

PUBLIC HEALTH GUIDANCE

SCOPE

1 Guidance title

Promoting the social and emotional wellbeing of young people in secondary education

1.1 Short title

Social and emotional wellbeing in secondary education

2 Background

- a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at promoting the mental wellbeing of children in secondary education.
- b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support NSFs on the following: children, young people and maternity services (DH 2004a) and mental health (DH 1999).
- c) This guidance will support a number of related policy documents including:
 - 'A better education for children in care' (Social Exclusion Unit 2003)

- 'Aiming high for young people: a ten year strategy for positive activities' (HM Treasury 2007)
- 'Aiming high: raising the achievement of minority ethnic pupils' (Department for Education and Skills 2003a)
- 'Bullying – a charter for action' (Department for Education and Skills 2003b)
- 'Bullying: effective action in secondary schools' (Ofsted 2003)
- 'Choosing health: making healthier choices easier' (DH 2004b)
- Education and Inspection Act (HM Government 2006)
- 'Every child matters: green paper' (HM Government 2003) and 'Every child matters: change for children programme' (HM Government 2004)
- 'Excellence and enjoyment: social and emotional aspects of learning' (Department for Education and Skills 2005a)
- 'Guidance for schools on developing emotional health and wellbeing' (Department for Children, Schools and Families 2007a)
- 'Healthy living blueprint for schools' (Department for Education and Skills 2004)
- 'Healthy minds: promoting emotional health and wellbeing in schools' (Ofsted 2005)
- 'Higher standards, better schools for all' (Department for Education and Skills 2005b)
- 'National healthy school status – a guide for schools' (Department for Education and Skills 2005c)
- 'Promoting mental health in schools and early years settings' (Department for Education and Skills 2001)
- 'Social and emotional aspects of learning for secondary schools' (Department for Education and Skills 2007a)
- 'The children's plan: building brighter futures' (Department for Children, Schools and Families 2007b)
- 'The respect action plan' (Home Office 2006).

- d) This guidance will complement existing national initiatives to promote social and emotional wellbeing including the Social and Emotional Aspects of Learning (SEAL) programme and the Healthy Schools Programme (Department for Education and Skills 2005b, Department for Children, Schools and Families 2007a). It will provide recommendations for good practice based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at staff in schools (especially teachers and school governors). It is also aimed at professionals with public health as part of their remit working in education (including the independent education sector), local authorities, the NHS and the voluntary and community sectors. In addition, it will be of interest to members of the public, especially young people and their parents and carers.
- e) The guidance will complement and support, but will not replace, NICE guidance on promoting children's social and emotional wellbeing in primary education, depression in children and young people, and parent training and education programmes in the management of children with conduct disorders (for further details, see section 6).

This guidance will be developed using the NICE public health intervention process.

3 The need for guidance

- a) One in five students in secondary education report 'less than good' health, one in 10 say they are not happy and one in three report feeling low each week (Morgan et al. 2006). Over a third (35%) of pupils in mainstream secondary schools fear being bullied, while just under a quarter (23%) report having been bullied (MORI 2004).
- b) The prevalence of mental illness among young people increased between 1974 and 1999 (Collishaw et al. 2004). However, this upward trend was halted between 1999 and 2004 (Office for

National Statistics 2004). In 2004, 12% of children aged 11–16 years had a clinically diagnosable mental disorder (Office for National Statistics 2004). Conduct disorders (almost 7%) and emotional disorders (5%) are the most common among this age group. Boys are generally more likely to suffer a mental disorder than girls.

- c) A third of children (33%) with conduct disorders had been excluded from school at some point and nearly a quarter (22%) had been excluded more than once.
- d) The prevalence of mental disorder increases according to the young person's experiences of disadvantage. It is more likely to affect children living with: disrupted families (lone parent, reconstituted), parents who have no educational qualifications and poorer families. Prevalence is also greater among those living in disadvantaged areas (Office for National Statistics 2004).
- e) The relationship between ethnicity and the incidence of mental disorder is complex and difficult to interpret (Office for National Statistics 2004).
- f) A child's emotional, psychological and social wellbeing has an important effect on their development and educational attainment, as well as helping to prevent mental disorders during adolescence. Mental wellbeing can also help to avoid behavioural problems later in life (Kuh et al. 1997; Graham and Power 2003).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

Young people aged 11–19 years who are in full-time education (including state and independent-sector schools and colleges, special school settings and pupil referral units). It includes those with disabilities (including learning disabilities and other special education needs).

4.1.2 Groups that will not be covered

- a) Young people under 11.
- b) Young people who are not in full-time education or who are excluded from school.

4.2 Activities/interventions

4.2.1 Activities/interventions that will be covered

'Whole-school'¹ approaches to promote social and emotional wellbeing and to prevent bullying and violent behaviour. This includes:

- social climate and school ethos
- the school's physical environment
- links with parents and the community (including extended schools)
- the development and support of teachers and other staff in schools (that is, to ensure they have the ability to promote students' social and emotional wellbeing)
- curriculum-based programmes (these should also cover mental health problems and advice on how to seek help)
- activities to address vulnerability during key transitional stages

¹ The Healthy Schools Programme defines a 'whole-school' approach as covering 10 elements: leadership, management and managing change; policy development; curriculum planning and work with outside agencies; teaching and learning; school culture and environment; giving children and young people a voice; provision of pupil support services; staff professional development needs, health and welfare; partnerships with parents/carers and local communities; assessing recording and reporting children and young peoples' achievement (www.healthyschools.gov.uk/About-Whole-School-Approach.aspx)

- all forms of bullying during activities that fall within the school's remit, including travel to and from school.

4.2.2 Activities/interventions that will not be covered

- a) Approaches that focus on particular individuals, groups or particular types of risks, conditions or behaviours (for example, interventions aimed at young people who are already showing signs of depression, anxiety or disruptive or violent behaviour).
- b) Wider activities based exclusively in the community.
- c) Strategies which primarily aim to prevent self-harm or suicide.

4.3 Key questions and outcomes

Below is the overarching question that will be addressed along with some of the outcomes that would be considered as evidence of effectiveness.

Question: Which 'whole-school' approaches and activities are effective and cost effective in promoting young people's emotional, social and psychological wellbeing and preventing bullying and violent behaviour? For example:

- What are the key features of an effective and cost-effective 'whole-school' approach?
- What types of lessons (scope, content, frequency, length, method) are most effective and cost effective?
- What are the most effective and cost-effective ways of protecting young people who are vulnerable to poor social and emotional health during key transition stages?
- What is the best (and most cost effective) way to ensure 'whole-school' approaches are sensitive to specific cultural, religious and ethnic needs?
- What is the role of teachers, other school-based practitioners and specialists (such as educational psychologists, counselors, therapists or

school nurses) and other professionals (such as youth workers) in ensuring young people's social and emotional wellbeing?

- What role should young people play in the design, delivery and assessment of 'whole-school' approaches? What are the most effective ways of involving them in decision-making?
- What is the role of governors and parents?
- How can schools effectively engage with parents living in disadvantaged circumstances?
- What mechanisms ensure effective links with external agencies (including youth services)?
- What is the role of voluntary and community agencies?
- What is the best way of evaluating the impact of different approaches?
- What are the barriers to – and facilitators of – effective implementation?
- Does the approach lead to any adverse or unintended effects?

Expected outcome/s:

An improvement in a young person's:

- emotional wellbeing (including happiness, confidence and self-esteem)
- psychological wellbeing (including autonomy, problem-solving, resilience and attentiveness)
- social wellbeing (relationships with others and risk of conduct disorder, delinquency, violence, bullying or social isolation).

4.4 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 10 April 2008.

5 Further information

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

6 Related NICE guidance

Published

Promoting children's social and emotional wellbeing in primary education. NICE public health guidance 12 (2008). Available from: www.nice.org.uk/PH012

Behaviour change at population, community and individual levels. NICE public health guidance 6 (2007). Available from: www.nice.org.uk/PH006

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. NICE public health guidance 4 (2007). Available from: www.nice.org.uk/PHI004

Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health guidance 7 (2007). Available from: www.nice.org.uk/PH007

Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care. NICE clinical guideline 38 (2006). Available from: www.nice.org.uk/CG038

Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal 97 (2006). Available from: www.nice.org.uk/TA097

Methylphenidate, atomoxetine and dexamfetamine for attention deficit hyperactivity disorder (ADHD) in children and adolescents. NICE technology appraisal 98 (2006). Available from: www.nice.org.uk/TA098

Parent-training/education programmes in the management of children with conduct disorders. NICE technology appraisal 102 (2006). Available from: www.nice.org.uk/TA102

Depression in children and young people: identification and management in primary, community and secondary care. NICE clinical guideline 28 (2005). Available from: www.nice.org.uk/CG028

Obsessive compulsive disorder: core interventions in the treatment of obsessive compulsive disorder and body dysmorphic disorder. NICE clinical guideline 31 (2005). Available from: www.nice.org.uk/CG031

Eating disorders: core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. NICE clinical guideline 9 (2004). Available from: www.nice.org.uk/CG009

Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care. NICE clinical guideline 16 (2004). Available from: www.nice.org.uk/CG016

Under development

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

School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education. NICE public health guidance (due 2009).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute:

‘To prepare guidance on promoting the mental wellbeing of children in secondary education.’

Appendix B Potential considerations

For each intervention it is anticipated that the Public Health Interventions Advisory Committee (PHIAC) will consider the following issues in developing the guidance:

- The target audience, actions taken and by whom, context, frequency and duration.
- Whether it is based on an underlying theory or conceptual model.
- Whether it is effective and cost effective.
- Critical elements. For example, whether the effectiveness and cost effectiveness of an approach varies according to the:
 - diversity of the population (for example, in terms of the user's age, gender or ethnicity)
 - status of the person delivering it and the way it is delivered
 - frequency, length and duration, where it takes place and whether it is transferable to other settings
 - its intensity.
- Any trade-offs between equity and efficiency.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different population groups.

Appendix C References

Collishaw S, Maughan B, Goodman R et al. (2004) Time trends in adolescent mental health. *Journal of Child Psychology and Psychiatry* 45 (8): 1350–1360.

Department for Children, Schools and Families (2007a) *Guidance for schools on developing emotional health and wellbeing*. London: Department for Children, Schools and Families.

Department for Children, Schools and Families (2007b) *The children's plan: building brighter futures*. London: Department for Children, Schools and Families.

Department for Education and Skills (2001) *Promoting mental health in schools and early years settings*. London: Department for Education and Skills.

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

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

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

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

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

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Morgan A, Malam S, Muir J et al. (2006) Health and social inequalities in English adolescents. Findings from the WHO health behaviour in school-aged children study. London: National Institute for Health and Clinical Excellence.

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