

NHS Health Scotland Commentary on NICE Public Health Intervention Guidance	
---	--

Prepared by:	Debbie Sigerson Public Health Adviser, Evidence for Action, NHS Health Scotland in collaboration with a Reference Group (see Appendix)
Sign-off officer:	Andrew Tannahill Head of Evidence for Action, NHS Health Scotland
Date signed off:	29 August 2008

NICE ref:	Public health guidance 12 (PH012)
HS ref:	NICEPHG012
Title:	Promoting children's social and emotional wellbeing in primary education
Date issued:	March 2008

Subject area:	Mental health & wellbeing, Children, Education
----------------------	--

Background to this Commentary

The National Institute for Health and Clinical Excellence (NICE) in England produces two types of guidance on public health topics: Public Health Intervention Guidance (interventions being defined as involving single measures, eg GP advice to patients to be more active) and Public Health Programme Guidance (on broader activities, eg strategies for smoking cessation). In Scotland, such Guidance has no formal status but attracts interest and provides a useful source of reviewed evidence.

As part of its role in promoting and supporting evidence-informed action for health improvement in Scotland, NHS Health Scotland (HS) produces Commentaries on NICE Public Health Guidance. Each Commentary, with Comments/Conclusions on the Recommendations set out in the NICE Guidance, is produced in collaboration with an appropriately constituted specialist Reference Group with members from within and beyond HS. The process involves consideration of the evidence cited and the Recommendations presented in the NICE Guidance, in the context of policy and practice in Scotland.

Purpose and limitations of this Commentary

By offering Comments/Conclusions on NICE Guidance, this Commentary is intended to help organisations, professionals and others make use of that Guidance in a Scottish context. It does not in itself constitute formal Guidance or Guidelines.

The scope and contents of the Commentary are limited by those of the NICE Guidance on which it is based. The Commentary should not be seen as a full action plan or full basis for a health improvement strategy on the subject area concerned, but rather as one evidence-informed contribution to such an action plan or strategy. By not only addressing the NICE Recommendations but also presenting in an accessible way the cited evidence statements on which these are based, the Commentary gives decision makers the opportunity to formulate their own action points informed by the evidence statements, combining these with evidence from other sources and taking account of other relevant considerations.

The Commentary

General HS Notes:

- 1. NICE Public Health Guidance 12 (NICEPHG012) is intended for teachers, school governors and professionals with public health as part of their remit, working in education, Local Authorities, the NHS, and the wider public, independent, voluntary and community sectors. This Commentary is intended for similar groups in Scotland, subject to adaptation to fit Scottish organisational structures etc. For the purposes of NICEPHG012, 'primary education' refers to all educational settings serving children aged 4–11 years. This Commentary should also be taken to relate to all such settings but with extension of the age range to 12 (the age at which most children leave primary school in Scotland) and recognition of the fact that most children in Scotland are 5 years old when they enter primary education.*
- 2. In the course of developing NICEPHG012, the explicit focus changed from 'mental wellbeing' to the 'social and emotional wellbeing' of the final title. That reflects the fact that the 'Scope' document for NICEPHG012 defined mental wellbeing as 'emotional and psychological health, including the ability to interact socially' (drawing on mental health and wellbeing indicators work led by NHS Health Scotland).*
- 3. NICEPHG012 states: that children's social and emotional wellbeing is important in its own right but also because it affects their physical health (both as a child and as an adult) and can determine how well they do at school; and that good social, emotional and psychological health helps protect children against emotional and behavioural problems, violence and crime, teenage pregnancy, and the misuse of drugs and alcohol.*

General HS Notes, contd:

4. *NICEPHG012 does not consider: the effectiveness of interventions in relation to educational attainment as well as social and emotional wellbeing; interventions that address the relationship between social and emotional wellbeing and factors such as physical activity levels and nutrition; assessment of children with special needs; or clinical interventions for established mental illness.*
5. *NICEPHG012 points out that practitioners involved in delivering interventions may face confidentiality issues, eg in relation to child abuse. It goes on to say that children must be aware of their rights on confidentiality. The Guidance is intended to be used in the context of local policies and protocols regarding confidentiality, and so too is this Commentary.*
6. *In developing the Recommendations set out in NICEPHG012, NICE's Public Health Interventions Advisory Committee (PHIAC) considered 3 reviews of evidence of effectiveness, an economic appraisal, stakeholder comments, and the results of fieldwork. Only one study from the UK was included in any of the 3 effectiveness reviews, but studies were considered for their applicability to the UK, and PHIAC felt able to use the evidence available to guide their Recommendations. In this Commentary, the evidence statements cited for each of the NICEPHG012 Recommendations for action are presented immediately under the corresponding Recommendations, for ease of reference. The term 'Inference derived from the evidence' is used in NICE Guidance where a Recommendation is not directly taken from the evidence statements but is inferred from the evidence.*
7. *The 3 action Recommendations in NICEPHG012 are presented under 3 headings: Comprehensive programmes, Universal approaches, and Targeted approaches. The first of these headings covers actions relating to the planning and strategic context for delivery under the other two headings.*
8. *NICEPHG012 states, in the context of England, that the national SEAL (Social and Emotional Aspects of Learning programme) and Healthy Schools programmes provide important vehicles for implementing the Recommendations. In Scotland, social and emotional aspects of learning are embedded within Curriculum for Excellence (CfE – see www.ltscotland.org.uk/curriculumforexcellence and page 18 of this Commentary for details), which is underpinned by the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 (see General HS Note 12, overleaf). The Scottish 'Creating Confident Kids' programme (see pages 5 and 18) is based on SEAL.*
9. *NICEPHG012 stresses the importance of recognising and responding to issues relating to equality, which involves involving taking account of the needs of children from different socioeconomic, cultural and ethnic backgrounds, and ensuring that programmes are culturally sensitive. The latter is seen as particularly important to ensure social and emotional difficulties are not misinterpreted. In addition, the Guidance refers to the need to consider the distinct needs of disabled children. However, it also draws attention to a lack of evidence on effective and cost effective ways of promoting the emotional and social wellbeing of vulnerable primary schoolchildren, including children from certain black and minority groups, looked after children, and others at risk of experiencing emotional problems. That lack presents a challenge for future evaluation and reflects a wider gap, in the available evidence on the effectiveness of health improvement action more generally.*

General HS Notes, contd:

10. It is welcomed that NICEPHG012 indicates that, in developing the Recommendations, PHIAC took account of the following statement – ‘Effective programmes to promote social and emotional wellbeing in primary education are based on partnership working with children. Ensuring children can express their views and opinions is a vital aspect of this’. The Standards in Scotland’s Schools etc. Act 2000 (see also General HS Note 12) requires Local Authorities to ‘have due regard, so far as is reasonably practicable, to the views (if there is a wish to express them) of the child or young person in decisions that significantly affect that child or young person, taking account of the child or young person’s age and maturity’. A number of studies and projects in Scotland have been undertaken to gain an understanding of children and young people’s views of issues relating to mental health and access to services.
11. The Scottish Schools (Parental Involvement) Act 2006 (see www.scotland.gov.uk/Publications/2006/09/08094112/0 for Guidance for education authorities, Parent Councils and others) aims to help all parents to be: involved with their child’s education and learning; welcomed as active participants in the life of the school; and encouraged to express their views on school education generally and work in partnership with the school. NICEPHG012 points to a lack of evidence on effective ways to involve the parents or carers of primary schoolchildren in school-based programmes to improve their children’s emotional and social wellbeing, and states that evidence is particularly needed on how to engage parents or carers from disadvantaged backgrounds.
12. Other Scottish contextual points –
- Legislation of key relevance to this Commentary includes the following.
 - Schools (Health Promotion and Nutrition) (Scotland) Act 2007 – which requires education authorities and managers of grant-aided schools to endeavour to ensure that schools are health-promoting, ie providing (whether on their own or in conjunction with NHS Boards, parents or any other person) activities and an environment and facilities that promote the physical, social, mental and emotional health and wellbeing of pupils. The related Statutory Guidance (2008) for Local Authorities and schools, working with partners, can be found at www.scotland.gov.uk/Publications/2008/05/08160456/0.
 - Standards in Scotland’s Schools etc. Act 2000 – which requires education authorities to ensure that education is directed to the development of the personality, talents and mental and physical abilities of the child or young person to reach their fullest potential (see www.hmso.gov.uk/legislation/scotland/acts2000/20000006.htm).
 - Education (Additional Support for Learning) (Scotland) Act 2004 – which places a duty on education authorities to establish procedures for identifying and meeting the additional support needs of every child for whose education they are responsible, and to keep those needs under review (see www.ltscotland.org.uk/inclusiveeducation/additionalsupportforlearning/theact.asp).

General HS Notes, contd:

- *In addition, this Commentary should be read together with the following key policy documents and resources –*
 - *Equally Well: Report of the Ministerial Task Force on Health Inequalities (2008) (see www.scotland.gov.uk/Publications/2008/06/25104032/0) – which, among others things, sets out a number of recommendations relating to early years and young people, and to mental health and wellbeing. These include the following, of direct relevance to using this Commentary –*
 - o *'Curriculum for Excellence should take a holistic approach to health and wellbeing outcomes, including active and healthy lifestyles, supported by the new school health team approach' (Recommendation 11).*
 - o *'Each NHS Board should assess the physical, mental and emotional health needs of looked after children and young people and act on these assessments, with local partner agencies' (Recommendation 15).*
 - *Getting It Right for Every Child (2008)*
www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/CoreComponents/Q/editmode/on/forceupdate/on.
 - *Early Years and Early Intervention: A Joint Scottish Government and COSLA Policy Statement (2008), which refers to the developing Early Years Framework www.scotland.gov.uk/Publications/2008/03/14121428/0.*
 - *Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland (2007)*
www.scotland.gov.uk/Publications/2007/02/14154246/0.
 - *Better Health, Better Care: Action Plan (2007)*
www.scotland.gov.uk/Publications/2007/12/11103453/0.
 - *Delivering for Mental Health (2006) – the mental health delivery plan for Scotland www.scotland.gov.uk/Publications/2006/11/30164829/0.*
 - *The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (2005)*
www.scotland.gov.uk/Publications/2005/10/2191333/13337.
 - *Happy, Safe and Achieving Their Potential – Personal Support in Schools www.ltscotland.org.uk/personalsupportinschools/aboutus/hsap.asp.*
 - *The Learning and Teaching Scotland 'Positive Behaviour' website www.ltscotland.org.uk/positivebehaviour/index.asp.*
- *The Scottish Government's Positive Behaviour Team supports Local Authorities and schools in Scotland to introduce and embed approaches to positive behaviour based on improved relationships, staged interventions, engagement and motivation, and emotional wellbeing. Support and training are currently based around the following approaches: Staged Intervention; Solution Oriented; Restorative Practices; The Motivated School, and Social and Emotional Learning Frameworks (SELF); personal and social development curricular programmes, such as 'Being Cool in School'; Positive Emotional Health and Well Being programmes, such as 'Creating Confident Kids'; inclusion for pupils with social, emotional or behavioural difficulties; and Nurture Groups. These variously have universal and/or targeted applications, and the work is set in the context of a comprehensive approach to improving environments and relationships in schools.*

General HS Notes, contd:

- The following Scottish data are useful in relation to this Commentary.
 - In the 2006 HBSC (Health Behaviour in School-aged Children) Survey in Scotland (see www.education.ed.ac.uk/cahru/publications/HBSC_National_Report_2008.pdf), 60% of 11-year-old respondents said they felt very happy about their lives, 40% that they never felt helpless, 27% that they never felt left out of things, and 28% that they always felt confident. 29% rated their health as excellent. Boys tended to fare better than girls on these measures, and percentages tended to decrease with age, especially in girls. Other inequalities in mental wellbeing, relating to family structure, family affluence and geography, have also been reported from the Scottish HBSC study (see www.education.ed.ac.uk/cahru/publications/BriefingPaper_14.pdf).
 - NICEPHG012 refers to early identification of children at risk of having their learning disrupted by social and emotional difficulties, and advocates a strong focus on prevention. Such difficulties can underlie behaviour leading to exclusion from school. According to Exclusions from Schools: 2006/07 (Scottish Executive National Statistics Publication, 2008), in Scotland during the school year 2006/07 (the last year for which data are currently available) there were 6,018 instances of exclusion from Local Authority primary schools, equivalent to 16 exclusions per 1,000 pupils. (See www.scotland.gov.uk/Publications/2008/01/28122247/0.)
 - The former Public Health Institute of Scotland's needs assessment report on child and adolescent mental health (2003) (see www.wellscotland.info/uploads/file.php?serve=1133631282-needs-assessment-report-2003.pdf&action=download) cited a Scottish study of 70 children aged 5–12 years who had become looked after and accommodated by the Local Authority as finding rates of 'depression' and 'conduct disorder' that were over five times higher than the average rates that had been found in a UK sample of 10,000 5–15 year-olds. At 31 March 2007 there were 4,794 children aged 5–11 years being looked after by Scottish Local Authorities (see www.scotland.gov.uk/Publications/2007/11/27100107/54).
 - Young carers are another potentially vulnerable group in terms of mental health and wellbeing. 2001 National Census data suggested that there were 4,055 young carers aged 4–11 years in Scotland; the actual figure is considered likely to be higher.

<p>Scope of the Guidance:</p>	<p><u>Groups covered</u></p> <ul style="list-style-type: none"> ▪ Children aged 4–11 in primary education, to include those attending: <ul style="list-style-type: none"> - state sector maintained schools and independent schools - special education environments. <p><u>Areas covered</u></p> <ul style="list-style-type: none"> ▪ The Scope document for NICEPHG012 indicated that the interventions/activities to be considered by the Guidance were to focus on primary schools and cover universal, whole school approaches. The latter were described as encompassing how to use school policies, systems and structures to create an ethos and an environment that promotes mental wellbeing, and as including, eg, the physical environment, links with parents and the community, and the management, development and support of teachers. Whole school approaches were also seen as including curriculum-based programmes and other activities aimed at developing the social and emotional competence of all students. <p><i>[HS Note: The Guidance itself implies a wider coverage in its stated 'Overarching question' (see below), and the set of reviews commissioned for NICEPHG012 reflected the scope of that question.]</i></p> <p><u>Outcomes</u></p> <ul style="list-style-type: none"> ▪ The Scope document indicated that outcomes were to be measured using indicators and scales relating to the following main aspects of mental wellbeing: <ul style="list-style-type: none"> - emotional wellbeing (including happiness and confidence, and the opposite of depression) - psychological wellbeing (including autonomy, problem solving, resilience, attentiveness/involvement) - social wellbeing (good relationships with others, and the opposite of conduct disorder, delinquency, interpersonal violence and bullying). <p><u>Overarching question</u></p> <p>Which universal, 'whole school', indicated and targeted interventions effectively promote the mental wellbeing of children aged 4-11 years in primary education?</p> <p><i>[HS Note: 'Universal' interventions were defined for the purposes of the reviews commissioned for NICEPHG012 as those which include use of schools policies, systems and structures to create an ethos and environment that promotes wellbeing and activities aimed at all children. 'Targeted' interventions were those directed at 'a group at risk'. 'Indicated' interventions were those aimed at 'a group already defined as having problems'.]</i></p>
--------------------------------------	--

**Scope of the
Guidance, contd:**

Outcomes

- The Scope document indicated that outcomes were to be measured using indicators and scales relating to the following main aspects of mental wellbeing:
 - emotional wellbeing (including happiness and confidence, and the opposite of depression)
 - psychological wellbeing (including autonomy, problem solving, resilience, attentiveness/involvement)
 - social wellbeing (good relationships with others, and the opposite of conduct disorder, delinquency, interpersonal violence and bullying).

Overarching question

Which universal, 'whole school', indicated and targeted interventions effectively promote the mental wellbeing of children aged 4-11 years in primary education?

[HS Note: 'Universal' interventions were defined for the purposes of the reviews commissioned for NICEPHG012 as those which include use of schools policies, systems and structures to create and ethos and environment that promotes wellbeing and activities aimed at all children. 'Targeted' interventions were those directed at 'a group at risk'. 'Indicated' interventions were those aimed at 'a group already defined as having problems'.]

Subsidiary questions included the following.

- What elements of 'whole school' approaches are effective (and cost effective) in promoting the mental wellbeing of children aged 4–11 years?
- What elements of targeted approaches are effective (and cost effective) in promoting the mental wellbeing of children aged 4–11 years?
- What type of activities are most effective?
- What is the frequency, length and duration of an effective intervention?
- Is it better if teachers, school support staff, or a specialist (such as a psychologist or school nurse) delivers the intervention?
- What is the role of governors?
- What is the role of parents?
- What are the barriers to – and facilitators of – effective implementation?
- Does the intervention lead to any adverse or unintended effects?

Target audiences and settings

Teachers, school governors and professionals with public health as part of their remit, working in education, Local Authorities, the NHS, and the wider public, independent, voluntary and community sectors.

HS Comments on scope:

1. *Scope supported, taking account of the context in which NICEPHG012 was produced and information given in 2 below.*
2. *NICEPHG012 indicates that, in making Recommendations, PHIAC took account of the point that 'programmes to promote social and emotional wellbeing will help children to cope with particularly stressful times such as the transition from primary to secondary school'. The Reference Group for this Commentary emphasised the importance of transitions (nursery to primary school, and primary to secondary school) and a need to offer specific or enhanced support at these stages to protect and promote wellbeing, especially in relation to more vulnerable children. The issue of transitions is covered in some detail in Building the Curriculum 3 – A Framework for Learning (see www.ltscotland.org.uk/curriculumforexcellence/publications/buildingthecurriculum3/). A DVD resource on transitions can be accessed through the Learning and Teaching Scotland website (www.ltscotland.org.uk/). It appears that insufficient evidence with such a focus was found to inform action Recommendations for NICEPHG012 relating specifically to transition stages.*
3. *Scottish contextual points –*
 - *As referred to on page 2 of this Commentary, regarding the Guidance's covering children aged 4-11 years, in Scotland most children are 5 years old when they enter primary education and 12 when they leave.*
 - *As regards the target audiences, school governors do not apply in Scotland, but the Scottish Schools (Parental Involvement) Act 2006 (see Guidance at www.scotland.gov.uk/Publications/2006/09/08094112/0) requires education authorities to promote the establishment, and provide support for the operation, of Parent Councils (in general, a Parent Council for each school). Parent Councils play an active role in supporting parental involvement in the work and the life of the school, while also providing opportunities for parents to express their views on children's education and learning. The Parent Council, as a statutory body, has the right to information and advice on matters which affect children's education. Parents and the Parent Council can expect to influence decisions, be listened to and be taken seriously.*
 - *NICEPHG012 refers to 'special education environments'. In Scotland, these include specialist schools for children and young people with social, emotional and behavioural needs, Safe Centres (secure units/schools and provision), and Children's Units (residential units within Local Authorities for looked after children and young people).*
 - *NICEPHG012 states that it does not specifically consider the assessment of children with special needs. However, the Guidance aims to complement other policies and processes, eg the statementing process for children who have additional support needs. Under the Scotland the Education (Additional Support for Learning) (Scotland) Act 2004, education authorities have a duty to establish procedures for identifying and meeting the additional support needs of every child for whose education they are responsible. The framework of support includes arrangements for children or young people who have enduring, complex or multiple barriers to learning and require a range of support from at least one service from outwith education. A statutory Co-ordinated Support Plan (CSP) is drawn up for such children and young people.*

<p>Study selection criteria etc:</p>	<p><u>Reviews of effectiveness evidence</u></p> <p>The effectiveness evidence reviews commissioned for NICEPHG012 were as follows.</p> <ul style="list-style-type: none"> ▪ <u>Review 1</u> – 'Systematic review of the effectiveness of interventions to promote mental wellbeing in children in primary education. Report 1: universal approaches (non-violence related outcomes)'. ▪ <u>Review 2</u> – 'Mental wellbeing of children in primary education (targeted/indicated activities)'. ▪ <u>Review 3</u> – 'Systematic review of the effectiveness of interventions to promote mental wellbeing in primary schools: universal approaches with a focus on prevention of violence and bullying'. <p>A number of databases were searched for studies and reviews (January 1990 to June 2007) relating to whole school, universal and targeted interventions, along with a number of websites, and bibliographies of reviews and studies known to research teams. Further information, including details of the databases and search terms/strategies used, is given in the review reports, which can be found at www.nice.org.uk/ph012 ('Development history –'Key documents').</p> <p>Studies were <u>included</u> if they:</p> <ul style="list-style-type: none"> ▪ described intervention(s) that were concerned with promoting the mental wellbeing of children aged 4–11 in primary education (maintained, independent and special schools). ▪ ('whole schools review') spanned primary and secondary schools but the mean age was below 12 ▪ ('whole school review') adopted a whole school or universal approach ▪ ('targeted/indicated review') adopted a targeted/indicated approach ▪ ('targeted/indicated review') described interventions lasting more than 1 month. <p>Studies were <u>excluded</u> if they:</p> <ul style="list-style-type: none"> ▪ included children aged above 12 years ▪ included children who did not attend school ▪ ('targeted/indicated review') were aimed at secondary school pupils ▪ ('targeted/indicated review') had no connection with school other than being delivered to school-age children. ▪ ('targeted/indicated review') were not based in school ▪ ('whole school/universal review') did not include a control group ▪ ('whole school/universal review') were not published in English ▪ ('whole school/universal review') were carried out in developing countries (according to World Bank/International Monetary Fund classifications)
---	---

Study selection criteria etc, contd:

- ('whole school/universal review') were published before 1990.

Further details of the inclusion and exclusion criteria for each of the effectiveness reviews are given in the review reports, which can be found at www.nice.org.uk/ph012 ('Development history' – 'Key documents').

[HS Notes:

- *From the report of Review 1, it is apparent that only randomised controlled trials (RCTs) and controlled non-randomised trials were eligible for inclusion. 31 studies were included in Review 1: 26 from the USA, 2 from Australia, and 1 each from Canada, the Netherlands and the UK. These comprised 15 randomised controlled trials (RCTs) and 16 controlled non-randomised trials.*
- *The report of Review 2 indicates that only evaluations with control/comparison arms were eligible for inclusion. 32 studies (all RCTs) were included in Review 2, all from outside the UK: 22 from the USA, 4 from Australia, 5 from Canada, and 1 from Spain.*
- *The report of Review 3 indicates that only randomised controlled trials (RCTs) and controlled non-randomised trials were eligible for inclusion. 17 studies were included in Review 3, all from outside the UK – 14 from the USA, 2 from the Netherlands, and 1 from Canada. These comprised 11 RCTs and 6 controlled non-randomised trials.]*

Economic review – 'A systematic review of cost-effectiveness analyses of whole school and focused primary school-based interventions to promote children's mental health'.

In addition to scanning the effectiveness reviews, 3 specialist databases were searched. Details of the search strategy are given in the review report, which can be found at www.nice.org.uk/ph012 ('Development history' – 'Key documents').

Only 1 study met the inclusion criteria (and it was judged to be of low quality – see next section).

HS Comments on study selection criteria etc:

1. *Supported for the purposes in question. The summarised account of the inclusion and exclusion criteria for the 3 reviews given in the Guidance document is not entirely clear. However, the individual review reports provide the necessary detailed information.*

<p>Study appraisal methods etc:</p>	<p><u>Reviews of effectiveness evidence</u> Included evidence sources were assessed for methodological rigour and quality using the NICE methodology checklist, as set out in the relevant NICE technical manual.</p> <p>Each evidence source was categorised as one of four <u>types</u>:</p> <ol style="list-style-type: none"> 1. Meta-analyses, systematic reviews of randomised controlled trials (RCTs), RCTs (including cluster RCTs) 2. Systematic reviews of, or individual, non-randomised controlled trials, case control studies, cohort studies, controlled before-and-after (CBA) studies, interrupted time series (ITS) studies, correlation studies 3. Non-analytic studies (eg case reports, case series) 4. Expert opinion, formal consensus. <p>Each study was <u>quality</u> graded (++, + or -) according to the risk of potential bias arising from its design and execution/other criteria as appropriate. The interventions were also assessed for their applicability to the UK.</p> <p>Findings from the studies were synthesised and used as the basis for a number of evidence statements relating to each key question. The evidence statements reflect the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.</p> <p><u>Economic review</u> The study that met the inclusion criteria was rated to determine the strength of the evidence using the 'Drummond checklist'.</p>
<p><i>HS Comments on study appraisal methods etc:</i></p> <ol style="list-style-type: none"> 1. <i>Supported.</i> 	

NICEPHG012 Recommendations for action, and HS Comments/Conclusions

HS Note: The evidence statements cited in support of the action Recommendations in NICEPHG012 are numbered in such a way as to indicate that they came from Review 1 (evidence statement UES1), from Review 2 (evidence statements TES 1, 2 and 5) or from Review 3 (evidence statements VPES1, 2). The same numbering system is used in the 'Evidence base' sections of this Commentary, for ease of comparison between Recommendations and cross reference between the Commentary and NICEPHG012.

Recommendation 1 (comprehensive programmes):

[HS Note: The numbering system used for action points and sub-points within this Recommendation (1.1, 1.2, 1.3, 1.1.1 etc) does not come from NICEPHG012 but has been devised for the purposes of this Commentary, for ease of reference in presenting the HS Comments/Conclusions.]

Target population

- Professionals working with children in primary education.

Who should take action?

- Commissioners and providers of services to children in primary education including those working in: children's trusts, local authority education and children's services, schools, primary care trusts (PCTs), child and adolescent mental health services and voluntary agencies.

What action should they take?

- 1.1 Develop and agree arrangements as part of the 'Children and young people's plan' (and joint commissioning activities) to ensure all primary schools adopt a comprehensive, 'whole school' approach to children's social and emotional wellbeing. All primary schools should:
 - 1.1.1 create an ethos and conditions that support positive behaviours for learning and for successful relationships
 - 1.1.2 provide an emotionally secure and safe environment that prevents any form of bullying or violence
 - 1.1.3 support all pupils and, where appropriate, their parents or carers (including adults with responsibility for looked after children)
 - 1.1.4 provide specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems
 - 1.1.5 include social and emotional wellbeing in policies for attaining National Healthy Schools status and reaching the outcome framework targets
 - 1.1.6 offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing. The trainers should be appropriately qualified and may be working in the public, voluntary or private sectors. In the public sector, they may be working in: children's services, healthy schools teams, educational psychology or behaviour support, community nursing, family support or child and adolescent mental health services (at tiers one and two – eg primary mental health workers).
- 1.2 Put in place and evaluate coordinating mechanisms to ensure primary schools have access to the skills, advice and support they need to deliver a comprehensive and effective

<p>Recommendation 1 (comprehensive programmes), contd:</p>	<p>programme that develops children’s social and emotional skills and wellbeing (see Recommendations 2–3).</p> <p>1.3 Schools and local authority children’s services should work closely with child and adolescent mental health and other services to develop and agree local protocols. These should support a ‘stepped care’ approach to preventing and managing mental health problems (as defined in NICE clinical guideline 28 on depression in children and young people [HS Note: NICE clinical guidelines do not have formal status in Scotland.] The protocols should cover assessment, referral and a definition of the role of schools and other agencies in delivering different interventions, taking into account local capacity and service configuration.</p>
<p>Evidence base for Recommendation 1 (comprehensive programmes):</p>	<p>1. <u>VPES2</u> There is evidence from a ‘good quality’ RCT and a ‘moderate’ quality RCT indicating that the Peace Builders programme is effective in improving outcomes related to violence and mental health (as measured by teacher report on social competence and aggressive behaviour and visits to the school nurse for injury). The main focus of the Peace Builders programme is on change to the school ethos and environment. This aims to incorporate positive social values and ways of behaving among children and staff into every aspect of school life. The programme also includes peer mentoring, parent engagement behaviour management and a small classroom component. While no long-term studies are available, effects have been demonstrated at 2 years post-implementation of the intervention (as measured by teacher report on social competence and aggression).</p> <p>2. <u>Plus</u> ‘inference derived from the evidence’.</p>

HS Comments/Conclusions on Recommendation 1 (comprehensive programmes):

1. *Cited evidence limited, but Recommendation considered appropriate and supported subject to 1) addition of the inserted HS Note; 2) adaptation to fit Scottish policy/legislative requirements, organisational structures, service arrangements, planning and performance arrangements, etc; 3) addition of a new action sub-point 1.1.7, as follows.*
 - *support staff mental health and wellbeing, both in the direct interests of the staff and to help them be better able to help in the development of children's social and emotional wellbeing.*
2. *Scottish contextual points –*
 - *With regard to the 'Children's and young people's plan' referred to in action point 1.1, in Scotland the nearest comparable plans are Integrated Children's Services Plans (ICSPs), through which Local Authorities and other relevant agencies and organisations come together to plan services and support for children and families in each area in a coordinated way, following a shared local vision and making effective use of combined knowledge and resources.*
 - *Action sub-point 1.1.5 refers to 'outcome framework targets' for health promoting schools. The concept of the health promoting school, which involves a 'whole school' approach and includes attention to mental health and wellbeing, has been mainstreamed in Scotland. Assessment of schools' development and delivery in that regard has to date largely been undertaken using local accreditation schemes but has become incorporated into school inspections. Indicator 8 in The Scottish Government's National Performance Framework is 'Increase the proportion of schools receiving positive inspection reports' (overall, not specifically in relation to the health promoting school). The Guidance on the Schools (Health Promotion and Nutrition) (Scotland) Act 2007 states: 'The authority may choose to continue to use a local accreditation scheme or to adopt other accreditation processes. There is value in such recognition for the achievement of health promoting status while continuing to ensure the mainstreaming of health promotion.'*
 - *Action point 1.2 refers to putting in place and evaluating coordinating mechanisms to ensure primary schools have access to skills, advice and support needed to deliver a comprehensive and effective programme to develop children's social and emotional skills. A relevant Scottish network in this regard is the Pupil Inclusion Network Scotland (PINS), which supports voluntary sector work with young people who are disaffected or excluded from school. Examples of national partnership mechanisms in Scotland include:*
 - *the Health Promoting Schools Partnership Policy and Strategy Group*
 - *the Child and Adolescent Mental Health Services (CAMHS) Steering Group, and a wider Stakeholder Reference Group, focusing on implementation of The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (2005).*
 - *With regard to action point 1.3, multidisciplinary planning groups operate in schools, or across clusters of schools, to discuss support for individual children and referrals where needed. The titles of these groups vary across Scotland – eg joint assessment teams, integrated support teams, child support teams.*

HS Comments/Conclusions on Recommendation 1 (comprehensive programmes), contd:

- A 'stepped care approach' is referred to in action point 1.3. A similar approach is to be found in the Scottish guidance on implementation of 'Health for All Children 4' (HFAC4, commonly referred to as 'Hall 4'), which includes guidance on developing integrated, evidence-based care pathways. Care pathways detail a plan of care in chronological order, including local arrangements for referral and access to multidisciplinary assessment of child development, with levels of care being organised in 'stages'. They are intended not only for health, education and social services professionals working in children's services but also for parents who have concerns regarding their child's development.

Recommendation 2 (universal approaches):

[HS Note: The numbering system used for the action point and sub-points within this Recommendation (2.1, 2.1.1 etc) does not come from NICEPHG012 but has been devised for the purposes of this Commentary, for ease of reference in presenting the HS Comments/Conclusions.]

Target population

- Children in primary education (aged 4–11 years), their parents or carers and teachers.

Who should take action?

- Head teachers, teachers and practitioners working with children in primary education.
- Those working in (and with) local authority education and children's services (including healthy schools teams), primary care (including school nurses), child and adolescent mental health services (tiers one and two) and voluntary agencies.

What action should they take?

- 2.1 Provide a comprehensive programme to help develop children's social and emotional skills and wellbeing. This should include:
- 2.1.1 a curriculum that integrates the development of social and emotional skills within all subject areas. (These skills include problem-solving, coping, conflict management/resolution and understanding and managing feelings.) This should be provided throughout primary education by appropriately trained teachers and practitioners.
 - 2.1.2 training and development to ensure teachers and practitioners have the knowledge, understanding and skills to deliver this curriculum effectively. The training should include how to manage behaviours and how to build successful relationships.
 - 2.1.3 support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by community nurses (such as school nurses and health visitors) or other appropriately trained health or education practitioners. In addition, all parents should be given details of the school's policies on promoting social and emotional wellbeing and preventing mental health problems.

<p>Recommendation 2 (universal approaches, contd):</p>	<p>2.1.4 integrated activities to support the development of social and emotional skills and wellbeing and to prevent bullying and violence in all areas of school life. For example, classroom-based teaching should be reinforced in assemblies, homework and play periods (in class as well as in the playground).</p>
<p>Evidence base for Recommendation 2 (universal approaches):</p>	<ol style="list-style-type: none"> 1. <u>UES1</u> There is good evidence (five randomised controlled trials of high quality [++]) to support the implementation of multi-component programmes, which include significant teacher training and development and support for parenting. Most of these programmes have been researched and developed in the US and may need adapting for the UK. Interventions with similar characteristics are available in the UK but have not been the subject of robust trials. While the majority of these programmes were implemented over a year or more, further research is needed to establish the optimum content and length as well as the appropriate level of teacher training and support and support for parenting. 2. <u>VPES1</u> There is evidence from three out of four 'moderate' quality RCTs and two out of two good quality controlled trials (CTs) that multi-component programmes comprising teacher training in management of behaviour, parenting education and a social skills development curriculum are effective in improving outcomes relevant to bullying, violence and mental health. Two of these studies have reported positive long-term outcomes (RCT [+]) reporting on arrests at 3 years post intervention and reporting violent delinquent acts and school misbehaviour at 18 years. Examples of this type of multi-component programme include: the Linking Interests of Families and Teachers (LIFT) programme, the Seattle Social Development Project and the Resolving Conflict Creatively programme.

HS Comments/Conclusions on Recommendation 2 (universal approaches):

1. Recommendation supported subject to: 1) adaptation to fit Scottish policy/legislative requirements, organisational structures, service arrangements, etc; 2) addition of the following to the end of action sub-point 2.1.2 – ‘Training should also help teachers and practitioners be alert to, and deal with, the fact that problems outwith the school may become apparent in the course of delivering the curriculum.’. **[HS Note: This links to Recommendation 3 in respect of being alert and responsive to children showing early signs of emotional distress.]**
2. Scottish contextual points –
 - With regard to action sub-point 2.1.1, in Scotland the 5–14 Guidelines (see www.ltscotland.org.uk/5to14/guidelines/index.asp) currently provide a comprehensive framework for fostering the development of children’s social and emotional skills and wellbeing. Guidance on the Curriculum for Excellence (CfE) for 3–18 year olds (see www.ltscotland.org.uk/curriculumforexcellence/) will replace the 5–14 Guidelines in early 2009. In CfE, Health and Wellbeing has for the first time been identified as a curricular area, and related ‘experiences and outcomes’ will be published early in 2009. The Health and Wellbeing Team within Learning and Teaching Scotland provides national leadership on mental, emotional, social and physical health and wellbeing within the context of CfE, and can be contacted via www.ltscotland.org.uk
 - Evaluations of some of the approaches and programmes promoted in Scottish schools by the Positive Behaviour Team (see page 5 of this Commentary) should add to the evidence base on the application of universal approaches in Scotland. Examples include the personal and social development curricular programme ‘Being Cool in School’ (developed by Fife Council) and the Positive Emotional Health and Well Being programme ‘Creating Confident Kids’ (developed by the City of Edinburgh Council).
 - The Scottish Government is supporting Stirling Council Psychological Services to promote the FRIENDS (Feelings, Relaxation, I can do it, Exploring solutions, Now reward yourself, Don’t forget to practise, Smile and stay calm), programme over a 3-year period (from April 2007); that involves training, research, and the provision of intensive support for primary and secondary school pupils. The programme can be delivered to a whole class, small group or individual, and includes a parents’ component. Studies included in NICEPHG012 Review 1 included a randomised controlled trial (rated + for quality) on universal application of FRIENDS programme outside the UK. The above Stirling Council initiative should add to the evidence base on interventions delivered in a Scottish context.
 - Relevant to action sub-point 2.1.3, as a core part of developing the Early Years Framework in Scotland a parenting task group, concerned with building parenting and family capacity, has been established (see www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework/task-groups/parenting).
 - NICEPHG012 refers to the importance, as part of a holistic approach to social and emotional wellbeing within primary schools, of an ethos that avoids stigma and discrimination in relation to mental health and social and emotional difficulties. That importance should be borne in mind in taking forward action in line with this Recommendation. Scotland’s ‘See Me’ campaign (see www.seemescotland.org.uk) was created to tackle stigma relating to mental health problems and has produced resources for children and young people aged 11–16 years. Consideration is being given to developing resources for younger children.

<p>Recommendation 3 (targeted approaches):</p> <p><i>[HS Note: The numbering system used for action points and sub-points within this Recommendation (3.1, 3.2, 3.4.1 etc) does not come from NICEPHG012 but has been devised for the purposes of this Commentary, for ease of reference in presenting the HS Comments/Conclusions.]</i></p>	<p><u>Target population</u></p> <ul style="list-style-type: none"> ▪ Children in primary education (aged 4–11 years) who are showing early signs of emotional and social difficulties, in particular, those who are: <ul style="list-style-type: none"> - showing early signs of anxiety or emotional distress (for example, children who have poor peer relations, low self-esteem, are withdrawn or have behavioural problems) - at risk of developing (or who already display) disruptive behavioural problems. ▪ Parents or carers of children aged 4–11 years who are showing early signs of emotional and social difficulties. <p><u>Who should take action?</u></p> <ul style="list-style-type: none"> ▪ Teachers and practitioners working with children in primary education. ▪ Those working in (and with) local authority education and children’s services (including healthy schools teams), primary care (including school nurses), child and adolescent mental health services (tiers one and two) and voluntary agencies. <p><u>What action should they take?</u></p> <p>3.1 Ensure teachers and practitioners are trained to identify and assess the early signs of anxiety, emotional distress and behavioural problems among primary schoolchildren. They should also be able to assess whether a specialist should be involved and make an appropriate request. Children who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances are at higher risk. They may include: looked after children (including those who have subsequently been adopted), those living in families where there is conflict or instability, those who persistently refuse to go to school, those who have experienced adverse life events (such as bereavement or parental separation), and those who have been exposed to abuse or violence.</p> <p>3.2 Identify and assess children who are showing early signs of anxiety, emotional distress or behavioural problems. Normally, specialists should only be involved if the child has a combination of risk factors and/or the difficulties are recurrent or persistent. The assessment should be carried out in line with the Common Assessment Framework (to ensure effective communications with the relevant services) and using other appropriate tools.</p> <p>3.3 Discuss the options for tackling these problems with the child and their parents or carers. Agree an action plan, as the first stage of a ‘stepped care’ approach (as defined in NICE clinical guideline 28 on depression in children and young people). <i>[HS Note: NICE clinical guidelines do not have formal status in Scotland.]</i></p> <p>3.4 Provide a range of interventions that have been proven to be effective, according to the child’s needs. These should be part of a multi-agency approach to support the child and their family and may be offered in schools and other settings.</p>
---	--

<p>Recommendation 3 (targeted approaches), contd:</p>	<p>Where appropriate, they may include:</p> <p>3.4.1 problem-focused group sessions delivered by appropriately trained specialists in receipt of clinical supervision. These specialists may include educational psychologists or those working in child and adolescent mental health services (at tiers one and two)</p> <p>3.4.2 group parenting sessions for the parents or carers of these children, run in parallel with the children's sessions.</p> <p>3.5 Ensure parents or carers living in disadvantaged circumstances are given the support they need to participate fully in any parenting sessions that are offered. For example, they may need help with childcare or transport.</p> <p>(See also: NICE technology appraisal 102 on parent training and education in the management of children with conduct disorders at www.nice.org.uk/TA102, and the NICE clinical guideline on attention deficit hyperactivity disorder [due August 2008].) [HS Notes: 1) NHS Quality Improvement Scotland recommended that NHSScotland should take account of the NICE technology appraisal 102 recommendations in its planning, funding and provision of services. 2) NICE clinical guidelines do not have formal status in Scotland.]</p>
<p>Evidence base for Recommendation 3:</p>	<ol style="list-style-type: none"> 1. TES1 Cognitive behavioural therapy (CBT) based programmes targeted at reducing anxiety disorders have been transferred successfully between countries, indicating a high degree of generalisability or applicability. Two studies (both rated 1 [++]) show that brief (10 weeks and 9 weeks) targeted interventions aimed at reducing anxiety or preventing the development of symptoms into full blown disorders appear to be successful in groups of children showing the precursor symptoms associated with anxiety disorders. One study (rated 1 [++]) was able to demonstrate that when parent training is combined with child group CBT there are additional benefits for children. Two studies (rated 1 [++]) of indicated interventions aimed at children of divorce and children who are anxious school refusers show sustained benefit for children from CBT-based skills training. 2. TES2 All studies examined use CBT-based approaches. One study (rated 1 [+]), the Penn Prevention Programme, showed that it may be possible to relieve and prevent depressive symptoms using a targeted school-based approach where a traditional cognitive behaviour component was allied with a social problem-solving component. Evidence from other treatment programmes with children with mild to moderate depressive symptoms is mixed. Co-morbid conditions with depression (often conduct or hyperkinetic disorders) make intervention delivery difficult and can confound treatment effects. One study (rated 1 [+]) assessed the effectiveness of an 8 week programme comprising small group-based cognitive-behavioural sessions (entailing role play, games, video and homework activities) in producing improvements in depression scores in children scoring high on the 'Children's depression

Evidence base for Recommendation 3, contd:

inventory'. Children receiving the intervention were significantly more likely to have reduced levels of depressive symptoms immediately post-intervention and at 9 months follow-up, compared with children receiving the no-treatment control. One study (1 [+]) found that social competence training (1 hour sessions for 8 weeks) for children (aged 7–11 years) who were within the 'clinical depression range' of the 'Children's depression inventory', did not significantly improve depression scores at 2 months follow-up, compared with either an attention placebo or no treatment control. Interventions directed at indicated subgroups show some degree of success (two 1 [+]). One study (rated 1 [+]) of young people exposed to violence and showing clinical symptoms of post-traumatic stress disorder (PTSD) showed reasonable effect sizes. The programme involved a high proportion of black and minority ethnic children and also used trained school personnel to deliver part of the programme.

3. **TES5** Multi-component interventions designed for targeted groups of children suffering from conduct disorders show that improved social problem-solving and the development of positive peer relations are among the outcomes with the strongest programme effects. Two studies (both rated 1 [++]) showed improved academic achievement as significant outcomes of intervention. Timing may be critical. Complex longitudinal multi-component studies like that undertaken by the Metropolitan Area Child Study Research Group (rated 1 [++]) support the case for early intervention with aggressive disruptive children, but also attest to the improved benefits of giving a booster intervention towards the end of primary education. Significant 'school effects' were found in the study. Better understanding of school effects, including impediments and resources, is called for. Recruitment and retention into parent programmes is clearly a major challenge, even when incentives (for example, childcare and transport costs) are offered. Given a choice, evidence from one study (rated 1 [++]) indicates that parents may prefer targeted children to receive the intervention at school rather than at home. Some adverse effects are reported by Metropolitan Area Child Study Research Group (rated 1 [++]) as a consequence of bringing aggressive hostile children together in small groups only in later elementary stages, with such groups setting up negative norms of aggressive behaviour.

HS Comments/Conclusions on Recommendation 3:

1. Recommendation supported subject to: 1) addition of the inserted HS Notes; 2) adaptation to fit Scottish policy/legislative requirements, organisational structures, service arrangements, etc; 3) addition of the following new action point between the existing 3.2 and 3.3 –
 - Recognise and support the challenging role of school staff in meeting a child's needs while they are on a waiting list for specialist assessment or treatment, or between treatment sessions'.
2. It is noted that the evidence statements draw largely on studies of cognitive behavioural therapy (CBT) based programmes. There are therapeutic approaches other than CBT-based ones, and these should be appropriately evaluated in respect of short- and longer-term outcomes, to add to the effectiveness evidence base.
3. Scottish contextual points –
 - With regard to action points 3.1 and 3.2, in Scotland –
 - The 21st Century Teaching Agreement makes it clear that the care and welfare of pupils is the responsibility of all teachers. Some teachers may need professional development opportunities to enable them to feel confident in undertaking an assessment role.
 - Happy, Safe and Achieving their Potential (2005) (see www.scotland.gov.uk/Publications/2005/02/20626/51543) sets out 10 standards for personal support in schools under 3 themes, one of which is 'Access to support'.
 - The commitment, in Delivering for Mental Health (2006), to establishing or identifying Mental Health Link Workers for all schools by December 2008 will contribute to supporting staff in relation to the early assessment role.
 - Currently available support resources for teachers and practitioners include: the Learning and Teaching Scotland 'Positive Behaviour' website (www.ltscotland.org.uk/positivebehaviour/about/index.asp); the HandsOnScotland Toolkit www.handsonscotland.co.uk, designed to help staff identify and respond to troubling behaviours, commissioned by HeadsUpScotland; and Barnardo's Inclusive Education pack which offers advice and strategies for primary teachers and support staff working with children with social, emotional and behavioural difficulties (see www.barnardos.org.uk/resources/research_and_publications/books_and_tools_school_and_education.htm).
 - Action point 3.2 refers to a 'Common Assessment Framework'. A comparable framework in Scotland is the national 'Integrated Assessment, Planning and Recording Framework' (IAF), which followed on from the highlighting of a need for integrated approaches to the planning and delivery of children and family services in Getting it Right for Every Child (2005). (See www.scotland.gov.uk/Topics/Government/DataStandardsAndCare/ChildrenandFamilies/IAF.)
 - Relevant to the existing action sub-point 3.4.2 and action point 3.5, as a core part of developing the Early Years Framework in Scotland a parenting task group, concerned with building parenting and family capacity, has been established (see <http://www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework/task-groups/parenting>).
 - NICEPHG012 refers to a NICE clinical guideline on attention deficit hyperactivity disorder, due August 2008. As indicated in the HS Note against that action point, NICE clinical guidelines have no formal status in Scotland. The Scottish Intercollegiate Guidelines Network (SIGN) produced a national clinical guideline (SIGN 52) on attention deficit and hyperkinetic disorders in children and young people, in 2001; a revised guideline is expected in early 2009.

HS Comments/Conclusions on Recommendation 3, contd:

- *Studies included in the NICEPHG012 Review 2 included a randomised controlled trial (quality-rated ++) on targeted application of the FRIENDS programme outside the UK. The Stirling Council FRIENDS programme initiative described in the HS Comments/Conclusions on Recommendation 2 should add to the evidence base on interventions delivered in a Scottish context.*
- *Evaluations of some of the approaches promoted in Scottish schools by the Positive Behaviour Team (see page 5 of this Commentary) should also add to the evidence base on targeted approaches. The relevant approaches include 'Nurture Groups', which provide targeted support to vulnerable children who have barriers to learning, arising from social, emotional or behavioural difficulties, that prevent them and other pupils from fully accessing the curriculum.*

NICEPHG012 Recommendations for Research, and HS Comments/Conclusions

Recommendations for Research:

NICEPHG012 recommends that the following research be addressed in order to improve the evidence relating to promoting the emotional and social wellbeing of children in primary education.

1. What indicators should be used to measure the emotional and social wellbeing of primary schoolchildren and to monitor any changes over time? How can such measures be used in evaluation, including economic appraisals?
2. What is the most effective and cost effective way to improve the emotional and social wellbeing of primary schoolchildren? How do interventions to improve emotional and social wellbeing (including multi-component programmes) affect social, health and education outcomes (and costs) in the longer term?
3. What are the most effective and cost-effective ways of improving the emotional and social wellbeing of vulnerable primary schoolchildren? This includes those from certain black and minority groups and looked after children (including those who have subsequently been adopted).
4. What are the most effective ways to involve parents or carers, particularly those from disadvantaged backgrounds, in primary school programmes to improve their children's emotional and social wellbeing?
5. What are the most effective ways of involving children in the development, implementation and evaluation of programmes to promote emotional and social wellbeing in primary schools?

HS Comments/Conclusions on Recommendations for Research:

1. *Recommendations for Research supported.*
2. *Scottish contextual point –*
 - *With regard to Recommendation for Research 1, NHS Health Scotland is leading the development of a set of mental health indicators for children and young people, following the establishment of a set of such indicators for adults (see www.healthscotland.com/scotlands-health/population/mental-health-indicators.aspx).*

Members of Reference Group for NHS Health Scotland Commentary on NICE Public Health Intervention Guidance 12

- Dr Catherine Cavanagh, Clinical Psychologist, Early Intervention Service, NHS Greater Glasgow and Clyde
- Ms Sandy Corlett, Services Manager, CHILDREN 1st
- Dr Mary Duffy, Assistant Director (Research & Influencing), Barnardo's Scotland
- Ms Margo Fyfe, CAMHS Nurse Advisor, Mental Health Delivery and Service Unit, Mental Health Division, Healthcare Policy & Strategy Directorate, The Scottish Government
- Emma Hogg, when Health Improvement Programme Manager (Mental Health Improvement), NHS Health Scotland
- Ms Anne Lee, Health Improvement Programme Manager (Education), NHS Health Scotland
- Ms Maria McCann, when Team Leader, Support for Learning Division, Schools Directorate, The Scottish Government
- Dr Janine Muldoon, Research Fellow, Child and Adolescent Health Research Unit, University of Edinburgh
- Mr Iain Ramsay, Team Leader for Health and Wellbeing, Learning and Teaching Scotland
- Ms Mary Sparling, Lead Officer, National Project for Children and Young People's Mental Health, Heads Up Scotland, Scottish Community Development Centre