be addressed in other guidelines?	This is intervention guidance that has a more narrow focus than NICE public health programme guidance. We anticipate that future guidance will address other settings and strategies for young people
Barnsley Metropolitan Borough Council		4.3	The guidelines should aim to encourage a consistent standard throughout all schools and aim to reduce the variation in quality which can and does occur within individual schools.	Yes the guidance has this aim
Barnsley Metropolitan Borough Council		4.3 (expected outcomes)	The Guidelines should include recommendations as to which evidence based tools schools should be using to assess and measure the outcomes nationally. This issue should not be left to local decision as this would immediately introduce inconsistency and a variation in standards.	The scope now includes reference to evaluation tools
Beat		General	It is important that school teaching and support staff receive training that gives them the confidence and skills they need to support young people affected by emotional difficulties	This scope recognises the need for appropriate training

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Beat		General	Teacher's own emotional resilience needs to be addressed and supported- to enable them to be good role models, as well as protecting their own wellbeing from the stresses of their roles.	The scope recognises the need the promote teachers wellbeing
Beat		General	Ensuring teachers establish emotionally nurturing, respectful, relationships between themselves and their pupils is vital. Not all bullying takes place between pupils	It is recognised that bullying covers all relationships
Beat		General	Times of transition- into secondary school, or approaching school leaving raises risk. Parents, teachers and pupils need better awareness of those risks and understanding of coping strategies.	The scope now highlights the issue of vulnerabilities at transition stages
Beat		General	Creating a small school ethos in a big school environment can be a critical success factor in promoting wellbeing	School ethos is included in the scope
Beat		General	Involving parents, care givers and in particularly fathers, in wellbeing activities and initiatives is vital.	The role of parents and carers is included in the scope

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Beat		General	The school environment should be taken to include the journey to and from the school premises, where this is provided by the school authorities- significant opportunities exist for bullying at these times	Travelling is included in the sopce
Beat		General	The particular risks of cyber-bullying should be addressed, as a distinctive and pervasive phenomenon	All types of bullying will be considered
Beat		General	Bullying about weight and shape raises a particular risk for eating disorders, but is sufficiently prevalent to warrant being addressed as a whole school issue.	All types of bullying will be considered

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Birmingham and Solihull Mental Health Trust			The Birmingham Early Detection & Intervention Team - EDIT, part of the Birmingham & Solihull Mental Health Trust, has been working in an innovative way with young people at-risk of developing psychosis for over six years - and in that time we have provided educational workshops for over 700 professional staff working with young people. More recently we have carried out some pilot work in 4 schools with close to 200 students and 17 staff members involved as part of our mental health promotion strategy and this has revealed some interesting findings: * From feedback received from our workshops school staff need to receive educational workshops either at the same time as students or prior to working directly with students as without this staff have reported feeling overwhelmed and lacking in awareness of where to signpost students who may be showing difficulties. The vital importance of increasing staff awareness and reducing stigma was highlighted in discussions with teaching staff.	Thank you for your comments

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Birmingham and Solihull Mental Health Trust			Year 8 students were very interested in exploring knowledge and attitudes to severe mental health problems such as psychosis and very willing to explore topics such as stigma and labelling.. * Year 12 students were more reticent to engage in discussions / education around severe mental health problems such as psychosis but very keen to discuss issues such as self-harming / depression and general stress. These findings were examined and discussed and we formulated that because many of the more serious mental health problems such as psychosis are most prominent in the late teenage years often leading to a tendency to avoid addressing what is regarded as a highly stigmatising subject. Additionally the extra pressures of reaching a transition stage in terms of identity; career; relationships amongst others were thought to be very salient to the older age group and the naturally high level of 'schizotypal' thinking in the age group may increase the likelihood of avoiding the additional anxiety in discussing the topic of potential risk of developing serious mental health problems. * From evaluation measures employed we have found that there are common associations made by students and staff of 'dangerousness' and psychosis; of 'lifetime problems' and psychosis and 'unwillingness to communicate' with people perceived to be at-risk of or experiencing psychosis. The lack of general awareness of recent breakthroughs in non-medical treatments for psychosis and awareness of the social factors that may increase risk of developing serious mental health problems	Thank you for your comments

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Birmingham and Solihull Mental Health Trust			EDIT have recently won some funding to organise a mental health education strategy to increase knowledge and prevent delays in seeki8ng help with serious mental health problems in Birmingham. Over the next five years with the main focus on schools, colleges, GP's and across ethnicities we will be devising a mental health promotion campaign that builds on our current use of multi-media which has included DVD's; websites and involvement in radio to provide a coherent strategy and we would like to work together with local and national organisations to make sure the development and results of this work is both informed by best practice and informative for other similar campaigns. Funding of £1.05 million has been allocated from the National Institute of Health Research to allow this to happen. We would be very keen to be more closely involved in the work of NICE in this regard.	Many thanks for your comments. We hope you will comment throughout the process of guidance development.
Blackpool PCT		General	It is important to mention in the guidance the role of the Primary Mental Health worker in CAMHs and its potential for working in schools. Already a number of initiatives involving Primary Mental Health workers exists in England which should be explored further in the guidance	CAMHs support to schools is covered by the scope
Boarding Schools' Association		4.1.2	I can understand not wishing to include excluded children from the scope of the Guidance, but think people dealing with such children may be most in need of help doing so.	This guidance cover whole school approaches, and not targeted interventions such as those for those already with mental disorders such as conduct disorders . It is anticipated that future guidance will focus on highly vulnerable young people

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Boarding Schools' Association		4.3	How will outcomes be measured? What formula would be used for an audit of schools, say, before any intervention occurred? The language here – happiness etc – is quite vague. Intervention could be expensive in terms of time and resources, so how will you know it worked? And what will you do if it doesn't?	The types of outcomes to evaluate impact of interventions will be dependent on those used in the evaluation studies. Our experience of preparing guidance for primary education indicates a range of different types of indicators are used.

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Brighton and Hove City Council's Children's and Young People's Trust		General1-3	We welcome the plan to draw up NICE public health guidance on promoting mental wellbeing of young people in secondary education and its links to other policies and departments such as SEAL, Ofsted, and Children Families and Schools. B and H Children's Trust is committed to early intervention and prevention of mental health difficulties through our city wide and newly formed area multi agency teams. Our Behaviour and Attendance team, our Healthy Schools team including our Primary and Secondary SEAL team, our ACE outreach behaviour support service and our newly formed community mental health teams are all committed to improving social and emotional wellbeing outcomes for the most vulnerable young people in the city, including those who are subject to multiple disadvantage. We feel that the consultation leading to guidance will help us develop our strategy using evidenced based interventions and share learning across the trust about how and why interventions work and best value for money. Questions such as what type of content is most effective, what is frequency, length and duration of an effective intervention, is it better if teachers or others deliver the intervention, how can parents strengths best be utilised etc are at heart of our work. We feel that Brighton and Hove already have some very good practice around whole school and preventive approaches and look forward to sharing that to create case studies as part of the guidance, as well as to learn from others elsewhere.	Many thanks for your comments

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Brighton and Hove City Council's Children's and Young People's Trust		4.1.1	We note that groups covered will be 11-18 yr olds in full time education, and we understand by that education in a range of mainstream and special schools and colleges, including the private sector. We, and a number of stakeholders at the launch are concerned that the current scope of "full time education" excludes young people 11-18 who are on reduced time tables, (possibly for reasons of ill health) excluded from school, and/or attending Pupil Referral Units, (unless they are part of a school.) Changes in the 14-19 curriculum will make education a broader experience for some of the most socially disadvantaged, disaffected and at risk young people, and it would be unfortunate if the guidance led to schools feeling that these young peoples needs were less relevant in this area, than pupils whose secondary education needs less personalising. We think that the evidence on the links between disadvantage, attendance, exclusion, marginalisation and mental health risk means that the NICE should re-consider its wording and include these very vulnerable young people within the scope.	Special schools and public referral units are included in the scope work respect to generic work on promotion of mental wellbeing. Targeted interventions are beyond the scope of this guidance.

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Brighton and Hove City Council's Children's and Young People's Trust		4.2.2	While we support the aim of providing universal, whole school and preventive approaches to promoting mental wellbeing, we would encourage NICE to recognise that prevalence figures of 12% of 11-16 year olds having clinically recognisable mental disorders means that many of those young people are already in our secondary schools, and that while some may be accessing tier 3 intervention, they will be equally needy of their schools to have good systems in place for them and should not be ruled out of the scope. Universal mainstream secondary schools are used to personalising education and operate a 3 wave approach, which means that they are already thinking about all pupils, at risk pupils and pupils needing targeted support. We would hope that NICE guidelines will echo the 3 staged approach of the Pathfinder Targeted Mental Health in Schools approach. Our Community Mental Health teams are already supporting tier 1 colleagues and young people and parents with early (tier 2) stages of anxiety depression self harm and other mental health issues, and again we would want the guidance for whole schools to include good practice for this preventive work where needs are already becoming apparent. We also think that schools do need to be encouraged/prompted to think of individuals and groups who may at particular risk of bullying or self esteem issues , such as gay and lesbian young people, some young people with disabilities, including learning disabilities, and other minority groups. So that while the guidance is universal it should prompt schools to consider the reality of disadvantage and increased vulnerability for some individuals and groups	Many thanks for your comments.

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Brighton and Hove City Council's Children's and Young People's Trust		4.2.2	In ruling out "community based activities" we would ask NICE to re-consider this especially in relation to our linked services and support around **extended schools**, for example some clusters of schools are sharing money to purchase counselling, family support work or Triple P interventions	Activities with community links included excluded school activities are included in the scope.
British Association for Counselling & Psychotherapy		4.2.1	This scope for secondary education only includes whole school approaches. The previous scopes for the mental wellbeing of young people in primary education guidance included two scopes, one for whole school interventions and one for targeted interventions. Whole school approaches exclude targeted interventions where counselling would sit. BACP would like to know if there will be a further scope for targeted interventions; or if this is not the case we would like the scope to be amended to include targeted interventions.	It is anticipated that future guidance will address other types of interventions and setting for promoting the mental wellbeing of young people
British Association for Counselling & Psychotherapy		4.2.1	School counsellors should be part of the scope; they provide a strong link with parents; provide development and support for teachers; take part in curriculum-based programmes and provide added value activities for young people. The bulleted list in 4.2.1 should also include pastoral care, including counselling.	Counsellors are included in the scope (ie specialists)

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British Association for Counselling & Psychotherapy		4.2.2	School counselling is both a preventative and health promotional strategy/intervention and a therapeutic response to problematic situations. As a promotional and preventative activity, school counsellors provide help and support for young people, teachers and parents before difficult situations escalate and can prevent bullying and violent behaviour from escalating and before anxiety, depression and disruptive behaviour sets in.	Many thanks for your comments

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British Association for Counselling & Psychotherapy		4.3	Counselling is an effective intervention for promoting children and young people's social and emotional well-being. Its effectiveness and usefulness can be evidenced through several key documents: Cooper M (2006) *Counselling in Schools Project Phase 2: Evaluation Report*, funded by Greater Glascow NHS Board, Glascow. University of Strathclyde. Harris B. Pattison S. (2004) *Research on counselling children and young people: a systematic scoping review*. Rugby: British Association for Counselling and Psychotherapy. Jenkins P; Polat F. (2006) *The Children Act 2004 and implications for counselling in schools in England and Wales*. Pastoral Care, 24(2): 7-14. NSPCC (2004) *School Counselling in England, Wales and Northern Ireland: A Review.* London. NSPCC Pattison S; Rowland N; Comarty K; Richards K; Jenkins P; Cooper M; Polat F (2007) *Counselling in Schools: A research study into services for children and young people.* Cardiff, BACP Commissioned by Welsh Assembly Government. Welsh Assembly Government (2008) *A National Strategy for a School-Based Counselling Service in Wales*. Cardiff, DELLS/WAG.	Many thanks for these references

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

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British Association for Counselling & Psychotherapy		4.3	The most effective content for effectiveness is the relationship between counsellor and child/teacher/parent and confidentiality. This can be evidenced.	Many thanks for your comments
British Association for Counselling & Psychotherapy		4.3	Frequency, length and duration of effective intervention is variable and based on individual need, however, between 2-12 sessions of 1 hour per week in term time is indicative of the more usual range (there are exceptions).	The guidance will take account of the best available evidence on effectiveness
British Association for Counselling & Psychotherapy		4.3	Counselling interventions need to be delivered by qualified counsellors.	The guidance will address issues of training and competence
British Association for Counselling & Psychotherapy		4.3	The role of parents is to give permission and be involved if helpful to the child. The role of governors is to support the intervention and assess the evaluation and monitoring aspects of the intervention.	Many thanks for your comments
British Association for Counselling & Psychotherapy		4.3	Expected outcomes and improvements due to counselling interventions can be evidenced through assessment, monitoring and evaluation. This includes emotional wellbeing; psychological well-being and social well-being. Existing assessment tools are 'fit for purpose'.	Many thanks for your comments

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British Association of Art Therapists		General	The British Association of Art Therapists are pleased to have the opportunity to comment on the draft scope. We wonder how some 'whole school' approaches can realistically aim to reach *all* young people - particularly those in inner city schools where as many as 40 different languages may be spoken and where complex cultural issues need to be considered. We would therefore be concerned about the possibility that there might be an overemphasis on the promotion of activities and interventions that are white, euro-centric, and that are dependant on young people having a high standard of comprehension and spoken English. We would hope therefore that these issues will be specifically addressed in the scoping document and due consideration will be given to the accessibility of activities and interventions with relation to diversity, difference and disabilities of *all* sorts.	Many thanks for your comments We will give particular attention to how approaches take account of the needs of ethnicity and disability and other aspects of diversity
British Association of Art Therapists		General	The BAAT would like to raise awareness about how Art Therapists having training as both artists *and* therapists, can work with groups (eg whole classes) and individuals. They are, therefore, particularly well qualified to deliver 'activities' *and* 'interventions' in schools using creative approaches in order to promote social, emotional and psychological well being in young people.	Many thanks for these comments

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British Association of Art Therapists		General	Art Therapists can offer interventions that are particularly accessible to young people who may have difficulties verbalising worries or difficulties; who have learning difficulties; whose first language is not English, as well as to those who have a good command of English. Ref: Nice Guideline - Depression in Children and Young People 6.2.1. (p.76)	The guidance will be based on the best available evidence
British Association of Art Therapists		General	Art Therapists who work with young people in schools and PRUs, can also offer consultation to teachers and support to parents/carers	The scope defines 'therapists' as specialists , and their role in promoting emotional and social wellbeing
British Association of Art Therapists		General	Art Therapists can also offer training and support (and supervision) to teachers in the use of art based creative approaches to promoting well-being.	Many thanks for your comments
British Association of Art Therapists		General	Outcome studies have demonstrated positive outcomes in educational and mental health settings through the use of various art therapy approaches. Benefits include increased self-esteem, and facilitation of communication and interaction.	The guidance will be based on the best available evidence

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British Association of Art Therapists		4.2.1	The British Association of Art Therapists would like there to be a particular recommendation for the use of the arts and creative approaches to the promotion of well being. We would also wish to highlight the use of Art in particular as an 'activity' and also as an 'intervention'. This might be in the form of group (or individual) *art therapy* to promote social and emotional wellbeing, to prevent bullying or violent behaviour; or the use of art and colour, and the involvement of the students' own creativity in all aspects of a school's physical environment. See references below for reports containing research - some of which could be generalised to have relevance for schools. Ref: Arts Council England: Arts in Health –a review of the medical literature Lelchuk Starikof (2004) Can the arts have a positive effect on health (summary) Lelchuk Starikof (2004) Ref: Arts Council England: Engaging Young People – the arts: transforming lives …..(2005)	The guidance will be based on the best available evidence Many thanks for these references
British Association of Art Therapists		4.3	**Key Questions and outcomes**: The BAAT would like to request that the question (3rd bullet point) which asks who is best to deliver an intervention is rephrased; and the given examples of specialists - '***a psychologist or school nurse'*** replaced by more generic terms eg ***'health or mental health professional'*** or similar. We feel this would be more inclusive.	The scope now includes 'therapists'

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Buckinghamshire PCT		4.1.2	A definition of 'excluded from school' needs to be made clear, does this mean temporary exclusions or just permanent exclusions?	All those attending schools at some point would benefit from whole school approaches
Buckinghamshire PCT		4.2.1	The school working with the parents of the children at the school is an important area to cover (see next two rows)	The role of parents and carers is included in the scope
Buckinghamshire PCT		4.2.1	The schools links with parents needs to reference their mental health where appropriate as this can have an impact.	The role of parents and carers is included in the scope
Buckinghamshire PCT		4.2.1	Parenting needs to be acknowledged and expanded as it has a major impact on the mental health of children and young people.	The role of parents and carers/ parenting is included in the scope
Cheshire County Council, Disabled Children		General	Teenagers with specific learning difficulties (often with reasonable IQ) frequently end up in sets with teenagers with low IQ or behavioural difficulties. If the first set of teenagers try and learn and not join the 'pack' mentality of the rest of the set they are subject to being bullied, self esteem severely impacted upon etc. Frequently individual teachers have no knowledge of their learning difficulties.	Many thanks for your comments. Those with learning disabilities are included in the scope, and as far as the evidence permits
City of York Council – Castlegate for Young People		General	Research from University of Strathclyde is showing the effectiveness of schools counselling as an aid to concentrated learning and achievement. Where emotional issues are dealt with outside of the classroom, the young person has more of a chance to be a learner within it.	Many thanks for this comment
City of York Council – Castlegate for Young People		3c) and d) and 4.1.2	It is important to include young people who are excluded from school into the guidance and deliver interventions to them either in pupil referral units or in the community, since it is acknowledged earlier in the guidance that they are at great risk of mental ill health.	PRU will be included with respect to generic activities for promoting emotional and social wellbeing

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City of York Council – Castlegate for Young People		4.2.2	Whole school programmes around emotional literacy may be effective for the group, but are likely to raise issues that will then need one to one and confidential intervention. How is the classroom teacher going to be supported when a young person starts to express their feeling about difficulties in their life?	The extent to which the needs of those identified through whole school approaches is covered in the guidance will be dependent on the evidence available
City of York Council – Castlegate for Young People		4.3	It is not ideal for teachers (who all have a disciplinary function), to be involved in delivering programmes where self-expression or personal learning is encouraged. Young people will not open up in a classroom setting because of the lack of privacy, and the fact that what they say may be used out of context by teachers – and may be spoken about between teachers in the staff room/corridor.	The guidance will be based on the best available evidence
City of York Council – Castlegate for Young People		4.3	. While PMHWs are nominally attached to all schools, there are competing demands on their time. It is possible that some schools may not see much of theie PMHW, or even be clear about channels of communication to them. In addition PMHWs work systemically with families, and young people cannot have autonomy/confidentiality when referred to them.	Many thanks for your comments
City of York Council – Castlegate for Young People		4.3	Schools with counsellors would be able to support and implement a combination of whole school approach, and personal intervention. Unfortunately not all schools have counsellors. Central and local government need to put a higher priority for such services, and make appropriate funds available for them.	Many thanks for your comments

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College of Occupational Therapists		General	Occupational therapists and other health professionals work with children who have school anxiety in promoting a graded return to school. Important aspects are in developing the skills of children in managing their lessons and advising teachers and SENCOs. Environmental changes can be an important factor in promoting school attendance. This topic needs looking at in this or the future programme approaches.	Many thanks for your comments
College of Occupational Therapists		General	There need to be more anti-bullying initiatives. In spite of policies many children with mental health problems report being bullied. Guidelines need to be updated to keep in line with trends such as today's cyber-bullying. Some policies state anti-discriminatory values re: gender, race, culture but some forget to put disability in policies. Perhaps mental health difficulties need to be written in where there is an absence. Whole school approaches need to consider peer mediation and jointly run groups between school and Tier 1 / 2 / 3 Specialists as appropriate to need.	The scope addressing all form of bullying

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College of Occupational Therapists		General	Studies show that fine motor difficulties can impact upon the emotional development of a student. A study has shown the need for teachers to be more aware of the role of the occupational therapist. It is considered that between 20–50% of children diagnosed with AD(H)D have a movement or coordination problem. Occupational therapists can make a contribution and treat children with developmental coordination disorders have motor difficulties that may affect their self-esteem.	Many thanks for your comments
College of Occupational Therapists		General	A study has shown that 70% of children on the Autistic Spectrum Disorders have sensory related difficulties. Schools need to consult with an occupational therapist. Helping with sensory difficulties may help to improve their emotional wellbeing.	Many thanks for your comments
College of Occupational Therapists		General	Occupational therapists firmly believe in the balance of the child's occupations and occupational roles as providing a basis for emotional well being i.e. the balance between school, schoolwork leisure, home life, and peer relationships. Schools need to promote this healthy approach. Reference to how schools link with occupational therapists, and help the child achieve this balance is an important factor.	The scope covers schools relationships /and the role of specialists including 'therapists'
College of Occupational Therapists		General	There is research on whole school approaches taking into account physical fitness and exercise and exercises tailored to the needs of children with coordination difficulties.	Many thanks for your comments

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College of Occupational Therapists		General	Children who perform better at sports, handwriting are more likely to have raised self-esteem.	Many thanks for your comments
College of Occupational Therapists		General	Whilst it is appreciated this particular study is around the whole school approach, there does need to be some mention of how different population groups can access mental health services and issues re: availability.	Schools relationship with specialist services including mental health services is covered by the scope
College of Occupational Therapists		General	Whole school approaches embracing a knowledge of sensory processing can help promote the attentiveness of pupils and facilitate that access to the curriculum.	Many thanks for your comments
College of Occupational Therapists		General	We would support the existing whole school approaches regarding sexual health and reducing the teenage pregnancy rate.	Many thanks for your comments
College of Occupational Therapists		General	Children are frequently told to sit in their chairs and not to fidget. There is increasingly less movement opportunities for children. Children may often settle better after movement breaks or learning situations where opportunities for movement is understood by teachers.	Many thanks for your comments
College of Occupational Therapists		General	Occupational therapists have an important role in transition from primary to secondary and secondary to higher education/ employment, particularly with children with special needs. This can promote children's happiness.	Many thanks for your comments

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College of Occupational Therapists		2 d)	The scope states that the guidance will also be of interest to members of the public - we would suggest adding *'parents and carers'* to this point.	The scope now states parents and carers and young people
College of Occupational Therapists		3 a)	In fieldwork experience there is a much greater incidence of bullying reported by children seen with mental health conditions, e.g. Asperger's Syndrome.	Many thanks for this comment
College of Occupational Therapists		3 b)	With reference to the point that boys are generally more likely to suffer a mental disorder than girls. Boys may be more likely to be experiencing a conduct disorder but mental health difficulties in girls may be being missed, e.g. a boy with AD(H)D is more likely to be referred to a CAMHS service than a girl with ADD.	Many thanks for this comment
College of Occupational Therapists		3 e)	This is not a reason for further trying to research and understand the mental health needs of children from ethnic backgrounds.	Agreed. The guidance will take account of issues of diversity including ethnicity

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College of Occupational Therapists		4.1.2. b)	Children who are not in full time education or who are excluded from school are often those with the greatest emotional and social difficulties. They are often accessing Tier 3 / 4 Mental Health Services and have long-term complex needs. Reintegrating them and maintaining them in education requires much cooperation and understanding between Health and Educational Services. There needs to be a system where schools can access advice from the appropriate professional to tailor specific approaches for children with particular diagnoses. These approaches need to be integrated into whole school approaches. When SEAL/ELSA approaches have not been successful there needs to be a strategy to consider why they have not worked and which professional agency needs to become involved.	The guidance will cover relationships with specialists and other agencies; however it will not cover targeted interventions for particular groups of young people

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College of Occupational Therapists		4.2.1	The College would strongly recommend that NICE consider within the school's physical environment, that the sensory environment is considered. In many schools, both mainstream and special needs, the environment can impact upon the young person's feelings about themselves, their concentration levels and can lead to exclusion e.g. classes being taught on the first floor without disabled access. Lighting, flooring, too many posters and visual displays can be very distracting for children with sensory processing issues. School environments may need to be adapted based on their population group. Other considerations recommended in this section are: ▪ The development and support of parents in understanding mental health. Whole school approaches need to take into account parents with mental health difficulties and here should be links with other relevant agencies (e.g. SSD, Adult Mental Health Services) and more recognition of when family mental health problems are affecting children. ▪ Mental health awareness programmes such as stress management delivered as part of PSHE. ▪ We support mental health awareness training of teachers and more awareness about the roles of different mental Specialists. ▪ Links with voluntary services and access to leisure facilities for children with mental health problems and physical problems are important. Children with these difficulties are often not accessing these facilities.	'Physical environment ' is included in the scope Many thanks for these comments

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College of Occupational Therapists		4 .2.2. a)	We would like to our express concerns that the groups most in need will be moved or excluded. One CAMHS occupational therapist is concerned - for example it is often the victim of bullying that is required to leave the school whilst the bullies stay. The ELSA programme will work for the majority of children but may need help from a specialist to adapt programmes to suit children with special needs. Under school action plus measures we understand that ELSA's are obliged to contact professionals for advice on physical disability. Pathways for mental health problems need high-lighting.	All forms of bullying will be covered However it is anticipated that future guidance will consider the specific needs of highly vulnerable groups of young people Many thanks for these comments
College of Occupational Therapists		4 .2.2. c)	We strongly support that the most at risk children are focussed on in this guidance or near future studies.	It is anticipated that future guidance will consider the specific needs of highly vulnerable groups of young people

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College of Occupational Therapists		4.3	How will this be measured in order to know how schools are doing and how improvements will be noted? The role of parents: If the child's academic levels are okay, the concerns that the parents may have regarding their child's emotional or social needs may be missed. CAMHS is seeing increasing numbers of children with high functioning autism and Asperger's Syndrome. These children may not receive a statement of Special Educational Needs. Parents have to appeal against educational decisions any may consider Every Child Matters as not applying to special groups of children. Autistic children although having expressive language may not understand the meaning of language. Links with the speech and language therapist may be helpful.	The particular outcome measurements used will be dependent on the evaluation study; and is likely to cover a range of different types of measures The scope covers the role of specialists including therapists
Cornwall LEA		4.1.2	Why not cover excluded pupils-entitlement for all ??	This is intervention guidance and the topic needs to be very focused. It is anticipated that future guidance will address the specific needs of groups of highly vulnerable young people with regard to targeted approaches
Cornwall LEA			All excluded pupils still have to have 25hrs education provided within that there must be a commitment to ensure mental health promotion	The scope will cover excluded children attending education with respect to whole school approaches

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Cornwall LEA		4.2.1	Activities/interventions covered-should this not explicitly mention a rigorous requirement to monitor bullying incidents by schools both in terms of victim and perpetrator and in terms of outcome[both pupil and parent evaluation]	The scope does cover all forms of bullying
CSV (Community Service Volunteers)		General	CSV is the UK's largest volunteering and training organisation. We are committed to creating and supporting opportunities for people to take an active part in the life of their community through volunteering. As a strategic partner of the Office for the Third Sector, we support and promote the Office's vision for a thriving third sector, through which people are enabled and empowered to change society. CSV believes that volunteering is central to the realisation of this vision and the promotion of social inclusion, health and well being, community cohesion and transformed public services	Many thanks for your comments
CSV (Community Service Volunteers)		General	CSV welcomes the development of this guidance. We believe that that the production of the guidance represents an excellent opportunity to promote the development and greater awareness of the value of volunteering and mentoring in promoting the mental wellbeing of children in secondary education.	Many thanks for your comments
CSV (Community Service Volunteers)		General	CSV has acquired more than 40 years' experience of working with local authorities, community and voluntary organisations and schools, through which it has provided and supported a wide range of volunteering options designed to promote and help young people to develop as active citizens and enhanced their health and wellbeing.	Many thanks for your comments

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CSV (Community Service Volunteers)		General	For example, through peer mentoring training and follow-up support with pupils and learners from 14-19, young people are helped to gain the confidence, inter-personal skills and-self esteem needed to build successful relationships and support mentees with such issues as school attendance, transfer from primary to secondary education, academic achievement, bullying and peer pressure.	Many thanks for your comments
CSV (Community Service Volunteers)		General	CSV's peer mediation and conflict resolution training addresses bullying and social conflict in schools and shows how these issues can be tackled through peer support schemes.	Many thanks for your comments

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CSV (Community Service Volunteers)		General	The emerging evidence base in relation to the qualitative impact of mentoring and befriending on the mental well-being of children and young people, is illustrated most recently through the experience of the Mentoring and Befriending Foundation's National Peer Mentoring Pilot, in which CSV worked with 42 of the total 180 pilot schools. This exercise, funded by the Department for Children, Schools and Families, has demonstrated the value of peer to peer work as an effective early intervention tool in promoting the mental wellbeing of children in secondary schools by addressing issues such as bullying, building self -self esteem, offering friendship and supporting transitions between Key Stage 2 and 3; these are, of course, key factors regularly identified as determinants of the mental wellbeing of children and young people.	Many thanks for your comments
CSV (Community Service Volunteers)		General	CSV's active citizenship in schools programmes, including those supported by Barclays and Deutsche Bank, have engaged up to 1,000 secondary school pupils per year since 1995 in volunteering opportunities which have been shown to have a benign effect on their own mental health and wellbeing. Activities particularly valued by the young people (and the recipients) relate to social issues, human rights and services to the community (eg fitting alarm systems for the elderly, making toys for crèches, producing a community newspaper and running mini sports for disabled people).	Many thanks for your comments

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CSV (Community Service Volunteers)		General	CSV believes, therefore, that volunteering and mentoring opportunities offer significant potential to address some of the causes of poor mental wellbeing amongst children and young people in secondary education. As such, we would recommend that the guidance should refer key local partners e.g. Children's Trusts, schools, governing bodies and Primary Care Trusts, to the need to invest in and develop opportunities for volunteering and mentoring in educational settings.	Many thanks for your comments The recommendations will be based on the best available evidence
Dept of Health		General	We wonder whether the exclusion of excluded children is appropriate; they may well have difficulties that require school and community approaches, which facilitate a return to education. We would also welcome the consideration of the mental wellbeing of children with long-term medical disorders. The symptomatic may be included by implication - children already showing signs of depression, anxiety etc. - but in our view, this concerns the promotion of mental wellbeing.	The scope does not covered targeted (and intensive) interventions, however it does cover 'excluded' students in PRUs in so far as generic activities for the promotion of mental wellbeing Again those with long term medical disorders are covered with regard the generic activities for the promotion of mental wellbeing
Dept of Health		General	In our opinion, the definition of "staff in schools" appears to be rather outdated. Nowadays, learning assistants and learning mentors play a key role, especially in the mental wellbeing of young people. We feel that the terminology should not read "teachers, head teachers" but rather "staff in schools"; this is generally understood to mean *all* staff, including those mentioned above.	The scope is amended to include 'staff in schools'

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Dept of Health		General	Could you please consider links through "swift and easy referral" of extended services.	The scope will cover links to other services including relationships with specialist services
Dept of Health		General	Could you please consider the knowledge of staff in relation to areas of mental wellbeing ie; does this 'skill them up' to respond more appropriately to early signs of anxiety?	The scope will cover issues of training and competences of staff
Dept of Health		General	Could you please clarify the definition of the "Whole School Approach"; this does not appear to be overtly clear in the guidance for mental wellbeing in primary schools. You may wish to be aware that the *National Healthy Schools Programme* has defined the "Whole School Approach" in a document of the same name. Please see: ***http://www.healthyschools.gov.uk/Uploads/Resources/b0ae5c96-4f17-4878-84ac-539f12adff32/HS%20Whole%20School%20Approach.pdf)***	This is now included in the scope
Dept of Health		General	If looking at group work for young people with early stages of anxiety, could you please consider the impact of this intervention on the young people in question. Much work is going on that does not appear to be based on evidence.	The guidance will be based on the best available evidence
Dept of Health		General	In our opinion, It would be helpful to provide clear definition of "mental wellbeing" at the beginning of the scope, i.e., is it a combination of emotional, social and psychological wellbeing?	The definition of mental wellbeing as emotional, social and psychological wellbeing is explicit in the scope

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Dept of Health		General	As with all NICE guidance, intended for audiences in schools, we would wish it to be said that the guidance would constitute best practice. We believe that it should not be stated or implied that the guidance is *mandatory*.	The scope states that the guidance will provide best practice
Dept of Health		General	Could you please consider the use of 'emotional health' as the title. We feel that 'mental' is often seen as too clinical, and too pejorative. Could we therefore suggest that the title might be more accurate if it read: *"**Emotional health of young people in full time education**"*. We do however recognise that this may already be determined by the referral.	The title is now refers to emotional and social wellbeing
Dept of Health		General	The title "mental wellbeing of young people in secondary education" does not appear to suggest that this includes further education colleges who, with the exception of any 14-16 provision, primarily deliver non-compulsory education. On the subject of population however, section 4.1.1 does, we feel, make clear that the intention is that young people aged 11–18 years who are in full-time education in an educational setting (including state and independent-sector schools and colleges) are within scope.	The scope makes clear that different settings including colleges are covered
Dept of Health		General	We note that, throughout the document there are references to schools, but only two references to colleges. On this basis, there would appear to be a need to make clear where references apply to schools and colleges equally, and where references only apply to colleges.	The term those in 'full time education settings' is used to provide a more inclusive definition

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Dept of Health		General	Could you please consider inviting Steve Green, of the Association of Colleges, to offer advice and comment on behalf of the further education sector colleges. His e-mail address is stephen.green@aoc.co.uk	Many thanks for this contact , we will request comments as suggested
Dept of Health		General	Although there is no problem with issuing guidance in itself, we feel that any extension of the regulatory burden on independent schools would be difficult, and should be carefully considered. If the guidance is to be more than a helpful source of advice then clarity, around what independent schools would be expected to put in place, would be necessary.	We recognise that the guidance can only have an advisory status for the independent sector
Dept of Health		2c	Could you please insert the following publications: *DfES: Promoting mental health in schools and early years settings (2001);* *DfES: Social and Emotional Aspects of Learning for secondary schools (2007);* *DCSF: Guidance on the Education of Children with Behavioural, Emotional and Social Difficulties (being published 6 May 2008;)* *Ofsted: Healthy Minds (2005);* *Barnardo's: Inclusive education in primary schools: supporting children with social emotional and behavioural difficulties (2008).*	We are limited in number of documents that can be referenced in the scope, but we welcome these references to inform the development of the guidance

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Dept of Health		2d	In our view, it would help if this considered <u>all</u> staff in schools, rather than teachers only.	The scope refers to all staff in schools
Dept of Health		3b	We feel that the reliance on the medical model and terminology of disorder may need to be broadened, if this is to address social and emotional aspects of mental health.	The scope now emphasises the definition of emotional and social wellbeing
Dept of Health		3b	In our opinion, it may be helpful to emphasise that a diagnosis is more common in boys, rather than girls. We would welcome clarification as to whether there are statistics showing the gender differences between those, diagnosed with conduct disorder and emotional disorder.	The scope indicates that the diagnosis is more common in boys than girls
Dept of Health		3d	Could you please make the point that *it is diagnosis that is linked to disadvantage*.	3d) makes clear the relationship between mental disorder and disadvantage
Dept of Health		4.1.1	We feel that it should be made clear whether special school settings/special groups are covered, for example those with learning disabilities or other special educational needs. In our view, this group is entitled to education up to the age of nineteen years.	The scope now defines these groups are included
Dept of Health		4.1.2	As the remit is looking at whole school interventions, we appreciate the exclusion of young people out of school. However, we feel that this excludes the most vulnerable group of young people, and we believe that it needs to be made known what whole school interventions work (or do not work) for the group that ends up excluded temporarily, or drops out of education completely. In our view, this group will be particularly vulnerable to becoming young offenders.	The scope does not cover interventions targeted at specific groups, such as excluded students. We anticipate future guidance will address specific groups of highly vulnerable young people

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Dept of Health		4.1.2 b	In our view, it would be helpful if the guidance could include Pupil referral units (not as examples of provision, but through consideration of the generic work that they do to enhance the mental/emotional wellbeing of children and young people). We believe that the same would be true of special schools.	This is now covered in the scope
Dept of Health		4.2.1 third bullet	We feel that this should encompass all school staff, as opposed to teachers only. Could you please consider the inclusion of approaches to enhance the emotional wellbeing and social/emotional skills of teachers. Also, their knowledge and understanding of how to promote the emotional wellbeing (and social and emotional skills) of their students.	The scope defines all school staff are covered by the guidance This will be covered as far as the evidence available permits
Dept of Health		4.2.1	Could you please add the following: "**Approaches to enhance physical environment and social climate and school ethos to bullet points**".	This is now included in the scope
Dept of Health		4.3 - question	We would prefer this to say '**promoting social, emotional and psychological wellbeing**'.	This is now included in the scope

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Dept of Health		4.3 - bullet 2	In our opinion, the word 'intervention' is inappropriate in the context of general promotion of the mental/emotional health of all young people. It is about building and *sustaining* ethos and climate. We feel that the word 'intervention' suggests a short-lived, deficit model and, unless actions are sustained over time, they cannot be described as "whole school". Could you please consider making a distinction between whole school elements and curriculum elements. We would query the scope of an effective whole school approach (including nature, frequency, length and duration, of any specific actions to enhance school climate and ethos). Could you please clarify the scope of effective curriculum approaches (including nature, frequency, length and duration of specific elements).	The questions now make the distinction between whole school approaches and curriculum based elements as suggested

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Dept of Health		4.3 - bullet 3	In our view, this should be broken down to establish whether, in relation to the curriculum programme, it is better to: • integrate it into the subject curriculum; • have discrete learning opportunities – particularly focusing on social and emotional skills or wellbeing; • have one off events (e.g. mental health day;, • cover all/some year groups; • have on-going and regular or 'one off intensive'. For staff, we consider that the breakdown should be: • school based specialist staff e.g. school counsellor; • all staff – those who see students as part of the rest of the school experience e.g. form tutors, subject teachers, learning mentors or Teaching assistants; • specialist staff from outside the school e.g. psychologist, mental health worker etc.; • nature and level of training for those 'delivering' the curriculum approach' required to make it effective.	Many thanks for your comments. These comments will inform the reviews of the evidence and development of the guidance
Dept of Health		4.3	Could you please consider adding the following bullet: "**Involvement of pupil's in planning and assessment of effectiveness of the approach**".	This is now included in the questions

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Dept of Health		6 - under Development	We believe that there is a big overlap between this guidance and '*School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (due 2009)',* and would ask whether it will be cross-referenced and be consistent with this document.	Yes cross reference to the PSHE guidance will be made as suggested

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Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
EURAD (Europe Against Drugs)		General	Of the 11-12% of secondary school pupils with a clinical diagnosis of mental illness, some cases are undoubtedly due to the use of cannabis, our commonest illegal drug. Cannabis, or rather THC, the psychoactive ingredient, acts to increase the amount of one of the neurotransmitters (chemicals which convey messages from nerve cell to nerve cell), dopamine in the brain. One in four of us carries a faulty gene for the release of this substance. If a child inherits one copy AND uses cannabis in adolescence, the gene is triggered and the chances of developing psychosis/schizophrenia rise by 5 to 6 times. Two copies increases the risk ten-fold. People suffering from schizophrenia have an excess of dopamine in their brains. Longitudinal studies of children over many years also indicate an increased risk of mental illness, the younger they start, the higher the risk. Although this is not conclusive proof, neither do we have conclusive proof that tobacco causes lung cancer but we all accept the link. Professor Robin Murray of The Royal Institute of Psychiatry said, “Five years ago 95% of psychiatrists would have said that cannabis doesn’t cause psychosis now I would estimate 95% say it does”. He is currently injecting healthy adult volunteers with THC and finding that they develop psychotic symptoms. It seems a genetic predisposition is not essential. Anyone, depending on how much they take, can develop psychotic symptoms.	Drug misuse in outside the scope of this guidance
EURAD (Europe Against Drugs)		General	Apart from the effects on mental health/psychosis, cannabis is associated with depression, violence (often when undergoing	Drug misuse in outside the scope of this guidance

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
			withdrawal or having a psychotic episode), addiction, both psychological and physical, personality changes and deteriorating academic performance. Because fat-soluble THC remains in the cell membranes literally for weeks, it interferes with the transmission of ALL the other neurotransmitters. Concentration, learning and memory are all badly impaired, grades plummet and university places are lost. Driving becomes hazardous, the more so if alcohol is also involved. Students become fixed in their opinions, can't solve problems or take criticism but feel lonely and misunderstood. Trying to talk to them becomes a futile exercise. Problems with the reproductive, immune, cardiovascular and respiratory systems are well documented. You may think that the Government knows all this and gives out adequate information and warnings to children in Drug Education of the consequences of using this drug. You would be wrong. The official Government website for drug information is FRANK. In the recent new drug strategy the Government said it was committed to FRANK. FRANK has recently been "updated". On mental health the old version said, "..you definitely want to steer clear of cannabis". Now it reads, "..taking this drug is not a good idea". Instead of taking the opportunity to give out a strong warning, the message has been dumbed down.	Drug misuse in outside the scope of this guidance

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EURAD (Europe Against Drugs)		General	The Brain Warehouse (TV adverts) was presumably FRANK's effort to get the message through about mental illness, but with phrases like, "Latest specials, 2 for 1! Motivator Brain. Give one as a gift, donate one to granny, or keep them both for yourself", they are irresponsible in the extreme. The flippant tone and jokey style is completely inappropriate for such a serious subject. My sixth formers were appalled by them. Physical dependence is denied and there is nothing to alert children to the disastrous effects on school work and personality. Many children using cannabis drop out of education altogether. The fact that cannabis may act as a "gateway" drug is not spelled out, and nothing said about impairment of the immune system. People need to know that driving is affected for at least 24 hours after a joint, again nothing is said. One of my sixth form boys phoned FRANK pretending to be a cannabis user. He was told that he would not become addicted, that stronger types would simply enhance the effects, as would alcohol. In fact an alcohol-cannabis combination could prove fatal. An overdose of alcohol can kill but often people are sick and so saved from that fate.	Drug misuse in outside the scope of this guidance

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EURAD (Europe Against Drugs)		General	However cannabis suppresses the vomiting reflex. Stronger varieties can induce an acute psychotic reaction. It's not surprising that only 40% of young people thought that the FRANK employees knew what they were talking about, and scarcely more adults at 44%. With around10,000 calls a month about cannabis, their information should be accurate, up-to-date and extensive, but it's not. The advisor who spoke to my student didn't know what THC was. Others had similar stories. In 2006 the Government produced guidance for Drug Education. "Understanding Drugs: Key Stage 3" The booklet for pupils has a speech bubble on the cover saying, "What are the risks of using cannabis?" Of the two small pages devoted to cannabis, half of one is occupied by an unlabelled picture of drug paraphernalia, only four risks are described. Lungs may be damaged if smoked with tobacco. (*On its own, cannabis can cause cancers).* Concentration is harder, problems with remembering things, can cause paranoia, depression, anxiety and make mental health problems worse	Drug misuse in outside the scope of this guidance

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EURAD (Europe Against Drugs)		General	Addiction is not mentioned. Neither is the fact that cannabis may cause mental illness. Effects on academic performance, personality, gateway theory, reproduction, immune system, cardiac system and driving are all ignored. The question on the cover goes largely unanswered! The current philosophy behind Drug Education policy is one of Harm Reduction not Prevention, "Kids will use drugs anyway, we need to show them how to do it safely, and give them 'informed choice'". WRONG! Maybe 30 to 40% will TRY drugs but only about 9% of 11 to 15 year olds took them in the last month and 4% more often than that in the last available survey. There is NO guaranteed safe way to take any drug – legal or illegal – just look at warnings on packets of prescription pills. We have already seen that information is woefully inadequate, and as for 'choice', we don't let them 'choose' to break the law in other ways like pilfering or spraying graffiti. In addition, children as young as 7 (QCA guidelines advocate choice at Key stage 2), are simply not capable of making a choice. Their brains won't finish developing till the twenties, even 6th formers are at risk. And the part of the brain which encourages risk-taking develops before the part urging us to be cautious, so teenagers are more likely to go ahead, after all they've got the green light!	Drug misuse in outside the scope of this guidance

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EURAD (Europe Against Drugs)		General	Adults are supposed to protect the young, not abrogate their responsibilities by abandoning them to choose a way of life that could well end in tragedy. This generation of children has been betrayed by the very people parents trust to look after them. Children need and want the truth about drugs, guidance and sanctions. Most of them have no desire to follow that way of life and are looking for excuses to "say no". The only way they feel safe and secure is when they have boundaries to kick against. It was not always like this. Drug Education in 'Tackling Drugs Together', 1995, was all about prevention. Gradually the libertarian Harm Reductionists hi-jacked the policy and we are left with the mess we have today. Harm Reduction doesn't tackle drugs, it accommodates them. The Government claims that cannabis use has fallen since down-classification. Not among 11 to 12 year old boys, where regular drug use continues to rise. It has stayed the same among 11 to 12 year old girls and 13 year old boys. Older teens have progressed to cocaine. A huge prevention campaign in the USA from 1979 -1991 saw the number of drug users fall from 23 to 14 million. Cannabis and cocaine use halved. Daily pot use fell by 75%. It can be done!	Drug misuse in outside the scope of this guidance
EURAD (Europe Against Drugs)		General	References for the information I have used in these comments can be obtained in 2 large reports I have written for the Social Justice Policy Group. One is on cannabis, the other on drug education. Both are available on the Talking About Cannabis website. www.talkingaboutcannabis.com	Drug misuse in outside the scope of this guidance

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fpa (Family Planning Association)		General	**fpa** understands the need to ensure that the scope of the guidance is manageable and realistic. However, we are concerned that, by excluding interventions specifically aimed at those young people most at risk of poor mental health and by focusing solely on young people who are in school, the guidance will not reach those most in need. There is a great deal of evidence available about which young people are most at risk of poor mental health which needs to be reflected in the guidance. Poor mental health can be a factor for many young people who are excluded from school or who are disengaged from school. As the scope is currently drafted, the guidance would not have an impact on these young people. Therefore, we strongly recommend that the scope is amended or expanded to ensure that it supports those most in need.	The scope will not cover targeted intervention for specific groups. However we anticipate that future guidance will cover groups of highly vulnerable young people such as excluded students.
fpa (Family Planning Association)		General	**fpa** is aware that bullying is a significant problem for many young people and can have a severe effect on their mental health. It is important that the NICE guidance considers this, including in particular homophobic bullying, and its impact on young people. Fear of bullying because of their sexual orientation can affect young people's self-esteem and their sexual health and can deter them from seeking advice and support.	All forms of bullying will be covered

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fpa (Family Planning Association)		4.1	It would be helpful for the scope to make it clear whether special schools will be included in the guidance. As currently drafted, the scope does not specifically include or exclude them.	The scope now clarifies the inclusion of special schools
fpa (Family Planning Association)		4.1	As the scope is currently drafted, it is not clear whether interventions and approaches for children and young people with physical impairments or learning disabilities will be included. It is vital that the mental health of children and young people with disabilities is included in this guidance.	Children with disabilities will be covered in so far as generic activities for the promotion of emotional and social wellbeing
fpa (Family Planning Association)		4.2.2c	We are concerned that the draft scope specifically excludes strategies to prevent suicide and self-harm. While **fpa** understands the importance of ensuring that the scope of the guidance is manageable, it is important to ensure that the interventions which may have a reduction in suicide and self-harm as one of a series of possible outcomes are not excluded because of this criterion.	Specific strategies addressing suicide and self harm are not covered by the guidance. However the guidance is relevant to the reducing the risks of such outcomes (ie primary prevention)
fpa (Family Planning Association)		4.3	This section of the scope appears to use the terms 'approaches' and 'interventions' interchangeably. However, they can be very different and separate things. **fpa** believes this section needs to be clarified to ensure that the effectiveness of the full range of approaches and interventions can be assessed by the questions posed in this section.	The questions now make the distinction between interventions and approaches

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Kent County Council – Kent's Children's Trust		Section 2	It may be beneficial to define with more clarity what is meant by the phrase "mental well being of children". It is likely that different professionals and readers of this very important phrase will have a variety of understandings. The document later on under "Expected Outcome/s" distinguishes quite helpfully between emotional well being, psychological well being and social well being.	The title of the scope has now been changed to provide a clearer definition(as well as the 'expected outcomes')
Kent County Council – Kent's Children's Trust		Section 2 c	Perhaps it would be worth adding in Every Parent Matters.	We are limited in the number of references we can include in this section
Kent County Council – Kent's Children's Trust		Section 2 d	It is very helpful that the important links are made to the existing national initiatives such as SEAL and Healthy Schools with respect to social and emotional well being. It is noted that that no mention is made of psychological well being in respect of these initiatives (i.e. autonomy, problem solving, resilience and attentiveness). It is not clear whether the recommendations which will be made (in terms of effectiveness including cost effectiveness) will included the contribution made by systemic initiatives such as SEAL and Healthy schools. I	The scope does not cover the direct evaluation of the SEAL initiative and Healthy Schools
Kent County Council – Kent's Children's Trust		Section 2e	It is interesting to note that it will compliment NICE guidance on promoting children's social and emotional well being in primary education rather than the mental well being of children in the primary phase.	The title of this guidance has now been changed to be consistent with the primary education guidance

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Kent County Council – Kent's Children's Trust		Section 3	The statistics which are provided are generally helpful and set the need for guidance into a context although the value some of the statistics in 3a are not clear (e.g. "one in five students report "less than good" health. The distinction between mental illness and mental well being as concepts and definition might be helpful to those who are reading this document from a non health perspective.	The expected outcomes defines the nature of mental wellbeing; unfortunately national data is not available based on this definition and therefore other 'proxy' measures have been used in section 3
Kent County Council – Kent's Children's Trust		Section 4	The scope of the document is very clear. This is also outlined specifically in Appendix A	Many thanks for your comments
Kent County Council – Kent's Children's Trust		Section 4.1	The choice of age groups matches with school ages, and will need clear guidance about how best to support young people at key transitions. In particular, the transition to adulthood.	The scope now covers key transitional stages
Kent County Council – Kent's Children's Trust		Section 4.2.2	It would be useful to have guidance on risk taking behaviour, and in particular the management of substance misuse issues on a whole school basis as they relate to mental health and well being.	Substance misuse is outside the scope of this guidance
Kent County Council – Kent's Children's Trust		Section 4.2.2.c	It would be beneficial to separate self harm from suicide. There may be groups of young people who show signs of self-harm or self-neglect that might fall within the scope of this guidance. This is distinct from suicide prevention strategies.	The guidance will be relevant to both the prevention of suicide and self harm with respect primary prevention ie reducing certain risks

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Kent County Council – Kent's Children's Trust		Section 4.3	The question as formulated is clear and clearly focuses on " whole school approaches" and effectiveness with clear links to 4.2.1 with respect to a focus on policies, systems and structures. It is not clear at this stage how the expected outcomes will be measured, over what time period and how baseline measures might be achieved.	The specific types of measures will be dependent on those used in evaluation studies
Kent County Council – Kent's Children's Trust		Section 6	The related NICE guidance reference list very helpful	Many thanks for your comments
Liverpool PCT		General	There is little or no acknowledgement to the role speech and language and communication difficulties play in mental health and well being. Research in southern Ireland demonstrated a direct correlation between behaviour disorder, school exclusion and communication difficulties.	Many thanks for comments
Liverpool PCT		General	Also the incidence of non diagnosed brain injury in babies and young children especially from drug and alcohol abusing parents needs to be acknowledged as their management will be very different in relation to conduct disorder or wider mental health issues re cognitive impairment	NICE related guidance indicates that management is dependent on individual assessment of needs
Liverpool PCT		General	It is important that your guidance is cross cutting and is not only about guidance to practitioners in health working in CAMHS	The scope clearly states that guidance addresses all those wording in children services, particularly education
Liverpool PCT		4.1.2 b	YP not in full-time education or who are excluded from school are most at risk of developing MH problems. Three is a need for some guidance for this group of YP	It is anticipated that future guidance will address the needs of highly vulnerable groups of young people

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Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Liverpool PCT		4.3	UNCRC should be at the heart of any whole school approach. Support for all staff and pupils, e.g. training, supervision (staff), information. 'Rights Respecting schools,' UNICEF is a good model which provides training and support in promoting respect and involvement of all c&yp in the schools development, as is 'Mad, Bad or misunderstood,' which promotes positive mental health, involved c&yp in its development and is aimed at working child-centred and not child focused an looks at resilience and social well being. All staff should attend general mental health awareness training, which includes the above factors on an annual basis. More specific focused training re: self harm, depression etc should be available and easily accessible to all staff within schools. Participation of c&yp and parents/carers is vital. Interventions should be continual if the school is to change its ethos and promote positive mental health and well-being. Specific interventions should be creative and include c&yp in their development and delivery. Ditch worksheets unless going to be interactive Interventions should be taught by either teachers (good training and awareness) or other practitioners, e.g. learning mentors (where exist), counsellors, PMHW, UNICEF, Youngminds etc	Many thanks for your comments

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Liverpool PCT		4.3	The role of governors and parents/carers is to be fully involved in training and practicing positive mental health within the school environment as should all staff who work within the school, e.g. dinner ladies, classroom assistants, caretaker, EWO, etc The barriers to full implementation will be personalities of staff, school structures and beliefs (e.g. national curriculum and league tables v social inclusion), time commitments, resources and budgets. These should all be managed through good and effective partnership working with outside organisations and developments, e.g. SEAL, Healthy schools and commissioners. Unintended effects could be more referrals to targeted and specialist services due to raised awareness. Therefore resources need to be available and clear referral pathways and information about CAMHS (at all tiers) to school staff.	Many thanks for your comments
Liverpool PCT		4.3 Outcomes	How are these` to be measured? Will they be included in the Tell US survey?	The types of measures will be dependent on the measures used in the evaluation studies included in reviews of the evidence

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Luton Borough Council		**General**	Luton Borough Council is one of 18 Local Authorities invited to take part in the Department of Children, Schools and Families' Parenting Implementation Programme. As part of that activity Luton is exploring themed work around "Parent Involvement in Commissioning" and "Work with Fathers". We would be happy both to report outcomes from this work to NIHCE, during the evidence collecting phase, and to enable NIHCE staff to meet with Luton parents involved in this and other parent support initiative. This could include liaison through the CAMHS Early Intervention Service, which as On Track, won a Positive Practice Award for Mental Health Promotion. The service is about to be mainstreamed across all Luton schools (and children's centres). I submitted a November 2007 report into the work of this service at the end of the NIHCE Mental Wellbeing in Primary Schools process. Luton is also one of the Local Authorities involved in the Targeted Mental Health in Schools initiative.	Many thanks for your comments
Luton Borough Council		Background Page 2	Suggest that reference is made to the Department of Health's CAMHS Review – Next Steps to Improving the Emotional Well-Being and Mental Health of Children and Young People (Call for Evidence 14th April, 2008). Clearly they will not have any outcome evidence at this stage but it would be good if the two process led by NIHCE and the DOH reciprocally connected.	Many thanks for your comment NICE can only refer to already published documents

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Luton Borough Council		**Key Questions and Outcomes**	An additional question could usefully be: • Is it better if teachers, other school-based practitioners **and** a specialist (such as a psychologist or school nurse) delivers the intervention? Our experience has been that joint work with parents involving school based staff and outside specialists together is the most effective. This is the model adopted in Luton for the Webster Stratton Incredible Years Parenting Programme, delivered in schools and for the Marlborough Method or Multi Family Systemic Group work model.	Many thanks for your comments

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		General	Where does this fit with the new secondary curriculum? New statutory aims – will there be a shift away from the standards agenda? Talk with QCA? Personal development (of which mental wellbeing is a part) is the **outcome** of education. Need to clarify terms (link to DCSF definitions?) Need to plan for the outcome in the curriculum. Schools have a statutory responsibility to promote wellbeing – need therefore to link into this? If DCSF are producing guidance (against which Ofsted will inspect) how does this fit with the guidance? How will Ofsted support this and find the evidence? Need to liaise with Ofsted. Need to be aware of curriculum organisation: new secondary curriculum may/should change the way schools plan and deliver learning. Need to consider how the guidance will complement and add leverage to these issues that schools are facing. Whole thing raises the issues of training for teachers at initial teacher training, through continuing professional development. Concern about advocating the role of visitors etc. should not replace teachers but enhance and enrich existing provision. Do we need some quality standards for this group of people to ensure that the desired outcomes are both planned for and achieved? Beware importing things from abroad ie. USA and expecting it to work here. .	The guidance will complement SEAL for secondary schools and other related educational policies Many thanks for your comments

The publication of comments received during the consultation process on the NICE website is made in the interests of openness and transparency in the development of our guidance recommendations. It does not imply they are endorsed by the National Institute for Health and Clinical Excellence or its officers or its advisory committees

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NHS Direct		General	NHS Direct considered and are happy with content. No comments.	Many thanks for this
National CAMHS Support Service		general	Is it not confusing that this has a different title to the Guidance for Social and Emotional wellbeing of children in primary school?	The title is now change to be consistent with primary education guidance
National CAMHS Support Service		general	I think some mention of the capacity/ skills of Primary schools to do early identification should be in here somewhere.	The recommendations will be based on the best available evidence
National CAMHS Support Service		general	I was disappointed that given the recent increase in encouraging young people to have a view there is no mention of using any of this to inform what these young people are most likely to engage with. In my experience it won't work if they don't attend or engage.	The key questions include the engagement of young people

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National CAMHS Support Service			The target excludes yp excluded from school - I appreciate if this is a school based programme that the guidance won't cover those who aren't in schools, but does this include PRUs, and will yp or staff working with yp who have been excluded or who have dropped out because they cannot cope be asked for evidence about why they left or were excluded? An unhealthy/unhappy school is likely to generate more absenteeism. Will this also miss out on cyp who	PRU and those attending school at some point will benefit from generic/universal approaches to promote emotional and social wellbeing
			are in hospital, because education for cyp in hospital has an important part to play in normalisation and improving self esteem.? I am also a bit puzzled about the exclusion of activities which focus on particular groups as i presume that the whole school approach is a bit like Tier 1, and the success of Tier 1 depends on ease of access to tiers 2 and 3 for which the parallel is the focussed work - I think it would be interesting to know whether outcomes are better where there is a generic whole school appropriate and them referral out of the school community for specific focussed interventions, or if it is better when the yp moves within the school community from a general to a focussed programme.	It is anticipated that future guidance will address the needs of highly vulnerable groups of young people
			I would also expect any general programme to equip yp to understand and deal with self harm and psychosis as per the WHO EI declaration - which states that all 15 year olds should understand what psychosis is and how to get help.	The role of whole school in supporting young people understand and address mental health problems is included in the scope

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National Health Education Group (NHEG)		General	Need to advocate for work in schools on relationships especially around understanding emotions and dealing with them. Need to consider the role that SRE and Drugs education have in this work and how they can support the desired outcomes. This guidance must link with the already produced primary guidance. Review what that says and what needs therefore to be included in the secondary work. The context of secondary schooling is different to primary but there are issues around transition from one phase to the next and there also needs to be coherence so that the young people themselves can see the similarities. Guidance should also demonstrate this progression so that best practice at primary level is developed and expanded as the young people themselves grow and develop. But be careful not to assume that all secondary pupils are at the stage expected of secondary pupils – the age .v. stage thing! I suppose this is another call for pedagogy.	The relationship to SRE and drugs education is outside the scope of this guidance Many thanks for your comments
North Essex Partnership NHS Foundation Trust		General	NICE might want to research Angus scools' psychological service (I didn't include this in the main evidence because I couldn't find my reference but Alix suggested I mention it because it is in Scotland)	Many thanks for this example

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North Essex Partnership NHS Foundation Trust		General	In **2004 research was conducted locally** in collaboration with local schools and the PCT. The study examined the views about mental health issues of 15-16 year olds and is **appended here.** The research was used to shape the formation of a local Children's Trust and subsequently local TASCC groups. Anecdotally, many secondary schools really welcome consultation with Tier 3 CAMHS personnel. However, it is not uncommon for heads of year to be unaware of the existence and function of Tier 3 CAMHS so teacher ignorance might be considered one barrier to effective mental health promotion. Interesting examples of the employment of whole school solution focused approaches in education might be researched at www.fkc.st www.sfe4u.org www.strengths-in-schools.com	Many thanks for this information

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North Essex Partnership NHS Foundation Trust		3	We would agree that there is a need for this guidance for the reasons outlined in points 3a to 3f. In addition there is a need for much greater co-ordination of efforts between schools, LEAs, health, local authority and voluntary agencies. Some individual schools develop good practice in this area of practice; however, others pay only lip service. Often there is no effective collaboration between agencies that could make an impact and nobody at a local level championing mental well-being in secondary schools. In other words good practice is patchy.	Many thanks for your comments
North Essex Partnership NHS Foundation Trust		4.1.26	We note that young people not in full-time education or who are excluded from school are excluded from this scope. We are sure NICE must be aware that this group includes some of the most vulnerable children, many of which are seen in a service such as ours. We are particularly aware that access to school psychological services is tenuous and often non-existent for this group and would urge the NICE to reconsider this group.	It is anticipated the future guidance will address the need of highly vulnerable groups of young people

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North Essex Partnership NHS Foundation Trust		4.3	We would endorse the view that whole school approaches can influence positive mental health and reduce risk factors and emotional and behavioural problems through social-emotional learning and ecological interventions. See World Health Organization (2004) Prevention Of Mental Disorders: Effective interventions and policy options: Summary Report, WHO, Geneva. In fact given the role that schooling plays in the lives of young people we would suggest the school is a critical environment for supporting the development of good mental health. It is in particular the school's capacity to develop a sense of belonging and community participation within which classroom-based and targeted interventions can be more potent. We have little evidence within this Trust of joining schools to implement 'whole school approaches', e.g. Tany Alexander's work for The Mental Health Foundation: "A Bright Future For All: Promoting Mental Health In Education", as we are not commissioned to perform this joint function despite the fact that considerable expertise is located in Tier 3 CAHMS. The International Alliance For Child & Adolescent Mental Health And Schools endorses the 'whole school approach' and has developed a framework for considering most of the questions raised at 4.3. NICE could visit their website at www.intercamhs.org for further details.	Many thanks for your comments

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North Essex Partnership NHS Foundation Trust		Further 4.3	There is a wealth of information regarding expected outcomes and examples of good practice in relation to mental health promotion in schools generally and including secondary schools at www.ausienet.com/files/ppei/schools_append.pdf	Many thanks for your comments
Portsmouth CAMHS			A lot of work has been done on this in Portsmouth It was found that loss was a big factor for Portsmouth teenagers See Loss and Bereavement plan for schools Sarah Tollast specialist Primary Mental Health Worker MABS Team 023 92818547 also training on Loss and Bereavement training being rolled out to schools by Sarah and Kathleen Heggarty. Also Adolescent Tool Kit Andy Ames and Lee Lovelace Health Improvement Workers, Civic Offices Portsmouth And U Count service Nigel Sampson Adolescent Specialist Primary Mental Health Worker 023 92653433 Self regulation programmes (anger management) Melanie Wells 023 92653433 Specialist Therapist Pupil Referral Units	Many thanks for these examples
Portsmouth City Council – Education Psychology Service		4.1.2.	Given that 33% cypp with conduct disorders have been excluded from school on 1 occasion, should we include cypp not in fulltime education or who are excluded from school – a hugely vulnerable group?	It is anticipated the future guidance will address the need of highly vulnerable groups of young people

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Portsmouth City Training PCT		General	I didn't notice any reference to children with learning disabilities. Since they are 6 times more likely to have a diagnosable mental health difficulty than their peers without LD (Emerson 2007) I find that rather surprising. Unless of course it goes without saying that this group is to be included?	Those with disabilities are included with respect the universal activities for promoting social and emotional wellbeing
Portsmouth PCT		General	There is a need to highlight the effect of loss / bereavement on young people. Promoting resilience in bereaved young people. Provide effective support for bereaved young people to enhance their emotional well-being and mental health	The issues relating to bereavement will not be addressed in detail but whole school approaches will be highly relevant in helping young people address these issues
Portsmouth PCT		2C	Grief matters for children. www.childhoodbereavementnetwork.org.uk/griefmatters	Many thanks for this information
Portsmouth PCT		3	Bereavement / loss. 1 in 25 school age children in Great Britain have been bereaved of a parent, brother or sister. Many more affected by the death of another close person. This is impacting on learning, relationships and emotional well-being.	Many thanks for this information
Portsmouth PCT		4.2.1.	Loss and bereavement support / training for school staff.	Many thanks for this comment
Public Health North East		2 d)	'is aimed at…..' a reference to whole school communities would be a useful statement.	Thank you for your suggestion

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Public Health North East		4.1.2 b)	Don't understand why pupils excluded form school are not covered. They are still entitled to an education.	All children in full time education will be included in the scope, however we anticipate that future guidance will address highly vulnerable young people not in schools ie including those excluded from school
Public Health North East		4.3 – bullet 2	'delivering intervention' – SEAL is a way of being as opposed to an intervention. The whole school should be steeped in it from every person at the school.	The question has been amended
Royal College of Nursing		4.1.2	We are concerned that the draft scope as it currently stands will continue the discrimination against those young people aged 16-18 who are not in school. Child and Adolescent Mental Health Services often already discriminate against this population by not commissioning services for them (for example Gwent in South Wales and other areas). Many young people are not in school as a direct result of mental health problems / disorders and such a proposed document should not continue to promote this discrimination.	All children in full time education will be included in the scope, however we anticipate that future guidance we address young people not in schools ie including those excluded from school
Royal College of Paediatrics and Child Health		General	This draft relates to young people in full time secondary education in school but there are quite a substantial number of secondary school aged young people who may well have mental health issues who are home schooled by parents and do not have a third party i.e. school staff to monitor this.	Many thanks for your comments

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Royal College of Paediatrics and Child Health		**4** (4.1.1)	The groups that will be covered should include children in Special Educational Need schools.	The scope does include those with SENs
Royal College of Paediatrics and Child Health		4.3 Key Questions and outcomes Bullet point 3	Is it better if school based personnel or specialists provide the training? This needs to allow for the possibility (and common practice) of specialists providing whole school training, and individual support and review on a regular basis to those school based personnel delivering the programme, As well as psychologists or school nurses, this could also include therapists such as Speech Therapy (especially in social skills training), Physiotherapists and OTs for co-ordination skills and group physical programmes such as BEAM etc.	The scope will address the different roles of specialists
Royal College of Paediatrics and Child Health		4.3 Key Questions and outcomes Bullet point 4	It is important to consider the role of parents. Positive parenting programmes could have a significant impact on child's mental and emotional well being.	The role of parents will be considered
Sefton Council - Sefton In-Trust Community Empowerment Network		General	Transphobic Bullying in Schools is an issue which requires consideration in respect of the health and well being of young trans people.	All forms of bullying are included

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The Children's Society		General	The Children's Society is a leading children's charity committed to making childhood better for all children in the UK. Our national network of projects deliver specialist services for children who face danger or disadvantage in their daily lives. We support children in trouble with the law, young runaways at risk on the street, disabled children who face exclusion and young refugees rebuilding their lives in the UK. We work with children who are often forgotten or whose needs are ignored: young carers, Traveller children or children whose parents are affected by alcohol or drug use. Each year we help thousands of children who are unable to find the support they need anywhere else. Our work in schools, churches and children's centres and our mentoring programmes not only give children the chance to develop the skills and confidence they need to make the most of their childhood but also helps families play a full part in the life of their local communities. The Children's Society is currently overseeing The Good Childhood® Inquiry, which is the UK's first independent national inquiry into childhood. Cont'd	Many thanks for your comments

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The Children's Society		General	The Inquiry will report in early 2009. This response is informed both by The Children's Society's practice, policy and research and evidence submitted to the Inquiry from over 9,500 children and young people and over 1,500 professionals and other adults. There has been a great deal of concern expressed through the Inquiry about children's and young people's mental health. The Good Childhood® is a registered trademark of The Children's Society	Many thanks for your comments

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The Children's Society		4.1.1 & 4.1.2	The Children's Society is concerned that young people who are not in full-time education or who are excluded from school are not to be covered by this guidance. We do understand that there is a need to establish some parameters around guidance, but public health guidance of this nature should extend at least to all young people of compulsory school age. It is made clear at 4.2.1 that the activities/interventions that will be covered by the guidance are "whole school" approaches to promote social and emotional well-being and prevent bullying or violent behaviour, which we welcome. A "whole school" approach by definition must include *all* children, both in terms of the apparent needs of the actual school population, *and* in terms of pre-empting hidden and/or future needs with the aim of prevention. Exclusion may well occur as a result of emotional and social needs not being addressed. Furthermore, schools can arrange alternative provision for their pupils as part of their wider strategies for reducing exclusions. For pupils who are disengaged or disaffected, or otherwise at risk of exclusion, alternative provision can help improve motivation and address problems that could lead to them being excluded. Arrangements may also be made for young people and in particular the 14-19 age group to attend school or alternative provision on a part-time basis[1]. Examples from our practice include Gypsy and Traveller young people, often in alternative provision because of bullying, and refugee children receiving part-time education because of lack of full-time places for them.	Whole school approaches are concerned with primary prevention of exclusion and this is covered by the scope. The scope will not include targeted interventions focusing on particular groups of young people All young people attending school at some point will benefit from whole school approaches

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The Children's Society		4.2.2	It is imperative that the development of "whole school" approaches incorporates specific help for those children most at risk. This has been acknowledged in the draft *NICE Guidance on Promoting the Mental Well-being of Children in Primary Education.* The Children's Society focuses work on specific groups of children and young people who are most disadvantaged and/or most at risk including disabled children and young people, young refugees, children and young people at risk on the streets, children and young people in trouble with the law, traveller and gypsy children and young people, children and young people affected by drug and substance misuse and young carers. All of these young people are subject to a range of challenges and problems associated with their individual circumstances or characteristics that impact on their mental and emotional health. Refugee children have often experienced loss, trauma, torture and violence prior to arriving in the UK and all experience some problems in relation to their arrival in a strange and often hostile country. Many suffer from anxiety or post-traumatic stress disorder related symptoms. Most have problems accessing education but school can offer refuge for them and a sense of normality, control and freedom that they do not have elsewhere in their lives. It is therefore imperative that any approaches aimed at improving mental and social well-being incorporate an understanding of the specific needs of particular groups.	Whole schools approaches will benefit all young people attending education, who will include those who may be at risk and vulnerable It is anticipated that future guidance will focus on the particular needs of highly vulnerable groups of young people. The guidance will give attention to issues of diversity relating to ethnicity and personal social circumstances such as refugees and others.

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The Children's Society		4.2.2	Some of our projects are involved in raising awareness about refugees in schools and have found that this is beneficial, not only in relation to increasing understanding and awareness across the school but also as it gives refugee children who thought they had something to hide something to celebrate instead. In this way we can see that there are useful crossovers from activities focused on citizenship and diversity as examples.	The guidance will give attention to issues of diversity relating to ethnicity and personal social circumstances such as refugees and others.

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The Children's Society		4.3	The Children's Society believes that the development of children's personal, social and emotional capabilities should be given the same prioritisation as the development of cognitive capabilities in schooling. Submissions to The Good Childhood® Inquiry show considerable support for an emphasis on social, emotional, moral and spiritual development in learning. We welcome the materials in the Social and Emotional Aspects of Learning programme and its emphasis on the development of a whole school approach. Evidence suggests that taking a holistic, contextual approach is perhaps the single most important element in developing emotional and social competences and well-being, including for troubled and troublesome pupils. Wells et al's (2003)[2] systematic review of approaches to mental health promotion in schools concluded that 'the most robustly positive evidence was obtained for programmes that adopted a whole school approach'. A whole-school approach includes not just the curriculum but also the school management, ethos, relationships, communication, policies and physical environment, as well as relations with parents and the community (Weare and Gray, 2003)[3]. Cont'd	Many thanks for these comments

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The Children's Society			Evidence also clearly shows that taught programmes can be effective in promoting emotional wellbeing (Catalano et al, 2002[4]; Wells et al, 2003[5]). DfES-commissioned research highlights a number of features of successful programmes: • Teach skills as well as knowledge and attitudes • Use a step by step approach • Help learners generalise to real life • Use positive techniques • Use active methods, such as co-operative groupwork • Use peer education • Be congruent with what happens across the rest of the school (Weare and Gray, 2003)[6] The Children's Society has a number of projects that undertake work in secondary schools involving the promotion of social, emotional and mental health and well-being. We use a range of methods including groupwork, peer mentoring support, drop-in sessions, presentations and one-to-one support. We have found that it is the partnership work with schools, the young people and parents and carers that has been most effective and that as a voluntary organisation we bring different perspectives and roles that young people often respond to well. Cont'd	Many thanks for these comments

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The Children's Society			One of the most important aspects of social and emotional learning that schools need to help develop in children is understanding, acceptance, appreciation and welcoming of difference.	Many thanks for your comments

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The Children's Society			The Children's Society is committed to inclusive education and this approach needs to be embedded throughout the whole school community. Below are some examples of our work. It is important to develop strategies to ensure that the school, parents and children are working together. Respondents to The Good Childhood® Inquiry felt that social and emotional learning should infuse the whole school environment, involve parents and the wider community and address the ethos and culture of the school as a whole The Children's Society's Genesis Project in South East London has been undertaking outreach work to provide support to parents including home visits, workshops, day trips and a weekend residential to include parents, their kids and school staff. The Project offers a comprehensive programme of support for transition, starting with year 6 primary school, visiting them to deliver whole class sessions and involving secondary school peer mentors to share their experiences and give advice. The project targets those with poor attendance, poor behaviour, looked after children, or those lacking in confidence and self-esteem. The Project also operates a summer holiday programme in the secondary school that the pupils will attend.	Many thanks for this information

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The Children's Society			Critically the Project feeds the information from the primary school along with their assessment from working with the children in terms of emotional and behavioural ability to key secondary school staff and continue to offer to work with the children once they start secondary school through group work, one to one work or break-time drop-in sessions. Children are encouraged to train to become members of the peer support team. The Project also provides transition information sessions to parents. The Children's Society's Waves Project in Weymouth, Dorset offers a range of advice, information, counselling, mediation and parenting services for young people and their families. The project has experience of offering drop-in services in schools along with other external agencies. In one college this was as a result of the *student council identifying the need for young people at the school to be able to access external agencies easily without having to seek advice and help outside*school time. This is especially important for young people who cannot access help out of school hours and don't want to speak to teachers or other staff. Such services are confidential and often result in increased uptake of other project services.	Many these for this information

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The Children's Society			Our Young Carers National Initiative advocates that all schools should have a policy for supporting young carers or ensure that existing policies are inclusive of their needs. It has produced information leaflets and schools notice board packs for schools, and developed a peer mentoring training workshop to help all pupils understand disability, illness and caring. The Children's Society's Solihull Youth Inclusion Support Project works with individual pupils in secondary school yrs 7,8,9 up to 14 years of age. Many young people that the project works with have undiagnosed disabilities and learning needs, such as autism and ADHD and are at risk of permanent exclusion. The Project ensures appropriate referrals for diagnosis and work with the schools to facilitate understanding of their behaviour.	Many thanks for your comments
UNITE/CPHVA		4.1.1	This should read young people aged 11-16 who are *entitled* to full-time education. Many disaffected young people are on part-time school, part-time college schemes. 16-18 education is optional, and only the most committed young people continue in full time education. Others do training courses and work experience.	The scope does include 'education settings' ie colleges and other contexts
UNITE/CPHVA		4.1.2b)	It is not reasonable to discount those who are excluded from school, as in most cases they are required to attend alternative provision such as pupil referral units.	PRU are included with respect to generic activities for promotion emotional and social wellbeing
UNITE/CPHVA		4.2.1	The 'community' needs to be defined. Do you mean the neighbourhood or other statutory and voluntary organisations?	Refers the initiatives outside the remit of schools

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UNITE/CPHVA		4.2.1 third bullet point	Not just teachers; needs to include teaching assistants, mid-day supervisors, office staff, peripatetic staff, visitors to the school, other professionals eg youth workers, charity representatives, faith workers, caretakers, bus drivers etc	**All staff** is now specified
UNITE/CPHVA		4.2.1 fourth bullet point	Including off site activities and residential activities (either on or off site), and must include for example parents at sports matches	The scope does include such activities
UNITE/CPHVA		4.2.2 a)	If you exclude particular groups, then some schools would take that to mean 'homosexual groups' or 'racial' groups, and we know that homophobic bullying is rife.	All forms of bullying are covered
UNITE/CPHVA		4.2.2 b)	Some wider community based activities are 'answerable' to school policies, such as after school clubs which are commissioned by the school.	Such activities are included in the scope
UNITE/CPHVA		4.2.2 c)	*Particular* strategies to prevent self harm or suicide	This has now been clarified
UNITE/CPHVA		4.3	The key questions assume that all bullying is done and received by children and young people. A 'whole school' approach must encompass all the adults as well, particularly re on-going training	All forms of bullying are included

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Victim Support		General - Homophobic bullying	Special attention should be paid to the issue of homophobic bullying and interventions and strategies that can be used in schools to address this behaviour. Although the scope of this guidance does not specifically include suicide and associated interventions, it is still important to note that young gay people are 3-4 times more likely to commit suicide than their peers[7]. Recent research from Stonewall showed that most of more than 1100 students who took part reported hearing homophobic insults at school. Many of those young people heard abusive comments everyday. More than one in five also experienced bullying via text message[8].	All forms of bullying are covered by the scope
Victim Support		General - Involving young people	It is extremely important to ascertain the views of young people and involve them meaningfully in the drafting of guidance. We hope that their will be an active attempt to consult with young people throughout the guidance development.	Young people will be involved in the development of the guidance
Victim Support		General - Inclusive approach	The scope should also cover young people with physical and /or learning disabilities, who may have different or specific needs.	These groups of will be covered by the guidance in so far as generic /universal approaches for the promotion of emotional and social wellbeing

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Victim Support		General - Training for teachers and other school staff	The issue of training teachers to understand and recognise factors affecting mental wellbeing in young people and how they can be supported to deliver interventions also needs to be addressed within the scope. Victim Support believes that there needs to be more training for teachers and other staff in schools and colleges around the effects of crime on young people. Staff are well placed to support young victims of crime and/or direct them to appropriate sources of help. Staff need training encompassing mental health and the effects of crime, effective ways of coping with crime and how to access specialist support when necessary.	Training issues of teachers and other school staff in the promotion of emotional and social wellbeing is included in the scope
Victim Support		General - Domestic violence and young people's mental health and wellbeing	In 90% of domestic violence incidents in England &Wales, children or young people are in the same or next room[9]. Research indicates that living in a family where domestic violence is taking place frequently has negative effects on the emotional, behavioural, social and cognitive development of children as well as their physical and mental health[10]. The emotional effects include anxiety and depression, low self-esteem, and trauma symptoms (eg nightmares, flashbacks, hypervigilance and emotional numbness). The long-term problems for children also include depression, low self-esteem, and high levels of psychological distress[11]. It is therefore very important that teachers have an awareness of this issue and know how to respond to disclosure.	Many thanks for your comments

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Victim Support		General – young people affected by crime	An acknowledgement is needed at all levels that being a victim of crime, particularly violent crime, is a risk factor for developing new, or exacerbating existing, mental health problems. We believe that staff in schools are key to mental health promotion with young people, and in recognising and supporting young victims of crime and referring them to organisations or services for more specialist help when necessary.	The scope is concerned with promoting resilience and coping skills and therefore supporting those subject to such as experience of crime; however targeted interventions for victims of crime are beyond the scope

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Victim Support		4.2.1 Activities/interventions that will be covered	**The school's physical environment** – the guidance should be aware of and linked to 'designing out crime' initiatives, in particular the work being carried out by the Design Alliance for the Home Office. The work involves consulting with young people to explore the crime and anti social behaviour issues they suffer in schools and the scope to design these out. The school's physical environment should also include journeys to and from school. These are key times in the school day when children are particularly vulnerable to and worried about violence and bullying from other young people. **The school's links with parents and the community** – this should also include links to the local voluntary sector and community groups. Teachers need to have the information necessary to be able to refer young people to agencies and organisations providing support services. For example, Victim Support provides information, emotional support, practical help and advocacy to victims and witnesses of crime including young people. There are clear links between being a victim of crime and mental well-being. We continue to develop our support services for young people and in the last three years have piloted different ways of working with young victims of crime in different regions of England with the aid of funding from the Big Lottery. Many Victim Support services work actively with and in local schools, providing support to young people in groups or on a one-to-one basis, as well as training peer mentors. Cont'd	The physical environment (including the creation of as safe environment) is will the scope The scope makes clear that community and voluntary organisations are covered

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Victim Support		4.2.1 Activities/interventions that will be covered	**Curriculum-based programmes and other activities** – this should also take account of voluntary sector run and initiated activities. For example, Victim Support has produced an Education Resource Pack, a set of adaptable session plans for use with groups of children and young people in schools or with youth groups. It can be downloaded from our website for children and young people at www.are-you-ok.org. It is divided into two sections, according to age group and consists of six modules/session plans covering: victims and witnesses; bullying; street crime; hate crime; healthy relationships; and personal safety. It is designed to fit in with the National Curriculum, particularly personal, social and health education (PSHE) and citizenship, as well as the 'Every Child Matters outcomes. In the Key Stage 2 session plans, links are also made to SEAL (social and emotional aspects of learning), while in the Key Stage 3 session plans, each activity is linked to a range of generic learning skills.	Many thanks for these comments
Victim Support		4.3 Key questions and outcomes	The scope should include the following questions: • 'What other links do schools need to make and with whom (including links to local voluntary sector and community organisations)?' and • 'What is the role of the voluntary sector in delivering interventions in schools?'	The questions now make reference to links /role of the voluntary sector

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Victim Support		4.3 Expected outcome/s	**Emotional wellbeing (including…)** - we suggest that being a victim of crime be added to the list of inclusions. Victim Support is aware that young people are frequently victims of crime, that the crimes are not always reported to the police and that young people are not always referred to agencies that can help them cope with the effects of crime. Younger people are more likely than older people to be victims of crime and anti-social behaviour committed by other young people[12]. 35% of children aged 10-15 were victims of crime in England & Wales in 2003 and children from disadvantaged groups are more likely to be victims[13]. A Victim Support survey[14] highlighted that young victims experienced a similar range of responses to adults when a victim - 61% of respondents said they felt angry and one in five reported feeling frightened or worried. Only 1% of the young people surveyed however had actually had contact from any professional support worker. **Psychological wellbeing (including….)** – we suggest adding self-esteem and confidence to the specific list. **Social well-being (including…)** – we suggest adding social isolation to the list of examples.	Victims of crime will benefit form whole school approaches

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YoungMinds		General	This guidance will not work unless teachers are on board. So we would be interested to know how NICE will engage teachers. NICE may already have experience of this as a result of the Mental health promotion in primary age children guidance	The process for the development of the guidance will include teachers
YoungMinds		General	There are various external risk factors for mental health i.e. Drugs and alcohol, problems at home, relationships and so on. So discussing potential risks may be beneficial.	Many thanks for your comments
YoungMinds		General	Support for hard to reach parents. This may be difficult to cover within the current scope, but any mental health promotion work needs to be reinforced in the home. So there should be some acknowledgement that this is an important factor and the need to link with other organisations to extend mental health promotion to the family.	This is viewed as an important that will be examined in the development of the gudiance
YoungMinds		4.1.2b	We are concerned that the guidance will not cover young people who are not in full-time education. In section 3, c, you comment on the number of young people with conduct disorder who have been excluded from school. Young people who have been excluded from school are in a high risk group for mental health problems, so people who are in most need may not receive help to promote their mental health. We appreciate the practical problems associated with trying to engage with young people outside of the education system, but could you at least flag this up as an area that needs further research, or say something in the guidance about working with other services to reach these young people.	All children in full time education will be included in the scope, however we anticipate that future guidance we address young people not in schools ie including those excluded from school

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YoungMinds		4.2.2	We appreciate that this work needs to be a manageable, but we are concerned that the guidance will not target specific groups or specific conditions. The PSHE curriculum for Key stage 4 includes learning about mental health problems such as depression and eating disorders. So ideally it would be useful if the NICE guidance could at least cover the same ground as the curriculum.	The scope covers this aspect of the curriculum
YoungMinds		4.3	YoungMinds believes that teachers and others working with children and young people need some degree of training in children's development, and mental health. If teachers are to deliver any interventions that promote mental health, then they need to be well trained, and for that training to be quality assured. Plus, the school may also need specialist support from services such as the local child and adolescent mental health services (CAMHS). This may be because they have concerns about a specific child, but they may also need support themselves.	This is covered in the scope