

Mentally healthy infants,
children and young people:
Principles for effective
interventions

Briefing paper for service
managers and planners

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1.0 Background to the briefing paper

Rationale for the briefing paper

This briefing paper is part of a programme of work to address Commitment Three set out in Towards a Mentally Flourishing Scotland (TAMFS): ‘There are many effective interventions for mental health improvement among infants, children and young people; however, many of these are not in general use. NHS Health Scotland will initiate a programme... to disseminate the evidence base for mental health improvement and support its use through practitioner briefings and narratives to present the case to decision makers and planners.’

This briefing paper is for service managers and planners whose work involves children and young people. It is important to acknowledge the wide range of practitioners in Scotland who are currently undertaking excellent, innovative and effective work with children and young people. This paper focuses on outlining the principles of interventions informed by effectiveness evidence in promoting social and emotional or mental wellbeing, in early years (0–4 years); in schools, at primary school age (4–11 years) and secondary school/college age (11–18 years); and in the community.

Evidence base

The information used in this briefing paper draws on relevant policy, evidence reviews and evidence-informed guidance. The sources used in the development of the paper are listed in Appendix 1.

Policy context

This briefing paper should be understood within the context of key policy documents, frameworks and resources (see Appendix 2 for more detail on policies and frameworks) including:

Health For All Children 4 – guidance for implementation in Scotland. (2005).
www.scotland.gov.uk/Publications/2005/04/15161325/13269

Getting It Right for Every Child. (2008).
www.scotland.gov.uk/Publications/2008/01/31131939/0

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 – the mental health delivery plan for Scotland. (2006). 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

Equally Well: Report of the Ministerial Task Force on Health Inequalities; (2008). www.scotland.gov.uk/Publications/2008/06/25104032/0

Curriculum for Excellence. www.ltscotland.org.uk

2.0 Introduction

Children's social and emotional wellbeing has a long-term impact on several health outcomes. Good social, emotional and psychological health helps protect children against behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol. It can also determine their educational achievement (NHS Health Scotland, 2008).

Supporting continued investment in mental health improvement in Scotland in an economic downturn is imperative. In stark terms, investment in early intervention programmes, preventive activity and whole-population wellbeing programmes will save public sector money in the long term (NHS Health Scotland, 2011).

Mental health and wellbeing definitions

Good mental health is more than the absence of mental illness. Recent research suggests that mental health consists of two dimensions: mental health problems (mental illness, psychiatric morbidity) which includes, for example, depression and anxiety; and, positive mental health (mental wellbeing) which includes, for example, life satisfaction, positive relationships with others and purpose in life (NHS Health Scotland, 2010b).

The focus of this briefing paper is on evidence-informed interventions in promoting social and emotional or mental wellbeing.

Social and emotional or mental wellbeing encompasses:

- good mood, feeling positive, a sense of purpose
- a feeling of autonomy and control over one's life, problem-solving skills, resilience, attentiveness and a sense of involvement with others
- the ability to have good relationships with others (NHS Health Scotland, 2010a).

Equality and children at higher risk

Although this briefing paper is focused on promoting the mental wellbeing of *all* children, it is crucial that interventions are tailored as much as possible to the specific needs of each individual family, taking into account different socio-economic, cultural and ethnic backgrounds. It is also important to consider the distinct needs of disabled children. Promoting an ethos that avoids stigma and discrimination in relation to mental health and social and emotional difficulties should be central to each intervention (NHS Health Scotland, 2008).

Children who are exposed to difficult situations such as bullying or racism, or who are coping with socially disadvantaged circumstances, are at higher risk of developing a mental health problem. These children may include:

- looked-after children (including those who have subsequently been adopted)
- children who persistently refuse to go to school
- children with learning difficulties
- children with physical disability
- children who have been exposed to abuse or violence
- children living in families where there is conflict or instability
- children who have experienced adverse life events (such as bereavement or parental separation) (WHO, 2004).

3.0 Principles of effective interventions

The following sections outline the principles of evidence-informed interventions in promoting social and emotional or mental wellbeing, in **early years** (0–4 years); in **schools**, at primary school age (4–11 years) and secondary school and college age (11–18 years); and in the **community**.

However, although these sections are divided by age, there are many interventions that apply across all age groups. Those, for example, highlighting the importance of community partnership working apply across the board. The promotion of physical activity to help mental wellbeing is also not age specific and applies equally to early years, with the vital importance of play, all the way through schools and college to youth work.

In general, interventions are more likely to be effective if they are:

- long term in nature
- sustained by committed funding
- part of a wider range of public policy measures, including those to reduce health inequalities
- part of an integrated approach where multidisciplinary and multi-agency interaction is encouraged (Barry *et al*, 2009).

3.1 Early years interventions

3.1.1 Early years – general recommendations

- The earlier family interventions are put in place, the better the mental health outcomes for the child. Key transition points for families include the period around birth (the first year), the preschool period, and transition to and from school (Barry *et al*, 2009).
- One-off interventions are less effective than integrated approaches with follow-up, which promote long-term maternal and child functioning (Barry *et al*, 2009).
- Empowering parents and enhancing resilience and competence in both children and parents is especially effective for families at higher risk (Barry *et al*, 2009).

3.1.2 Early years – specific interventions

Home visiting interventions

Effective home-visiting interventions address maternal smoking, poor social support, parental skills and early child-parent interactions. They have shown health, social and economic outcomes of great public health significance. These include improvement of the mental health of newborns and long-term reductions of problem behaviours after 15 years (WHO, 2004).

- Intensive health-led, home-visiting programmes in the first two years improve parenting, child behavioural problems and cognitive development.

- Effective programmes designed for parents at higher risk (e.g. low-income parents, teenage parents, single parents and mothers coping with post-natal depression) start antenatally, are of high intensity and of medium to long duration (follow up to at least 12 months).
- Peer-led interventions, i.e. trained volunteers or ‘community mothers’, employing an empowerment model of parent support, can lead to improved child and maternal functioning up to seven years post-intervention for families from disadvantaged backgrounds.
- Combined home visiting and centre-based services/support help to improve children’s cognitive development and reduce aggressive behaviour, as well as promote positive parent outcomes, for low-income and BME families.
- Prenatal and preschool home visit programmes by nurses, targeting at-risk children, using parent or child social skills training, can have a significant impact on prevention of conduct disorder, anxiety and depression from 0–18 years (Barry *et al*, 2009).

Parenting interventions

Effective parenting interventions reduce child behavioural problems in infants and toddlers, as well as in children aged three to 10 years old. They can also improve the mental health of families with children with conduct disorders (NICE, 2006).

- One parenting programme approach will not fit all. Programmes should reflect individual needs, using different formats and techniques.
- Parenting support initiatives are more likely to be effective if they:
 - ⇒ adopt empowerment approaches aimed at raising parents’ confidence
 - ⇒ have broad-based content
 - ⇒ focus on individual and family interpersonal issues
 - ⇒ focus on specific parenting skills
 - ⇒ are accessible to those most at risk (Barry *et al*, 2009).
- Group-based programmes have a positive effect for parents from both disadvantaged and advantaged backgrounds.
- Group-based parenting programmes targeting low-income communities with interventions including videotape modelling, CBT parenting programmes and behavioural parenting training have been shown to improve short-term emotional and behavioural adjustment of children under three (Tennant *et al*, 2007).

- Brief hospital-based interventions have been found to enhance low-risk parents' knowledge, sensitivity and behaviour towards their infant in the short term.
- Attrition rates may be reduced by paying attention to barriers to parent participation and offering incentives to participate.
- Understanding a family's level of risk and developing a shared understanding of programme goals is crucial.
- Minimal intervention (a few hours to a few days postnatally) appears to benefit low-risk populations.
- For vulnerable families, medium-length interventions of up to 12 months appear to be more successful than brief or extended interventions.
- Interventions to improve parenting, family functioning and young children's mental health include therapy and support services for families with infants and preschool aged children.

Early childhood and preschool programmes

Preschool programmes promote cognitive and social skills that enhance school readiness and promote better school adjustment and performance, recognised as protective factors for behavioural problems. High quality preschool programmes can produce positive enduring changes in children's social and behavioural functioning (Barry *et al*, 2009).

- Characteristics of high-quality preschool programmes include:
 - ⇒ a developmentally appropriate curriculum based on child-initiated activities
 - ⇒ teaching teams that are knowledgeable in early childhood development receiving ongoing training and supervision
 - ⇒ class sizes ideally limited to fewer than 20 three- to five-year-olds with at least two teachers
 - ⇒ administrative leadership that includes support from the programme
 - ⇒ systematic efforts to involve parents in their child's education
 - ⇒ sensitivity to the non-educational needs of the child and family
 - ⇒ developmentally appropriate evaluation procedures.
- Effective programmes address preschool development, e.g. enhancing language, cognitive and social skills producing long-term results.
- Comprehensive programmes, combining elements of home visits with day care, high-quality education programmes and parent support appear to be the most effective (Barry *et al*, 2009).

- Community programmes for at-risk families with young children have produced a range of positive results, these include:
 - ⇒ universal preschool programmes such as family reading programmes
 - ⇒ health screening clinics
 - ⇒ organised leisure and TV programmes that teach elementary reading skills and socioemotional values (WHO, 2004).

3.2 Schools interventions

Schools (including college students up to 18 years), working with partners, should take a holistic approach to promoting health and wellbeing, one that takes account of the stage of growth, development and maturity of each individual, and the social and community context. Learning in health and wellbeing ensures that children and young people develop the knowledge and understanding, skills, capabilities and attributes needed for mental, emotional, social and physical wellbeing now and in the future (Curriculum for Excellence, 2004).

3.2.1 Schools – general recommendations

- Effective programmes to promote social and emotional wellbeing in primary education are based on partnership working with children **and** parents. Ensuring children can express their views and opinions is a vital aspect of this (NHS Health Scotland, 2010a)
- Comprehensive programmes that target multiple health outcomes in the context of a coordinated whole school approach are the most consistently effective strategically (Barry *et al*, 2009).
- Peer-led programmes and mentoring are recognised as useful approaches (Barry *et al*, 2009).
- Long-term interventions that promote the positive mental health of all children and young people and involve changes to the school ‘climate’ are likely to be more successful than brief class-based mental illness prevention programmes (Tennant *et al*, 2007).
- Mentoring programmes delivered in school and community settings showed that structured activities and ongoing training, especially those involving parents, were more effective than those without (Tennant *et al*, 2007).

Mental health promotion in schools (whole-school approach involving teachers, pupils, parents and the wider community) appears more effective than curriculum-based projects (Foresight, 2008)

3.2.2 Schools – specific interventions

Specific interventions have been divided into whole school approaches, universal approaches and targeted approaches.

Whole school approach

Effective whole school approaches encompass the use of school policies, systems and structures to create an ethos and an environment that promotes mental wellbeing, and as including, for example, the physical environment, links with parents and the community, and the management, development and support of teachers.

- Creating an ethos and conditions that support positive behaviours for learning and for successful relationships.
- Providing an emotionally secure and safe environment that prevents any form of bullying or violence.
- Supporting all pupils and, where appropriate, their parents or carers.
- Providing specific help for those children most at risk (or already showing signs) of social, emotional and behavioural problems.
- Offering teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing.
- Supporting 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.
- Developing coordinated mechanisms to ensure schools access the skills, advice and support needed to deliver a comprehensive and effective programme that develops children's social and emotional skills and wellbeing.
- Helping education establishments to develop the necessary organisational capacity to promote social and emotional wellbeing. This includes leadership and management arrangements, specialist skills and resources (NHS Health Scotland, 2010a; NHS Health Scotland, 2008).

Universal approach

An effective universal approach is one which provides a comprehensive programme to help develop children's social and emotional skills and wellbeing, including:

a. An integrated curriculum:

- A curriculum, provided throughout school education, by appropriately trained teachers and practitioners, which integrates the development of social and emotional skills within all subject areas. Skills include:
 - ⇒ problem solving
 - ⇒ coping skills
 - ⇒ conflict management/resolution
 - ⇒ understanding and managing feelings.

And, with respect to secondary education, also includes:

- ⇒ motivation
 - ⇒ self-awareness
 - ⇒ collaborative working
 - ⇒ how to manage relationships with parents, carers and peers.
- Integrating these activities to support the development of social and emotional skills and wellbeing, and to prevent bullying and violence in all areas of school life:
 - ⇒ In primary education, classroom-based teaching should be reinforced in assemblies, homework and play periods.
 - ⇒ In secondary education, such skills might be reinforced or developed through extra-curricular activities, using projects set for homework, or via community-based and individual voluntary work (NHS Health Scotland, 2010a; NHS Health Scotland, 2008).

b. Practitioner professional development:

- Training and development to ensure teachers and practitioners have the knowledge, understanding and skills to deliver the curriculum effectively, which also includes:
 - ⇒ Tailoring social and emotional skills education to the developmental needs of young people.
 - ⇒ How to manage behaviours and how to build successful relationships.
 - ⇒ How to be alert to, and deal with, problems outwith the school that may become apparent in the course of delivering the curriculum.
 - ⇒ In secondary education, systematically measuring and assessing young people's social and emotional wellbeing, and using the findings to plan activities and evaluate their impact.
- Training may include:
 - ⇒ Listening and facilitating skills and the ability to be non-judgmental.

- ⇒ How to manage behaviours effectively, based on an understanding of the underlying issues.
- ⇒ Identifying and responding to the needs of young people who may be experiencing emotional and behavioural difficulties.
- ⇒ How to access pastoral care based in secondary education or specialist services provided by other agencies, such as child and adolescent mental health services.
- ⇒ The issues in relation to different medical conditions (such as diabetes, asthma and epilepsy) to ensure young people with these conditions are not bullied, inappropriately excluded from school activities or experience any undue emotional distress.
- ⇒ Opportunities to reflect upon and develop their own social and emotional skills and awareness (NHS Health Scotland, 2010a; NHS Health Scotland, 2008).

c. Working in partnership with parents/carers:

- Supporting parents or carers to develop their parenting skills.
- 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.
- Giving parents/carers details of the school's policies on promoting social and emotional wellbeing and preventing mental health problems (NHS Health Scotland, 2010a; NHS Health Scotland, 2008).

d. Working in partnership with young people:

Particularly with respect to secondary education –

- Develop partnerships between young people and staff, ensure there are mechanisms so young people can contribute to decisions that may impact on their social and emotional wellbeing.
- Provide opportunities to build relationships, particularly with those who may find it difficult to seek support when they need it.
- Provide information on opportunities for discussing personal and emotional issues, and on rights on confidentiality.
- Involve young people in the creation, delivery and evaluation of training and continuing professional development (NHS Health Scotland, 2010).

e. Engaging children and young people in physical activity:

- Physical activity can help to promote mental wellbeing (e.g. good mood, feeling positive, good relationships with others, sense of purpose).
- Physical activity can help to prevent mental health problems (e.g. depression and anxiety) (NHS Health Scotland, 2009).

Targeted approach

Targeted interventions are aimed at children who are showing early signs of emotional and social difficulties.

1. Appropriate teacher/practitioner training – teachers/practitioners are trained to:

- identify and assess the early signs of anxiety, emotional distress and behavioural problems among primary school children
- be able to assess whether a specialist should be involved and make an appropriate request
- 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 (NHS Health Scotland, 2008).

3.3 Community interventions

Mentally healthy communities are those where people (including children and young people) feel safe, respected and supported; with access to a well-maintained physical environment; opportunities for social interaction, using and acquiring skills, participating and influencing as they wish to and with ease; and accessing resources as and when required and without barriers (www.foresight.gov.uk).

3.3.1 Community – general recommendations

- Community interventions should be multi-sectoral, involving health, employment/industry, education, environment, transport and social and community services, as well as non-governmental or community-based organisations such as health support groups, churches, clubs and other bodies (WHO 2004).

- Community interventions should involve children, young people, parents and carers in developing information, resources and services to support mental wellbeing and prevent problems.
- Community interventions should be focused on developing empowering processes and building a sense of ownership and social responsibility within community members.
- An essential part of community is the provision of, and fair access to, a wide range of services. These services should be easily accessible for all sections of the community and, for mental health benefits, go beyond health services to include libraries and culture and leisure facilities (Scottish Executive, 2003).

3.3.2 Community – specific interventions

Sports, arts and culture interventions

There is evidence that interventions promoting access to cultural and sporting experiences, including the arts, can enhance mental health improvement (www.foresight.gov.uk; Scottish Arts Council, 2008).

- Sports, arts and culture interventions can reduce truancy/bad behaviour at school, reduce the propensity to offend and lead to better educational/employment prospects (Scottish Government, 2004).
- For young people at risk, or actual offenders, a significant reduction in crime figures has occurred – or a reduced propensity to offend – when there is an ability to access sports, arts and culture interventions.
- Participation in arts activities can lead to increased confidence and the development of communication skills, an understanding of diversity and transferable skills for future employment.
- Participation in cultural or sporting activities has led to improved physical and mental health (e.g. reduced stress levels, reduction in anxiety and blood pressure, reduction in visits to GP, etc).¹
- Access to the arts in workplaces, health service settings and communities can increase personal empowerment through self-expression, gaining of skills and building relationships (Secker, 2007).

¹ NHS Health Scotland. (2009). *Physical activity and mental health in children and young people: Practitioners briefing*.

Youth work interventions

Youth work has a unique place in the promotion of mental health and wellbeing as young people choose to participate in it. Youth work offers young people the opportunity to grow and develop within a supported safe and trusted environment while intellectually, emotionally and physically challenging young people to develop through diverse relevant learning processes. Youth work interventions should:

- be located within a context of other services, settings and approaches, such as community groups, churches, schools, colleges, health centres, and justice, careers and enterprise organisations and agencies (www.youthinkscotland.org)
- develop opportunities for young people to explore emotional and mental health issues
- develop and deliver activities to promote peer support
- support youth and community initiatives in tackling bullying
- provide information about local support services and access, including internet resources
- support parents in dealing with issues relating to adolescence
- develop programmes and activities in dialogue with communities and participants
- provide opportunities to increase skills, confidence, networks and resources they need to tackle problems and grasp opportunities

(Scottish Executive, 2003).

Community learning and development interventions

Community learning and development (CLD) can increase the confidence and motivation of excluded young people and improve core skills, allowing individuals whose previous experience of education has been negative to tackle problems and grasp opportunities. Effective CLD for young people involves empowerment, participation, inclusion, self-determination and partnership. However, CLD and youth workers need particular support to enable them to continue to be effective.

Interventions to support CLD workers include:

- training and consultation for community learning and development workers, those in voluntary sector youth work, social workers and housing staff
- training on specific issues (e.g. aggressive behaviour, self-harm, ADHD, learning disability, mental health aspects of child protection issues) for community learning and development workers and those in voluntary sector youth work
- confidential, accessible and non-stigmatising counselling support for community learning and development workers, those engaged in voluntary sector youth work, and for young people
- group support sessions on particular issues or at particular times of stress (Scottish Executive, 2003).

Appendix 1 - References

(Please note there are two parts to this references section)

Sources used in researching interventions referred to in this briefing paper

Prof. Barry M, Canavan R, Clarke A, Dempsey C and O'Sullivan M. (2009). *Review of Evidence-based Mental Health Promotion and Primary/Secondary Prevention*. Health Promotion Research Centre, National University of Ireland, Galway Report prepared for the Department of Health: London.

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Secker J, Hacking S, Spandler H, Kent L, Shenton J. (2007). *Mental Health Social Inclusion and the Arts*. The Anglia Ruskin/UCLan Research Team.
www.socialinclusion.org.uk/publications/MHSIArts.pdf

YouthLink Scotland. (2007). *Changing Minds*.
www.youthlinkscotland.org/webs/245/documents/ChangingMinds.pdf

Appendix 2

Description of Scottish policies and frameworks relevant to this paper

Health For All Children 4 – guidance for implementation in Scotland. (2005).

www.scotland.gov.uk/Publications/2005/04/15161325/13269

Health for All Children 4 sets out proposals for preventive health care, health promotion and an effective community-based response to the needs of families, children and young people. It reflects the current evidence base and is in line with recommendations from the National Screening Committee. The programme is commended to all Health and Social Services Boards and Trusts.

Towards a Mentally Flourishing Scotland: Policy and Action Plan (2009–2011), Scottish Government (2009).

www.scotland.gov.uk/Publications/2009/05/06154655/0

Identified mentally healthy infants, children and young people as a strategic priority, and set out five commitments in that regard.

Getting It Right for Every Child (GIRFEC). (2008).

www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/CoreComponents/Q/editmode/on/forceupdate/on

GIRFEC has been established as the foundation for work in Scotland with all children and young people, and is also of relevance to practitioners in adult services who work with parents or carers. It is a fundamental, child-centred way of working to improve outcomes for children and young people, and threads through all existing policy, practice, strategy and legislation affecting children, young people and their families. GIRFEC encourages practitioners to look at the child's needs as a whole and identify where additional support can contribute to improving outcomes for the child. Many of its 10 core components are of relevance, particularly in respect to: a shared understanding of wellbeing; an integral role for children, young people and families in assessment, planning and interventions; high standards in co-operation, joint working and communication; maximising the skilled workforce within universal services to address needs and risks at the earliest opportunity; and a confident and competent workforce across all services for children. The wellbeing of children and young people is at the heart of GIRFEC. Eight 'Well-being Indicators' – healthy, achieving, nurtured, active, respected, responsible, included, and safe – are seen as the basic requirements for children and young people to grow, develop and reach their full potential.

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

Sets out a joint approach to early years and early intervention by the Scottish government and COSLA. It describes how early years and early intervention support the purpose and national performance framework, and proposes a list of tasks to be taken forward as part of the Early Years Framework.

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

Sets out a structured programme of actions, drawn primarily from existing policy initiatives and commitments, to improve services for children and young people in Scotland.

Better Health, Better Care: Action Plan. (2007).

www.scotland.gov.uk/Publications/2007/12/11103453/0

Gives a commitment to increase healthcare support for schools and teachers, starting in those areas with the highest concentrations of vulnerable children. The Scottish Government's Health and Wellbeing in Schools Project reflects that commitment (see:

www.scotland.gov.uk/Topics/Education/Schools/HLivi/health-care/aims).

Delivering for Mental Health (2006) – the mental health delivery plan for Scotland

www.scotland.gov.uk/Publications/2006/11/30164829/0

As the mental health delivery plan for Scotland, sets out targets and commitments for the development of mental health services in Scotland.

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

Developed to assist agencies in planning and delivering integrated approaches to children and young people's mental health across the continuum of promotion, prevention and care. It is intended for everyone who has a responsibility for children and young people, and for professionals working in adult services, who have a responsibility to consider the needs of clients' children.

Equally Well: Report of the Ministerial Task Force on Health Inequalities. (2008).

www.scotland.gov.uk/Publications/2008/06/25104032/0

Identified improving mental wellbeing as a priority, and its recommendations included the following.

Recommendation 11: 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. It was indicated that this should cover learning in mental, emotional, social and physical health to promote resilience, confident, independent thinking and positive attitudes.

Recommendation 15: 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. A similar expectation was expressed in Action 15 of the *Looked After Children and Young People: We Can and Must Do Better* Ministerial working group report (Scottish Executive 2007 – www.scotland.gov.uk/Publications/2007/01/15084446/0).

The Scottish Government's CEL 16 (2009)

(www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf) requested NHS Board Chief Executives to implement the recommendations arising from that report, including a requirement to ensure that a mental health assessment is offered to every looked-after child or young person.

Curriculum for Excellence

www.ltscotland.org.uk/curriculumforexcellence

Aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from ages 3 to 18. It expands the concept of the curriculum to include the ethos and life of the school as a community as well as curriculum areas and subjects, interdisciplinary learning and opportunities for personal achievement. Curriculum for Excellence shifts the focus away from inputs towards experiences and outcomes, set out under eight curriculum areas. Within the health and wellbeing curriculum area there is a specified set of mental, emotional, social and physical wellbeing experiences and outcomes

(www.ltscotland.org.uk/curriculumforexcellence/healthandwellbeing/index.asp)

Mental, emotional, social and physical wellbeing are viewed as inextricably interlinked and essential for successful learning. It is stated that the mental, emotional, social and physical wellbeing of everyone within a learning community should be positively developed by fostering a safe, caring, supportive, purposeful environment that enables the development of relationships based on mutual respect.

