National Institute for Health and Care Excellence

Draft for Consultation

Social, emotional and mental wellbeing in primary and secondary education

[E] Qualitative review for risk factors for poor social, emotional, and mental wellbeing

NICE guideline (tbc)

Evidence reviews underpinning research recommendations in the NICE guideline

January 2022

Draft for Consultation

These evidence reviews were developed by the Public Health Internal Guidelines team

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

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ISBN:

Contents

1 Risk factors for poor social, emotional and mental wellbeing

1.1 Review question

What are the barriers and facilitators to identifying children and young people at risk of poor social, emotional and mental wellbeing?

1.1.1 Introduction

Social and emotional skills are key during children and young people's development that may help to achieve positive outcomes in health, wellbeing and future success. These skills encompass five core competencies, self-awareness, self-regulation, social awareness, responsible decision-making and relationship skills. These skills can be taught during primary school in a cumulative approach whereby the skills acquired increase in complexity as appropriate to age and act as a foundation for further development in secondary school.

Some children may be 'struggling' to develop these skills and may be at risk of poor social, emotional and mental wellbeing outcomes. If risk factors for social, emotional and mental wellbeing could be identified, schools might be able to use this information to give the right kind of support to the children and young people who need it.

1.1.2 Summary of the protocol

Table 1: Summary of the protocol

Population	**Population (receiving the intervention)**
	• Children (including those with SEND) in UK key stages 1 and 2 in primary education
	• Children and young people (including those with SEND) in UK key stages 3 to 4 in secondary education
	• Young people in post-16 education (further education)
	  ○ up to the age of 18 or 19 for young people without SEND
	  ○ up to the age of 25 for young people with SEND
	Other populations:
	• Teachers/practitioners delivering the interventions
	• Parents/Carers of children and young people receiving the interventions
	The following educational settings will be included:
	• Schools providing primary and secondary education including maintained schools, schools with a sixth form, academies, free schools, independent schools, non-maintained schools, and alternative provision including pupil referral units (see Department for Education's Types of school).
	• Special schools.

	• Further education colleges for young people, generally between the ages of 16 and 18. • Young offender institutions. • Secure children's homes. • Secure training centres. • Secure schools. Exclusion: • Children in early years foundation stage (EYFS) • Young people not in education. • Young people with SEND in higher education.

Phenomenon of interest	Barriers and facilitators to
	• Implementing assessment tools designed to identify social and emotional difficulties for children and young people and
	• Identifying factors associated with poor social, emotional and mental wellbeing:
	  ○ Family, relationships and home life
	  ○ Wider school and neighbourhood environment
	  ○ Individual characteristics
	  ○ Socioeconomic circumstances

Outcomes	Quantitative outcome Survey finding e.g. proportion of people reporting on a specific barrier or facilitator Qualitative Views and experiences on barriers and facilitators to identifying risk of the following groups: • teachers and practitioners identifying children and young people at risk • children and young people identified as being at risk • parents/carers of children and young people identified as being at risk
Types of study to be included	Quantitative (Survey) • Mixed-method studies with a quantitative component • Survey or other cross-sectional studies that report on barriers and facilitators to these interventions. Qualitative (Views and experiences) • Qualitative studies of interventions for example focus groups and interview-based studies or mixed-methods studies with a qualitative component

1.1.3 Methods and process

This evidence review was developed using the methods and process described in Developing NICE guidelines: the manual and in the methods chapter.. Methods specific to this review question are described in the review protocol in Appendix A.

Declarations of interest were recorded according to NICE's conflicts of interest policy.

1.1.4 Qualitative evidence

1.1.4.1 Included studies

In total 22,007 references were identified through systematic searches. Of these, 10 references were considered relevant, based on title and abstract, to the protocols for risk factors and were ordered for full text review. Of these 1 was included, 7 references were excluded and 2 were not available. See Table 2 for a summary of studies included in this review. See Table 3 for a summary of evidence from the included studies. See Appendix D for full evidence tables.

1.1.4.2 Excluded studies

See Appendix J for full list of excluded studies

1.1.5 Summary of studies included in the qualitative evidence

Table 2: Summary of studies for barriers and facilitators for identifying children at risk of poor social and emotional wellbeing

Study	Setting	Informants	Method	Themes in study
Childs-Fegredo 2021 [UK]	Primary schools	Parents (n=19) School staff (n=26)	Semi-structured interviews	• Benefits and Facilitators of Early Identification Programmes • Barriers to and Harms of Early Identification • A Tailored Approach to Implementation

See Appendix D for full evidence tables.

1.1.6 Summary of the qualitative evidence

Table 3: Summary of evidence for barriers and facilitators for identifying children at risk of poor social and emotional wellbeing

Review theme and subthemes	Studies contributing (Study theme)	CERQual confidence rating	Summary	Supporting statements
Benefits and Facilitators of Early Identification Programmes				
Facilitates Early Identification and Leads to Timely Support	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	Training approaches were perceived to prepare children and staff to spot the early signs of Mental Health Disorders (MHDs) and increase the likelihood that children would disclose to staff as well as equip staff with the skills and knowledge to respond to such disclosures. By upskilling staff, training was seen to facilitate early identification, leading to timely support.	*"So definitely if all the staff are trained, there's definitely going to be more people there to notice, more kind of skilled people to notice, to be able to identify problems. Yeah, I'd say training is always a winner" Class Teacher, Norfolk*
Familiarity	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	The familiarity and quality of the school–parent relationship was identified as a critical facilitator of effective systematic identification of MHDs. Reflecting comments about the quality of relationships between teachers and parents, the familiar relationships between teachers and children were also seen as important facilitators of effective identification.	*"if that relationship was there with the child, they're more than likely to open up than if it was a stranger. Like me going down to year one and asking a child to fill out a questionnaire, they probably won't open up to me" Teaching Assistant, Norfolk*
Barriers to and Harms of Early Identification				

Review theme and subthemes	Studies contributing (Study theme)	CERQual confidence rating	Summary	Supporting statements
Lack of time and resources	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	Although MH was seen as easy to integrate with physical health topics into curriculum (PSHE), both teachers and parents were concerned that there would not be enough time to include mental health education in the curriculum. Both teachers and parents were particularly worried about the time involved in carrying out universal screening, and wondered if this was warranted in order to identify a relatively small number of children. The extra burden on staff was also acknowledged. Some staff thought selective screening was a more accept able and time effective approach, but placed more accountability on teachers.	*"I think the biggest factor would be time. Time fitting it into our curriculum. We're struggling to fit everything that we need to fit into the curriculum as it is." Headteacher, Cambridgeshire*
Burden of responsibility and risk	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	Parents were concerned that teacher training would place a huge responsibility on school staff and maybe beyond their remit. Participants were concerned about how schools would clarify the parameters of staff training in mental health and what would subsequently be expected of teachers. It was noted that support from Child and	*"you've got the problem I think of children labelling themselves or thinking they've got a mental disorder when they haven't. Or putting fear into them". School administrator, Cambridgeshire*

Review theme and subthemes	Studies contributing (Study theme)	CERQual confidence rating	Summary	Supporting statements
			Adolescent Mental Health Services (CAMHS) was often lacking due to high thresholds for access, which would leave schools with the responsibility of provision. Teachers also voiced concerns about psychiatric labels going on a child's record. These fears were around data usage and over-labelling.	
Stigma and Parental Engagement	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	There was a perception that stigma associated with MHD could impact on the way in which parents would complete questionnaires, or whether they engaged at all in selective or universal screening. School staff highlighted that good quality school–parent relationships can help mediate the barriers to effective systematic identification using any method, and was seen as particularly important in relation to universal screening, where explicit upfront parental consent may be needed. The possibility of creating stigma from screening children concerned both parents and staff. For screening to be both acceptable and feasible, anonymity and	*"going back to the stigma of mental health and some parents, I think, are quite protective over their families and don't want to…are a bit reluctant to ask for help. So I'm not sure how much honest opinion you would get back" Teaching Assistant, Cambridgeshire*

Review theme and subthemes	Studies contributing (Study theme)	CERQual confidence rating	Summary	Supporting statements
			confidentiality would be essential to avoid children being singled out and stigmatised, particularly for selective screening.	
Age appropriateness	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	The general consensus was that early identification programmes should be age appropriate and tailored for different age groups. Of the different methods, the curriculum-based identification method was seen to offer more flexibility in terms of how content could be developed, presented and tailored specifically for different age groups.	*"Obviously with the younger children we would have to read the questions to them, so that might have to be done, because they're never particularly good at ticking boxes." Headteacher, Cambridgeshire*
Accuracy and Reliability	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	Concern regarding false-positives and false-negatives were common to both parent and staff accounts relating to screening. Participants highlighted that children's emotions often fluctuate on a daily basis, and that answers to a questionnaire on a given day could therefore be an unrepresentative snapshot. Staff also expressed concern about the reliability of teacher identification following training, especially in the case of children with more internalised issues who behave	*None reported*

Review theme and subthemes	Studies contributing (Study theme)	CERQual confidence rating	Summary	Supporting statements
			well in class and achieve well academically.	
Staff Skills and Knowledge	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	Some staff considered training important in order to effectively deliver MH curricula to children. Others were concerned whether they would have the skills necessary for teaching about MH and thought they would lack confidence. School-wide training approach should be named 'staff training' as opposed to 'teacher training', thereby underscoring the importance of whole school buy-in to upskilling staff.	*"I would change 'teacher training' to 'staff training'… as soon as you call anything 'teacher training', lots of people in school will think it's nothing to do with them. So a professional development approach…" Headteacher, Norfolk*
A Tailored Approach to Implementation				
Implementing a 'Package' of Approaches	Childs-Fegredo 2021	Moderate confidence: Downgraded once for moderate concerns about adequacy	Participant responses did not lend to a 'one-size-fits-all' approach to the early identification of mental health issues in primary school children. Participants commented on how different approaches could work in combination with one another, often depending on school context. Teacher training and selective screening were seen to be able to work together.	*None reported*

1 See Appendix F for full GRADE-CERQual tables

1.1.7 Economic evidence

No economic evidence presented as the review does not concern interventions.

1.1.11 Mixed methods integration

Not applicable as no quantitative evidence was identified.

1.1.12 The committee's discussion and interpretation of the evidence

1.1.12.1. The outcomes that matter most

The committee noted that the barriers and facilitators identified in the qualitative evidence were similar to those mentioned in the expert testimony on 'facilitating and supporting partnership between mental health and education' from members of the Anna Freud Centre. Furthermore, the barriers and facilitators identified also resonated with their own experiences.

1.1.12.2 The quality of the evidence

The committee acknowledged that there was a clear lack of evidence in this area, as only one study was identified for extraction upon screening of 22,007 records and full-text review of 8 publications. However, the committee recognised that barriers and facilitators to identifying children and young people (CYP) at risk of poor social, emotional and mental wellbeing (SEMW) is a highly important area and were willing to use their own expertise to discuss the topic Since there was a lack of evidence in this important area, the committee did not feel confident to make recommendations based on a single qualitative. Instead, they agreed to make a research recommendation for more evidence on the barriers and facilitators to identifying children and young people at risk of poor social, emotional and mental wellbeing at school (see appendix G). The outcomes of the single included study were all rated as moderate confidence using GRADE CERQual.

1.1.12.3 Benefits and harms

The committee highlighted from their own experience that expression of emotional distress can vary widely from student to student. For example, children perceived to be simply misbehaving may in fact be presenting with a symptom for poor social, emotional and mental wellbeing. Furthermore, children that internalise their emotional distress may also be very difficult to identify as those with poor social, emotional and mental wellbeing. The committee were also mindful of potential cultural and gender differences and how this might affect displays of poor social, emotional and mental wellbeing. Additionally, education staff need to be aware that while many children and young people will have issues they are able to help resolve, there will also be those that they can't. Supporting staff to recognise and understand that they cannot resolve everything is important for preventing secondary trauma in teaching professionals.

Poor relationships between teachers and pupils, teachers and parents and teachers and other teachers were all identified as potential barriers to identifying children at risk of poor social, emotional and mental wellbeing. The committee commented that building of all these relationships should be encouraged. Enabling each group (pupils, teachers and parents) to be open about issues they might be facing will facilitate identification of those at risk of poor social, emotional and mental wellbeing. Training and awareness from educational staff was recognised as an important facilitator to identifying children and young people at risk of poor social, emotional and mental wellbeing, with lack of training and awareness being a barrier. They agreed this was covered by recommendations elsewhere in the guideline.

The committee also discussed school behaviour policies, practices and culture and encouraged the use of a trauma informed and restorative approaches to tackling behaviour problems. It is likely that that individual schools or groups of schools would look to achieve this through different methods and support from relevant local agencies would be essential. Moreover, the committee highlighted that trauma informed approaches may also benefit teacher awareness. This related to the whole school approach set out in the recommendations in section 1.1 of the guideline and discussed in evidence review A.

1.1.12.5 Other factors the committee took into account

The committee sought expert testimony about 'facilitating and supporting partnership between mental health and education'. They invited experts to speak about The Link Programme, an established national initiative run by the Anna Freud centre to bring together local leaders in mental health and education.

The committee were interested in the current state of practice in schools and the resource impact of adopting the Link Programme. They agreed that changes could be as simple as maintaining an up-to-date list of contacts for local MH services and noted that this was already recommended in section 1.1 of the guideline. However, the committee recognised that even simple changes such as this require time to be invested, which is a resource impact. See Appendix L for the full testimony.

1.1.13 Recommendations supported by this evidence review

No recommendations were made from this evidence review.

1.1.14 References – included studies

Childs-Fegredo, J., Burn, A.-M., Duschinsky, R. et al. (2021) Acceptability and Feasibility of Early Identification of Mental Health Difficulties in Primary Schools: A Qualitative Exploration of UK School Staff and Parents' Perceptions. School Mental Health 13(1): 143-159

Appendices

Appendix A – Review protocols

A1 Review protocol for Risk factors for poor social, emotional, and mental wellbeing

Field	Content
PROSPERO registration number	CRD42020187955
Review title (50 Words)	Identifying vulnerable children and young people as part of the whole-school approach
Review question (250 words)	What are the barriers and facilitators to identifying children and young people at risk of poor social, emotional and mental wellbeing?
Objective	To identify the barriers and facilitators of identifying risk factors for children and young people in UK key stages 1 to 4 and post-16 education or equivalent either in UK.
Searches (300 words)	The following databases will be searched: Medline and Medline in Process (OVID) Embase (OVID) CENTRAL (Wiley) Cochrane Database of Systematic Reviews (Wiley) PsycINFO (Ovid) Social Policy and Practice (OVID) ERIC (Proquest) Web of Science Database functionality will be used, where available, to exclude: non-English language papers animal studies

Field	Content
	editorials, letters and commentaries conference abstracts and posters registry entries for ongoing or unpublished clinical trials dissertations duplicates Searches will be restricted by: January 1995 to date UK filter Secondary Databases A simple keyword-based search approach will be taken in the following databases: DARE (legacy database - records up to March 2014 only) (CRD) National Guidelines Clearinghouse (US Dept. of Health and Human Services) Bibliomap (eppicentre) Dopher (eppicentre) Trophi (epicentre) Citation searching Depending on initial database results, forward citation searching on key papers may be conducted, if judged necessary, using Web of Science (WOS). Only those references which NICE can access through its WOS subscription would be added to the search results. Duplicates would be removed in WOS before downloading. The reference list of current (within 2 years) systematic reviews will be checked for relevant studies Websites

Field	Content
	Web searches will also be conducted. Google and Google Scholar will be searched for some key terms and the first 50 results examined to identify any UK reports or publications relevant to the review that have not been identified from another source. Searches will also be conducted on key websites for relevant UK reports or publications: Websites PSHE association Public Health England Department of Health Department for Education Public Health Institute Mentor-Adepis OFSTED National Foundation for Educational Research Research in Practice Education Endowment Foundation Office for Children's Commissioner Council for disabled children Results will be saved to EPPI Reviewer. A record will be kept of number of records found from each database and of the strategy used in each database. A record will be kept of total number of duplicates found and of total results provided to the Public Health team. The searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion.

Field	Content
	The full search strategies for MEDLINE database will be published in the final review.
Condition or domain being studied (200 words)	Social, emotional and mental wellbeing
Population (200 words)	Population (receiving the intervention) Children (including those with SEND) in UK key stages 1 and 2 in primary education Children and young people (including those with SEND) in UK key stages 3 to 4 in secondary education Young people in post-16 education (further education) up to the age of 18 or 19 for young people without SEND up to the age of 25 for young people with SEND Other populations: Teachers/practitioners delivering the interventions Parents/Carers of children and young people receiving the interventions The following educational settings will be included: Schools providing primary and secondary education including maintained schools, schools with a sixth form, academies, free schools, independent schools, non-maintained schools, and alternative provision including pupil referral units (see Department for Education's Types of school). Special schools. Further education colleges for young people, generally between the ages of 16 and 18. Young offender institutions.

Field	Content
	Secure children's homes. Secure training centres. Secure schools. Exclusion: Children in early years foundation stage (EYFS) Young people not in education. Young people with SEND in higher education.
Test/Exposure (200 words)	Barriers and facilitators to Implementing assessment tools designed to identify social and emotional difficulties for children and young people and Identifying factors associated with poor social, emotional and mental wellbeing: Family, relationships and home life Wider school and neighbourhood environment Individual characteristics Socioeconomic circumstances
Comparator (200 words)	Not applicable
Types of study to be included (150 words)	 Quantitative (Survey) Mixed-method studies with a quantitative component Survey or other cross-sectional studies that report on barriers and facilitators to these interventions. Qualitative (Views and experiences)

Field	Content
	Qualitative studies of interventions for example focus groups and interview-based studies or mixed-methods studies with a qualitative component
Other exclusion criteria (no separate section for this to be entered on PROSPERO – it gets included in the section above so within that word count)	Studies that are set in private homes will be excluded. Papers published in languages other than English will be excluded. Studies published before the year 1995 will be excluded. Studies from outside of the UK will be excluded. Studies not published in full text (e.g. protocols or summaries) will be excluded.
Context (250 words)	Population and setting: Universal population of children and young people in primary, secondary and further education (UK key stages 1 to 4 and post-16 education or equivalent). Within this, there may be differences in context depending on type of school, geographical location or socioeconomic status as well as subgroups of children such as those with special educational needs and disabilities. Social and emotional skills are key during children and young people's development that may help to achieve positive outcomes in health, wellbeing and future success. These skills can be taught during primary school in a cumulative approach whereby the skills acquired increase in complexity as appropriate to age and act as a foundation for further development in secondary school. Some children may be 'struggling' to develop these skills and may be at risk of poor social, emotional and mental wellbeing outcomes. If risk factors for social, emotional and mental wellbeing could be identified, schools might be able to use this information to give the right kind of support to the children and young people who need it,

Field	Content
Primary outcomes (critical outcomes) (200 words) A separate mandatory box for Timing and Measures of these outcomes needs to be completed within PROSPERO. Please list these under timing and measures heading (200 words)	Quantitative outcome Survey finding e.g. proportion of people reporting on a specific barrier or facilitator Qualitative Views and experiences on barriers and facilitators to identifying risk of the following groups: • teachers and practitioners identifying children and young people at risk • children and young people identified as being at risk • parents/carers of children and young people identified as being at risk
Timings and measures	Not applicable
Secondary outcomes (important outcomes) (200 words) As above a separate entry for the timing and measures of these additional outcomes (200 words)	None
Data extraction (selection and coding) (300 words)	All references identified by the searches and from other sources will be uploaded into EPPI-R5 and de-duplicated. This review will use the priority screening functionality within the EPPI-reviewer software. At least 50% of the identified abstracts will be screened. After this point, screening will only be terminated if a pre-specified threshold is met for a number of abstracts being screened without a single new include being identified. This threshold is set according to the expected proportion of includes in the review (with reviews with a lower proportion of includes needing a higher number of papers without an identified study to justify termination), and is always a minimum of 500.

Field	Content
	A random 10% sample of the studies remaining in the database when the threshold is met will be additionally screened, to check if a substantial number of relevant studies are not being correctly classified by the algorithm, with the full database being screened if concerns are identified. The full text of potentially eligible studies will be retrieved and will be assessed in line with the eligibility criteria outlined above (see sections 6-10). A standardised EPPI-R5 template will be used when extracting data from studies (this is consistent with the Developing NICE guidelines: the manual section 6.4). Details of the intervention will be extracted using the TIDieR checklist in EPPI-R5. Outcome data will be extracted into EPPI-R5 as reported in the full text. Study investigators may be contacted for missing data where time and resources allow.
Risk of bias (quality) assessment (200 words)	Risk of bias will be assessed on an outcome basis using the NICE preferred study design appropriate checklists for surveys and qualitative data as described in Developing NICE guidelines: the manual (Appendix H) Quantitative (Survey) Risk of bias will be assessed on an outcome basis using the NICE preferred study design appropriate checklist for surveys as described in Developing NICE guidelines: the manual (Appendix H) CEBM checklist Qualitative (views and experiences)

Field	Content
	Risk of bias will be assessed on an outcome basis using the following NICE preferred study design appropriate checklist for qualitative studies as described in Developing NICE guidelines: the manual (Appendix H) CASP qualitative checklist For mixed methods studies we will use the Mixed Methods Appraisal Tool (MMAT)
Strategy for data synthesis (300 words)	For quantitative data, the proportion or percentages of respondents reporting each barrier or facilitator will be reported in GRADE tables For qualitative evidence, the key themes and supporting statements from the studies will be categorised into themes relevant to the review across all studies using a thematic analysis. Where appropriate, the quality or certainty across all available evidence will be evaluated for each outcome using the GRADE CERQual approach for qualitative data and GRADE for quantitative data. Integration of data As we have included different types of data from different sources as follows: Quantitative cross-sectional data from surveys on barriers and facilitators Qualitative barriers and facilitators An inductive convergent segregated approach will be undertaken to combine findings from each review. Where possible qualitative and quantitative data will be integrated using tables.

Field	Content
	Where quantitative and qualitative data comes from the same study, the technical team will present the qualitative analytical themes next to quantitative effectiveness data for the committee to discuss. different studies, the committee will be asked to interpret both sets of finding using a matrix approach for the committee discussion section.
Analysis of sub-groups (250 words)	Not applicable
Type of method of review	Intervention
Language	English
Country	England
Named contact	5a. Named contact Public Health Guideline Development Team 5b Named contact e-mail PHAC@nice.org.uk 5c Named contact address National Institute for Health and Care Excellence Level 1A City Tower Piccadilly Plaza Manchester M1 4BD 5d Named contact phone number +44 (0)300 323 0148

Field	Content
	5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and NICE Public Health Guideline Development Team.
Review team members	From the Centre for Guidelines: Hugh McGuire, Technical Adviser Sarah Boyce, Technical Analyst Lesley Owen, Health economist Rachel Adams, Information Specialist Chris Carmona, Technical Adviser Giacomo De Guisa, Technical Analyst Adam O'Keefe, Project Manager
Funding sources/sponsor	This systematic review is being completed by the Centre for Guidelines which receives funding from NICE.
Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
Collaborators NB: This section within PROSPERO does not have free text option. Names of committee members to be inserted individually by the project manager and any additional collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website.

Field	Content	
Other registration details (50 words)	None	
Reference/URL for published protocol	None	
Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: notifying registered stakeholders of publication publicising the guideline through NICE's newsletter and alerts issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
Keywords	Social, emotional and mental wellbeing, identifying risk, children and young people	
Details of existing review of same topic by same authors (50 words)	None	
Current review status	☒	Ongoing
	☐	Completed but not published
	☐	Completed and published
	☐	Completed, published and being updated
	☐	Discontinued
Additional information	None	
Details of final publication	https://www.nice.org.uk/	

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Appendix B – Literature search strategies

Please see below for Medline strategy. For full search strategies refer to the searches document on the guideline webpage.

Database name: Medline

Database: Ovid MEDLINE(R) <1946 to March 19, 2020>

Search Strategy:

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1 ((Social or emotional or social-emotional or socio or socio-emotional or pro-social or prosocial) adj3 (wellbeing or well-being or wellness)).ti,ab. (7689)

2 (resilien* or coping).ti,ab. (65450)

3 Adaptation, Psychological/ or Resilience, Psychological/ (96910)

4 (self-control or "emotional regulation" or self-aware* or self-efficacy or self-regulat* or self-confiden* or self-management or self-esteem or self-concept or "emotional intelligence" or "zones of regulation").ti,ab. (74173)

5 Emotional Intelligence/ (2055)

6 Self Concept/ or self efficacy/ (74765)

7 Emotional Adjustment/ or Social Adjustment/ (23763)

8 ((social or interpersonal or communication or relationship* or friend*) adj2 (skill* or competence* or attribute*)).ti,ab. (19197)

9 empathy.ti,ab. (9424)

10 Social Behavior/ or Social Values/ or Social Skills/ (71856)

11 ("personal development" or "youth development").ti,ab. (2118)

12 Mental Health/ (36828)

13 (mental adj2 (health or wellbeing or well-being or "well being" or wellness)).ti,ab. (114810)

14 ((psychological or "psycho social" or psycho-social or psychosocial) adj2 (wellbeing or "well being" or well-being)).ti,ab. (9978)

15 ((anxiety or anxious or depression or depressed or depressive or stress*) adj2 (child* or teen* or adolescen* or youth* or "young people" or "young person*")).ti,ab. (15788)

16 "adverse childhood experience*".ti,ab. (1125)

17 ((ACE or ACEs) and child*).ti,ab. (1314)

18 "child* trauma*".ti,ab. (3210)

19 "Child* adversity".ti,ab. (1029)

20 *Life Change Events/ (10418)

21 or/1-20 (479337)

22 Child/ or Child Health/ or Child Welfare/ or Adolescent/ or Adolescent Health/ (2774367)

23 (child* or adolescen* or kid or kids or youth* or youngster* or minor or minors or underage* or under-age* or "under age*" or "young person*" or "young people" or pre-adolescen* or preadolescen* or pre-teen* or preteen* or teen or teens or teenager* or juvenile* or boy or boys or boyhood or girl or girls or girlhood or schoolchild* or "school age*" or school-age* or schoolage* or K-12).ti,ab. (1722814)

24 or/22-23 (3426878)

25 (school* or pupil* or teacher* or headteach* or head-teach* or headmaster* or headmistress*).ti,ab. (279211)

26 ((school* or academy or academies or teacher) adj3 principal*).ti,ab. (431)

27 schools/ or teaching/ or school health services/ or school nursing/ or school teachers/ (103235)

28 (((city or technical) and (academy or academies or college*)) or sixth-form* or "sixth form*" or "6th form*" or "lower six*" or "upper six*" or "post 16" or post-16 or "further education").ti,ab. (4752)

29 ("year one" or "year 1" or "year two" or "year 2" or "year three" or "year 3" or "year four" or "year 4" or "year five" or "year 5" or "year six" or "year 6" or "year seven" or "year 7" or "year eight" or "year 8" or "year nine" or "year 9" or "year ten" or "year 10" or "year eleven" or "year 11" or "year twelve" or "year 12" or "year thirteen" or "year 13" or "key stage one" or "key stage 1" or "key stage two" or "key stage 2" or "key stage three" or "key stage 3" or "key stage four" or "key stage 4" or "key stage five" or "key stage 5" or KS1 or KS2 or KS3 of KS4 or KS5 or "grade one" or "grade 1" or "grade two" or "grade 2" or "grade three" or "grade 3" or "grade four" or "grade 4" or "grade five" or "grade 5" or "grade six" or "grade 6" or "grade seven" or "grade 7" or "grade eight" or "grade 8" or "grade nine" or "grade 9" or "grade ten" or "grade 10" or "grade eleven" or "grade 11" or "grade twelve" or "grade 12" or "first grade" or "1st grade*" or "second grade*" or "2nd grade*" or "third grade*" or "3rd grade*" or "fourth grade*" or "4th grade*" or "fifth grade*" or "5th grade*" or "sixth grade*" or "6th grade*" or "seventh grade*" or "7th grade*" or "eighth grade*" or "8th grade*" or "ninth grade*" or "9th grade*" or "tenth grade*" or "10th grade*" or "eleventh grade*" or "11th grade*" or "twelfth grade*" or "12th grade*").ti,ab. (102492)

30 or/25-29 (417445)

31 (medical or medicine or dental or dentist* or doctor* or physician* or nursing or "teaching hospital*" or undergraduate* or graduate* or postgraduate* or preschool* or pre-school* or nursery or "higher education" or university or universities).ti,ab. (2197699)

32 30 not 31 (278506)

33 24 and 32 (155206)

34 21 and 33 (24029)

35 (risk adj2 (assess* or measure* or tool*)).ti,ab. (89595)

36 ("risk factor*" or "high risk" or "at risk" or "relative risk").ti,ab. (849741)

37 ((education* or social) adj risk*).ti,ab. (1367)

38 *risk/ (4036)

39 Risk Factors/ (808420)

40 risk assessment/ (258239)

41 (protective adj (factor* or characteristic*)).ti,ab. (14669)

42 Protective Factors/ (3923)

43 (predictor* or prevalence* or determinant* or incidence*).ti. (302695)

44 *Prevalence/ or *Incidence/ (1298)

45 ((detrimental or poor* or worse or negative*) adj2 outcome*).ti,ab. (78794)

46 (vulnerab* adj2 (child* or adolescen* or teen* or youth* or "young person*" or "young people" or pupil*)).ti,ab. (2630)

47 Vulnerable populations/ (10086)

48 or/35-47 (1783526)

49 34 and 48 (5975)

50 limit 49 to english language (5686)

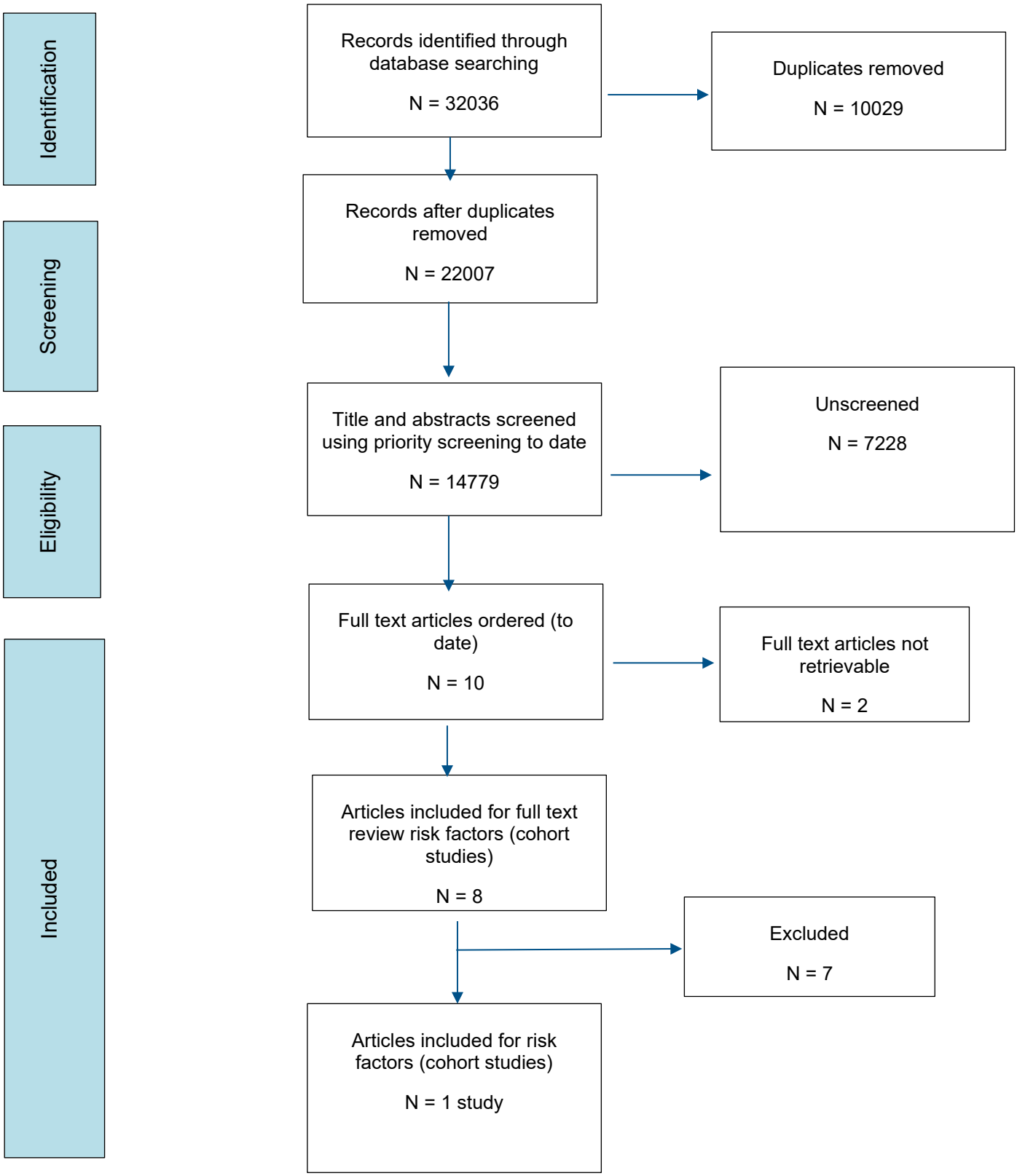
51 limit 50 to (letter or historical article or comment or editorial or news or case reports) (54)

52 50 not 51 (5632)

53 limit 52 to yr="1995 - 2020" (5181)

54 remove duplicates from 53 (5176)

Appendix C – Qualitative evidence study selection



Appendix D – Qualitative evidence

D.1 Childs-Fegredo, 2021

Bibliographic Reference	Childs-Fegredo, J.; Burn, A.-M.; Duschinsky, R.; Humphrey, A.; Ford, T.; Jones, P. B.; Howarth, E.; Acceptability and Feasibility of Early Identification of Mental Health Difficulties in Primary Schools: A Qualitative Exploration of UK School Staff and Parents' Perceptions; School Mental Health; 2021; vol. 13 (no. 1); 143-159

Study details

Study design	Interview study
Trial registration number	Not reported
Aim	• To explore the 'in principle' acceptability of four key methods of identification from key stakeholders in primary/elementary schools using qualitative methods. • To gather UK parent and teacher views on the relative benefits and harms of each model and to ascertain participants' overall preference for any one of the four models.
Country/geographical location	United Kingdom
Setting	Four participating UK primary schools in the East of England (all are situated in relatively socially deprived areas)
Inclusion criteria	• Parents (n=19) that had previously participated in a survey for the Developing Early identification and Access in Learning Environments (DEAL) and had indicated their willingness to be contacted by the research team for a follow-up interview.

	• Staff (n=26) that included a range of management, teaching and nonteaching roles in each school, including the head-teacher, deputy/assistant head teacher, Special Educational Needs Co-ordinators, class room teachers representing reception, infants and juniors, teaching assistants, administrators and lunchtime supervisors
Exclusion criteria	Not reported
Statistical method(s) used to analyse the data	• Thematic analysis drawing on the approach of constant comparison was utilised to construct a coding framework calibrated by the research team, including inductive and deductive codes. • The codeframe and all the anonymised transcripts were coded in NVivo.
Attrition	Not applicable
Study limitations (author)	The sample were mostly women and nearly all white British so cannot be taken to represent the views of male educators, fathers or those of Black Asian & Minority Ethnic (BAME) backgrounds within the four schools from which our participants were drawn. The study looked only at the perceptions of staff and parents in primary schools.
Study limitations (reviewer)	Lack of information on exclusion criteria
Source of funding	This study is a summary of research funded by the National Institute of Health Research (NIHR) Applied Research Collaboration East of England (ARC EoE) programme.
Theme 1	**Benefits and Facilitators of Early Identification Programmes** In general, the identification programmes were viewed positively because they help facilitate early identification and access to timely support, and help to raise awareness about MH and reduce stigma.

Facilitates Early Identification and Leads to Timely Support

Training approaches were perceived to prepare children and staff to spot the early signs of MHDs, and increase the likelihood that children would disclose to staff as well as equip staff with the skills and knowledge to respond to such disclosures. Parents and staff were very positive about teacher training and thought it important for accurate identification and discussion of MH with children.

"So definitely if all the staff are trained, there's definitely going to be more people there to notice, more kind of skilled people to notice, to be able to identify problems. Yeah, I'd say training is always a winner" Class Teacher, Norfolk

Overall, teachers thought that training would help them to respond consistently and would empower them to know what to do in various situations. By upskilling staff, training was seen to facilitate early identification, leading to timely support. The universal screening approach was viewed positively by parents and staff as an effective method for identifying mental health problems, particularly in those children who hide their feelings and are 'invisible' and may 'slip through the net'.

"at least you find out everything…the quiet ones who don't really want to say something… will happily read a question and tick a box" Parent, Norfolk

Familiarity

The familiarity and quality of the school–parent relationship was identified as a critical facilitator of effective systematic identification. Reflecting comments about the quality of relationships between teachers and parents, the familiar relationships between teachers and children were also seen as important facilitators of effective identification.

	"if that relationship was there with the child, they're more than likely to open up than if it was a stranger. Like me going down to year one and asking a child to fill out a questionnaire, they probably won't open up to me" Teaching Assistant, Norfolk
Theme 2	**Barriers to and Harms of Early Identification** Perceived barriers to the implementation of early identification programmes in schools focussed on lack of time and resources, the burden of responsibility and risk, parental engagement, the need for programmes to be age appropriate and factors that impede accuracy and reliability. Perceived harms of early identification such as increasing stigma and labelling were raised. <u>Lack of time and resources</u> Although MH was seen as easy to integrate with physical health topics into curriculum (PSHE), both teachers and parents were concerned that there would not be enough time to include mental health education in the curriculum. *"I think the biggest factor would be time. Time fitting it into our curriculum. We're struggling to fit everything that we need to fit into the curriculum as it is."* Headteacher, Cambridgeshire Both teachers and parents were particularly worried about the time involved in carrying out universal screening, and wondered if this was warranted in order to identify a relatively small number of children. The extra burden on staff was also acknowledged: *"delivery time to do it and not just carrying out the questionnaire, but collating the results and analysing everything."* Class teacher, Norfolk.

Some staff thought selective screening was a more accept able and time effective approach, but placed more account ability on teachers.

Burden of responsibility and risk

Parents were concerned that teacher training would place a huge responsibility on school staff and maybe beyond their remit:

"But then not being funny, teachers, if they're teaching, how are they then going to have a one on one with a child if we think there's an issue? You should just have someone specialising in it, coming in" Parent, Norfolk

Participants were concerned about how schools would clarify the parameters of staff training in mental health and what would subsequently be expected of teachers. Staff commented that once a child is identified as having a MHD, schools may have an ethical dilemma when deciding what level of support to provide. Support from CAMHS was often lacking due to high thresholds for access, which would leave schools with the responsibility of provision.

Teachers also voiced concerns about psychiatric labels going on a child's record. These fears were around data usage and over-labelling. Many participants, especially parents, were concerned that identification programmes might cause increased and perhaps unnecessary anxiety, even 'putting ideas in their [children's] heads' and potentially labelling children.

"you've got the problem I think of children labelling themselves or thinking they've got a mental disorder when they haven't. Or putting fear into them". School administrator, Cambridgeshire

Stigma and Parental Engagement

There was a perception that stigma associated with MHD could impact on the way in which parents would complete questionnaires, or whether they engaged at all in selective or universal screening:

"going back to the stigma of mental health and some parents, I think, are quite protective over their families and don't want to…are a bit reluctant to ask for help. So I'm not sure how much honest opinion you would get back" Teaching Assistant, Cambridgeshire

Resonating with the theme of familiarity described above, school staff highlighted that good quality school–parent relationships can help mediate the barriers to effective systematic identification using any method, and was seen as particularly important in relation to universal screening, where explicit upfront parental consent may be needed. School staff in particular felt that some parents would be reluctant to engage with any type of screening, in some cases fearing that they would be blamed by the school for their children's difficulties.

The possibility of creating stigma from screening children concerned both parents and staff. For screening to be both acceptable and feasible, anonymity and confidentiality would be essential to avoid children being singled out and stigmatised. This is particularly the case for selective screening where children in particular risk groups may feel more singled out from their peers.

Age Appropriateness

The general consensus was that early identification programmes should be age appropriate and tailored for different age groups. Of the different methods, the curriculum-based identification method was seen to offer more flexibility in terms of how content could be developed, presented and tailored specifically for different age groups.

"Obviously with the younger children we would have to read the questions to them, so that might have to be done, because they're never particularly good at ticking boxes." Headteacher, Cambridgeshire

Accuracy and Reliability

Concern regarding false-positives and false-negatives were common to both parent and staff accounts relating to screening. Participants highlighted that children's emotions often fluctuate on a daily basis, and that answers to a questionnaire on a given day could therefore be an unrepresentative snapshot. Staff also expressed concern about the reliability of teacher identification following training, especially in the case of children with more internalised issues who behave well in class and achieve well academically. Parents expressed concerns of whether staff were qualified to make adequate judgements about potential mental health issues in pupils.

Staff Skills and Knowledge

Some staff considered training important in order to effectively deliver MH curricula to children. Others were concerned whether they would have the skills necessary for teaching about MH and thought they would lack confidence. Some suggested outside trainers or MH specialists who understand the culture of the school may be more appropriate for

	delivering curriculum material to children than staff. School-wide training approach should be named 'staff training' as opposed to 'teacher training', thereby underscoring the importance of whole school buy-in to upskilling staff: *"I would change 'teacher training' to 'staff training'… as soon as you call anything 'teacher training', lots of people in school will think it's nothing to do with them. So a professional development approach…"* Headteacher, Norfolk
Theme 3	**A Tailored Approach to Implementation** Participant responses did not lend to a 'one-size-fits-all' approach to the early identification of mental health issues in primary school children. A theme was identified suggesting the relevance of a 'tailored' approach informed by school characteristics. <u>Implementing a 'Package' of Approaches</u> Participants commented on how the approaches could work in combination with one another, often depending on school context. Teacher training and selective screening were seen to be able to work together: This sub-theme illustrated that all approaches have a place in the early identification of MHDs and could be used in a way which was tailored to the individual school context

Critical appraisal - CASP qualitative checklist

Section	Question	Answer
Aims of the research	Was there a clear statement of the aims of the research?	Yes
Appropriateness of methodology	Is a qualitative methodology appropriate?	Yes

Section	Question	Answer
Research Design	Was the research design appropriate to address the aims of the research?	Yes
Recruitment Strategy	Was the recruitment strategy appropriate to the aims of the research?	Yes
Data collection	Was the data collected in a way that addressed the research issue?	Yes
Researcher and participant relationship	Has the relationship between researcher and participants been adequately considered?	Can't tell
Ethical Issues	Have ethical issues been taken into consideration?	Yes
Data analysis	Was the data analysis sufficiently rigorous?	Yes
Findings	Is there a clear statement of findings?	Yes
Research value	How valuable is the research?	The research is valuable
Overall risk of bias and relevance	Overall risk of bias	Low
Overall risk of bias and relevance	Relevance	Highly relevant

Appendix F – GRADE CERQual tables

F.1.1 Barriers and Facilitators to identifying children at risk of poor social, emotional and mental wellbeing

Summary of review finding	Studies contributing to review finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence
Benefits and Facilitators of Early Identification Programmes						
Facilitates Early Identification and Leads to Timely Support Training approaches were perceived to prepare children and staff to spot the early signs of Mental Health Disorders (MHDs) and increase the likelihood that children would disclose to staff as well as equip staff with the skills and knowledge to respond to such disclosures. By upskilling staff, training was seen to facilitate early identification, leading to timely support.	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	**Moderate confidence** Data from a single study and unable to check for inconsistency.
Familiarity The familiarity and quality of the school–parent relationship was identified as a critical facilitator of effective systematic identification of MHDs. Reflecting comments about the quality of relationships between teachers and parents, the familiar	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at	**Moderate confidence** Data from a single study and unable to check for inconsistency.

Summary of review finding	Studies contributing to review finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence
relationships between teachers and children were also seen as important facilitators of effective identification.					risk of poor social, emotional and mental wellbeing.	
Barriers to and Harms of Early Identification						
Lack of time and resources Although MH was seen as easy to integrate with physical health topics into curriculum (PSHE), both teachers and parents were concerned that there would not be enough time to include mental health education in the curriculum. Both teachers and parents were particularly worried about the time involved in carrying out universal screening, and wondered if this was warranted in order to identify a relatively small number of children. The extra burden on staff was also acknowledged. Some staff thought selective screening was a more accept able and time effective approach, but placed more accountability on teachers.	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	**Moderate confidence** Data from a single study and unable to check for inconsistency.
Burden of responsibility and risk Parents were concerned that teacher training would place a huge	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and	**Moderate confidence**

Summary of review finding	Studies contributing to review finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence
responsibility on school staff and maybe beyond their remit. Participants were concerned about how schools would clarify the parameters of staff training in mental health and what would subsequently be expected of teachers. It was noted that support from Child and Adolescent Mental Health Services (CAMHS) was often lacking due to high thresholds for access, which would leave schools with the responsibility of provision. Teachers also voiced concerns about psychiatric labels going on a child's record. These fears were around data usage and over-labelling.			study that reports on this theme.		experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	Data from a single study and unable to check for inconsistency.
Stigma and Parental Engagement There was a perception that stigma associated with MHD could impact on the way in which parents would complete questionnaires, or whether they engaged at all in selective or universal screening. School staff highlighted that good quality school–parent relationships can help mediate the barriers to effective systematic identification using any method, and	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	**Moderate confidence** Data from a single study and unable to check for inconsistency.

Summary of review finding	Studies contributing to review finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence
was seen as particularly important in relation to universal screening, where explicit upfront parental consent may be needed. The possibility of creating stigma from screening children concerned both parents and staff. For screening to be both acceptable and feasible, anonymity and confidentiality would be essential to avoid children being singled out and stigmatised, particularly for selective screening.						
Age appropriateness The general consensus was that early identification programmes should be age appropriate and tailored for different age groups. Of the different methods, the curriculum-based identification method was seen to offer more flexibility in terms of how content could be developed, presented and tailored specifically for different age groups.	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	**Moderate confidence** Data from a single study and unable to check for inconsistency.
Accuracy and Reliability Concern regarding false-positives and false-negatives were common to both parent and staff accounts	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences	**Moderate confidence** Data from a single study

Summary of review finding	Studies contributing to review finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence
relating to screening. Participants highlighted that children's emotions often fluctuate on a daily basis, and that answers to a questionnaire on a given day could therefore be an unrepresentative snapshot. Staff also expressed concern about the reliability of teacher identification following training, especially in the case of children with more internalised issues who behave well in class and achieve well academically.			study that reports on this theme.		related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	and unable to check for inconsistency.
Staff Skills and Knowledge Some staff considered training important in order to effectively deliver MH curricula to children. Others were concerned whether they would have the skills necessary for teaching about MH and thought they would lack confidence. School-wide training approach should be named 'staff training' as opposed to 'teacher training', thereby underscoring the importance of whole school buy-in to upskilling staff.	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	**Moderate confidence** Data from a single study and unable to check for inconsistency.
A Tailored Approach to Implementation						

Summary of review finding	Studies contributing to review finding	Methodological limitations	Coherence	Adequacy	Relevance	CERQual assessment of confidence in the evidence
Implementing a 'Package' of Approaches Participant responses did not lend to a 'one-size-fits-all' approach to the early identification of mental health issues in primary school children. Participants commented on how different approaches could work in combination with one another, often depending on school context. Teacher training and selective screening were seen to be able to work together.	Childs-Fegredo 2021	**No concerns** (Study with low risk of bias)	**No concerns** Finding reflects the data from study that reports on this theme.	**Moderate concerns** Limited to data from one study.	**No concerns** Study related to the views and experiences related to identifying children and young people at risk of poor social, emotional and mental wellbeing.	**Moderate confidence** Data from a single study and unable to check for inconsistency.

Appendix G – Excluded studies

Study	Code [Reason]
Alvarez, K.M., Donohue, B., Kenny, M.C. et al. (2005) The process and consequences of reporting child maltreatment: A brief overview for professionals in the mental health field. Aggression and Violent Behavior 10(3): 311-331	- Ordered but not received
Boulton, Michael J, Boulton, Louise, Down, James et al. (2017) Perceived barriers that prevent high school students seeking help from teachers for bullying and their effects on disclosure intentions. Journal of adolescence 56: 40-51	- Outcomes not relevant
Daeem, Raida, Mansbach-Kleinfeld, Ivonne, Farbstein, Ilana et al. (2019) Barriers to help-seeking in Israeli Arab minority adolescents with mental health problems: results from the Galilee study. Israel journal of health policy research 8(1): 45	- Study set outside the UK
Dwyer, Sarah B, Nicholson, Jan M, Battistutta, Diana et al. (2005) Teachers' knowledge of children's exposure to family risk factors: Accuracy and usefulness. Journal of School Psychology 43(1): 23-38	- Ordered but not received
Espelage, Dorothy L., Robinson, Luz E., Woolweaver, Ashley et al. (2021) Implementation of Tiplines and Reporting Apps for School Safety: A Qualitative Analysis of Parent and School Personnel Perspectives. Journal of School Violence 20(3): 336-350	- Study set outside the UK
Gilbert, R., Kemp, A., Thoburn, J. et al. (2009) Recognising and responding to child maltreatment. The Lancet 373(9658): 167-180	- Outcomes not relevant
Kern, Margaret L., Cahill, Helen, Morrish, Lucy et al. (2021) The Responsibility of Knowledge: Identifying and Reporting Students with Evidence of Psychological Distress in Large-Scale School-Based Studies. Research Ethics 17(2): 193-216	- Study set outside the UK
Lane, Kathleen Lynne; Oakes, Wendy Peia; Menzies, Holly Mariah (2021) Considerations for Systematic Screening PK-12: Universal Screening for Internalizing and Externalizing	- Study set outside the UK

Study	Code [Reason]
Behaviors in the COVID-19 Era. Preventing School Failure 65(3): 275-281	
Verlenden, Jorge; Naser, Shereen; Brown, Jeffrey (2021) Steps in the Implementation of Universal Screening for Behavioral and Emotional Risk to Support Multi-Tiered Systems of Support: Two Case Studies. Journal of Applied School Psychology 37(1): 69-107	- Study set outside the UK

Appendix H – Research recommendations – full details

H.1.1 Research recommendation

What are the barriers and facilitators to identifying children and young people at risk of poor social, emotional and mental wellbeing at school?

H.1.2 Why this is important

The committee recognised that barriers and facilitators to identifying children and young people (CYP) at risk of poor social, emotional and mental wellbeing (SEMW) is a highly important area to the current guideline. There is currently minimal data on the topic. If barriers and facilitators to identifying CYP at risk of SEMW are known, it is more likely the SEMW needs of CYP will be identified and addressed in a timely manner.

H.1.3 Rationale for research recommendation

Importance to 'patients' or the population	There is very limited data on the barriers facilitators to identifying CYP at risk of poor SEMW. Understanding this area is important to ensuring the SEMW needs of CYP are met in a timely manner.
Relevance to NICE guidance	Limited evidence currently exists on this area. Further research may affect future iterations of this guideline.
Relevance to the NHS	Identifying CYP at risk of poor SEMW earlier may reduce the need for referrals and reduce the pressure on CAMHS.
National priorities	NICE will publish the current guideline on SEMW in primary and secondary education in July 2022.
Current evidence base	Very limited data (one study) on the barriers and facilitators to identifying CYP at risk of poor SEMW.
Equality considerations	None known

H.1.4 Modified PICO table

Population	CYP in primary and secondary education Teachers / practitioners Parents / carers
Test / exposure	Barriers and facilitators to identifying CYP at risk of poor SEMW
Comparator	Not applicable
Outcome	Survey finding e.g. proportion of people reporting on a specific barrier or facilitator Views and experiences on barriers and facilitators to identifying risk from CYP, teachers / practitioners and parents / carers
Study design	Mixed-method studies

	Survey or other cross-sectional studies Qualitative studies
Timeframe	Long term
Additional information	None

Appendix I – Expert Testimony

Section A: Developer to complete	
Name:	Gemma Niebieszczanski & Dr Melissa Cortina
Role:	Programme Manager & Senior Research Fellow
Institution/Organisation (where applicable):	Anna Freud National Centre for Children and Families
Contact information:	[redacted]
Guideline title:	Social, emotional and mental wellbeing in primary and secondary education
Guideline Committee:	PHAC C
Subject of expert testimony:	Facilitating and supporting partnership between mental health and education
Evidence gaps or uncertainties:	What are the barriers and facilitators to identifying children and young people at risk of poor social, emotional and mental wellbeing? Assessment tools for SEMW: (which assessment tools and approaches are useful for assessing need in children and young people who have been identified as having poor social, emotional and mental wellbeing?)

Section B: Expert to complete
Summary testimony:

Facilitating and supporting partnership between mental health and education

The Link Programme is an established national initiative to bring together local leaders in mental health and education. The programme is currently in its sixth year and has reached a total of 2,896 schools / colleges and 2,280 mental health professionals. As of 2019, the programme has been offered to all schools and colleges in England. The Anna Freud Centre has developed a bespoke framework (CASCADE) for stakeholders working with children and young people (CYP) to identify levels of joint working across seven key domains.

- C – Clarity on roles, remit and responsibility of partners involved in supporting CYP's mental health
- A – Agreed point of contact and role in schools and CYP mental health services
- S – Structures to support shared planning and collaborative working
- C – Common approach to outcome measures for young people
- A – Ability to continue to learn and draw on best practice
- D – Development of integrated working to promote rapid and better access to support
- E – Evidence based approach to intervention

Common barriers to effective joint working include:

- Staff turnover and negative attitudes towards mental health (MH) support
- Lack of capacity in schools for CYP MH support
- Changes to school leadership
- Poor communication between CYP MH services and lack clarity around referral and service pathways
- Changes to national policy and funding arrangements for CYP MH

Facilitators to effective joint working include:

- Strong local systems leadership
- Strategic level buy-in and organisational commitment
- Representation of key stakeholders (e.g. NHS CYPMHS)
- Top down, structural changes, initiatives, & policies
- Accountability and oversight mechanisms being in place

The COVID-19 pandemic has led to significant changes in the education landscape. There have been increases in school-based mental support for both CYP and staff. Additionally, a greater number of education staff have reported adequate resources and support for mental health issues within their schools, including sufficient support from specialist MH colleagues. Furthermore, communication has improved between mental health and educational professionals and remote working may have enabled more frequent and effective communication between education staff and MH agencies.

Independent evaluations of the Link Programme have shown improvements in communication between schools and Children and Young People's Mental Health

Services (CYPMHS), awareness and knowledge of risk factors and mental health issues, understanding of mental health services, referral routes and procedure. Furthermore, the programme has enabled action planning, catalysed wider change and provided a better understanding of evidence-based practice.

There are multiple reasons to measure MH and wellbeing in schools and colleges. These include:

- Providing a snapshot of student mental wellbeing to inform Ofsted or whole-school practice
- Identification of individual students who may require early and specialist support
- Evaluation of the impact of early support and targeted interventions

Barriers to identification include:

- Time, resource and cost of screening
- Stigma associated with identifying MH issues

Facilitators to identification include:

- Appropriate and validated tools/methods and an effective pastoral system
- Feasibility (ease of administering, brevity, cost, simplicity)
- Acceptability (Staff buy-in, whole school support and stakeholder participation in planning)
- Ability to link up to follow-up care services (where need for additional support is identified)
- Data sharing (parents, services)
- Wider data linkage for monitoring

Discussion

The committee raised some concerns around the lack of a children and family element in the Link Programme. It was confirmed that constraints around pulling families and children into the programme existed and some difficult conversation topics were not always appropriate for children to be present. However, the programme was always looking for ways to include the perspective of CYP and local areas are encouraged to invite representatives from parent/carer forums to their workshops. Anna Freud Centre's Parent Champions and Young Champions (young people with lived experience of mental health issues) have contributed their ideas to the programme. The committee recognised the importance of using tools such as the CASCADE framework to co-ordinate current approaches and facilitate joint working. Alignment of understanding between all professionals associated with CYP MH was highlighted as an important factor for meeting CYP MH needs. Lack of understanding can lead to misconceptions, such as education staff thinking that once CYP a is referred to CAMHS their MH issues will be solved. Additionally, the committee commented that approaches to meeting CYP MH needs need to be adequately resourced in order to be successful.

The committee were also interested in evidence around screening tools for identifying CYP MH issues. Often schools create something from scratch which is not valid or reliable. It

was confirmed that the Anna-Freud Centre generally prefers tools that are well-validated and do not have a cost associated with them to improve accessibility.

Finally, the committee were interested in the current state of practice in schools and the resource impact of adopting the Link Programme. It was stated that changes could be as simple as maintaining an up-to-date list of contacts for local MH services. However, the committee recognised that even simple changes such as this require time to be invested, which is a resource impact.

Take home messages

Effective communication and joint working between all professionals involved in CYP MH is essential to successfully meet a child's MH needs.

Approaches to meeting the MH needs of CYP should be adequately resourced and funded.

Independent evaluations of the Link Programme have shown improvements for schools and educational professionals in awareness, knowledge and understanding of mental health services.

References to other work or publications to support your testimony' (if applicable):

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Disclosure: Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.
NA
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