



Public Health
England

Protecting and improving the nation's health

Universal approaches to improving children and young people's mental health and wellbeing

**Report of the findings of a Special
Interest Group**

About Public Health England

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Published October 2019

PHE publications

gateway number: GW-840

PHE supports the UN

Sustainable Development Goals



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Acknowledgments

Caroline De Brún and Anh Tran for their advice in formulating the search strategy and search review protocol.

Louise Marshall and Jo Bibby for hosting meetings of the Special Interest Group and contributing their expertise alongside Harry Rutter on the application of complex systems approaches to children and young people's mental health and wellbeing.

Members of the Special Interest Group.

Emla Fitzsimons for sharing data findings of relevance to children and young people's mental health and wellbeing from the Millennium Cohort Study.

Executive Summary

With 50% of mental health problems being established by the age of 14 and 75% by the age of 24¹, promoting, protecting and improving the mental health and wellbeing of children and young people is of critical importance. Government policies,¹⁻³ research and data⁴ highlight both the scale of the need, and opportunities to respond in transforming mental health services. Crucially, children and young people themselves describe the challenges and opportunities, including self-care, for maintaining good mental health and wellbeing⁵. Efforts are required across the whole spectrum of support including mental health promotion and prevention of mental health problems, alongside interventions for children and young people who have existing or emerging mental health problems⁶.

In the government's response to the consultation on Transforming Children and Young People's Mental Health Provision³, Public Health England was tasked with leading a Special Interest Group (SIG) to review the evidence for approaches to improving children and young people's mental health and wellbeing. This is the report of that work. The findings and outputs will be of interest to strategic and operational leads working on children and young people's mental health. These include: local commissioners; public health teams; Child and Adolescent Mental Health Service (CAMHS) providers; clinicians; leads in educational settings; those leading children and young people's mental health and wellbeing Local Transformation Plans (LTPs); Voluntary, Community and Social Enterprise Sector leads and researchers.

The report summarises the findings from a mixed methods approach to understanding evidence about universal approaches to improving the mental health and wellbeing of children and young people age 4-18 years. It identifies 8 promising interventions from a synthesis of systematic reviews and a wider range of interventions from a review of the grey literature. Twenty-two of the interventions identified are listed in the Early Intervention Foundation's Guidebookⁱ (EIF). The report identifies characteristics of the promising interventions operating at individual, family and community levels. The report also summarises children and young people's views about factors they perceive to be important in keeping themselves mentally well, and highlights why this is important evidence in its own right.

ⁱ The **EIF Guidebook** provides information about early intervention programmes that have been evaluated and shown to improve outcomes for children and young people. Through a rigorous assessment process, EIF has rated the strength of evidence for a programme's impact and its relative costs. The Guidebook also provides a wealth of information about the specific outcomes a programme has been shown to improve; how the programme works; how it is delivered; and the conditions or resources that can make a programme more likely to be effective.

The report shows that there is a complex interplay of risk and protective factors that influence mental health and highlights the challenges this poses for evaluation in identifying and measuring the processes that drive change and improvement. It identifies a range of ways of framing outcomes including in relation to subjective wellbeing and resilience. The report describes current gaps, including quantifying and using population outcome measures, rather than individual level outcomes. It concludes with recommendations and actions agreed by partners from the SIG to help address the gaps.

Summary of recommendations and actions

Recommendation 1

Develop an outcomes framework and indicators to guide research, evaluation and practice in relation to children and young people's mental health. Include mental wellbeing and risk and protective factors spanning individual, family, learning environment, community and structural domains.

Actions:

- DfE to publish a State of the Nation report on children's and young people's wellbeing, working with the Office for National Statistics
- DfE to publish wellbeing measurement advice for schools
- PHE, working with local system partners, to lead in identifying outcomes and indicators related to children and young people's mental wellbeing
- PHE to collaborate with the School of Public Health Research (SPHR) regarding SPHR's work to develop an outcomes framework for adult mental health and wellbeing to ensure alignment with outcomes for children and young people
- DHSC, NHSE and PHE with VCSE Health and Wellbeing Alliance to identify community level indicators relevant to improving the mental health of children and young people
- PHE to highlight to research partners, the gaps in research that this report has identified.

Recommendation 2

Investigate the benefits of using complex systems mapping to facilitate a whole systems approach to children and young people's mental health.

Action:

- PHE, NHSE, LGA and The Health Foundation to collaborate in supporting local areas to use complex systems mapping in the context of developing whole systems approaches to children and young people's mental health

Recommendation 3

Promote awareness of promising universal interventions, especially where the strength of evidence of impact and relative costs have been evaluated in the EIF Guidebook.

Actions:

- DfE, NHSE, DHSC, HEE and PHE to ensure that sites involved in implementing Mental Health Support Teams are made aware of promising universal interventions for children and young people's mental health and signposted to the EIF Guidebook
- PHE and NHSE to ensure local commissioners, including CYP mental health commissioners, are made aware of promising interventions for children and young people's mental health and signposted to the EIF Guidebook
- PHE, as part of its ongoing wider work on the Prevention Concordat for Better Mental Health⁷, to continue to raise awareness of cost effectiveness evidence for mental health promotion and prevention

Recommendation 4

Ensure the views of children and young people are used alongside evidence from research and insights from data and intelligence to inform policy, research and practice.

Actions:

- DHSC, NHSE and PHE to promote **You're Welcome** criteria for young people friendly mental health services
- local commissioners and those with responsibility for quality assuring the provision of children and young people's mental health services to recognise and link to **You're Welcome** criteria where appropriate
- PHE to scope opportunities for supporting parents on matters relating to children and young people's mental health and wellbeing through the 'Every Mind Matters' public mental health campaign

Background

50% of mental health problems are established by the age of 14 and 75% by the age of 24¹. An integrated approach to promoting, protecting and improving the mental health and wellbeing of children and young people across the life course is required at local and national level⁶. Government policies^{2, 3, 8}, research and data⁴ as well as the views of children and young people themselves all highlight both the scale of the need and opportunities for responding to transform services across the whole spectrum including mental health promotion and prevention.

A systematic review of the evidence relating to the mental health of children and young people which informed the policy proposals in *Transforming Children and Young People's Mental Health Provision: a Green Paper*² concluded that there was "limited evidence for the long-term effectiveness of universal prevention approaches on mental health outcomes" (p.10). These conclusions were drawn from a systematic review of published studies which considered outcomes at twelve months post intervention related to suicide and self-harm, depression and anxiety and alcohol and drug misuse.

The factors that influence children and young people's (CYP) mental health and wellbeing are many and complex. In order to understand the impact of universal approaches on CYP mental wellbeing, a more comprehensive set of evaluation methodologies are required than adopting linear approaches to measuring mental health status before and after an intervention. The views of children and young people themselves need to be considered both as a source of evidence, and also in helping steer the identification of research priorities in the first place. Research questions need to be framed appropriately, suitable outcome measures identified, and realistic time frames applied. The process of implementation needs to be monitored in such a way as to build an understanding of the conditions in which interventions work best and in ways that are acceptable to young people. In the response to the consultation on *Transforming Children and Young People's Mental Health: a Green Paper*³, the Department of Health and Social Care and Department for Education acknowledged the need for further understanding of the evidence for prevention in relation to children and young people's mental health. A recommendation was made as follows:

"Public Health England will take further action on prevention and early intervention by leading the establishment of a Special Interest Group bringing together academics, practitioners and professionals. This Group will identify the key prevention evidence and its relevance to practice. The findings will feed into the prevention work that is supported in schools by the Designated Senior Lead for mental health and that takes place through the broader work carried out by the new Mental Health Support Teams. The Group will also highlight the evidence gaps and make recommendations for these to be addressed through further research." (p.35)

Public Health England (PHE) established a Special Interest Group (SIG) (see Appendix 1 for terms of reference and membership). The group met on 3 occasions during 2018-19 and contributed to building a shared understanding (cross-stakeholders) of the complex range of risk and protective factors that influence mental health outcomes. The SIG provided advice that influenced the approach taken to understanding: evidence for universal approaches to improving children and young people's mental health; the specification of outputs; the identification of gaps in the evidence and recommendations for these to be addressed.

This report summarises the methodology, key findings and weblinks to a range of outputs including:

- a lay summary report of the synthesis of systematic reviews and grey literature review
- short descriptions of interventions identified as promising cross-referenced to those listed in the EIFs Guidebook
- detailed information about the methodology and findings of the synthesis of systematic reviews and grey literature review
- a report that summarises key messages from published research into what children and young people say supports their mental wellbeing
- a report of qualitative feedback from workshops undertaken with children and young people about what they say supports their mental wellbeing

This report has been informed by the findings from an analysis of data from the Millennium Cohort Study²³ (see p.21) and an understanding of the relevance of complex systems⁹ thinking on tackling children and young people's mental health (see p.24).

Methodology

A mixed methods approach was taken to understanding the evidence for universal approaches to improving children and young people's mental wellbeing. The approach included: a synthesis of published systematic reviews; a grey literature search that included feedback from local practice; qualitative insights from workshops with young people and a review from published research into what children and young people say supports their mental wellbeing. The Anna Freud Evidence Based Practice Unit led the synthesis and grey literature reviews. Partners from the Health and Wellbeing Allianceⁱⁱ led the consultation workshops with children and young people and the review of published research on what children and young people say supports their mental wellbeing.

Synthesis of systematic reviews

Whilst a mapping review was initially thought to be the preferred approach to understanding evidence from published literature¹⁰, due to the high yield of studies identified in initial searches, the desire to be able to identify effective approaches and the time period of 3-4 months allocated to the review, the focus of the approach was narrowed. The focus instead became a synthesis of systematic reviews of universal interventions to improve child mental health and/or wellbeing. The synthesis set out to identify: which universal approaches are effective, or show promise of being effective in promoting the mental health and wellbeing of children and young people; whether the identified approaches are cost-effective and/or show positive return on investment and where there are gaps in the evidence.

The review protocol and search strategy are listed in Appendices 3 and 4.

Interventions that were extracted from both the synthesis of systematic reviews and the grey literature were summarised according to whether they operated at an individual, family, school or wider community level (or at more than one level). Interventions were also summarised in terms of the nature of the outcomes they were seeking to address. These were categorised according to whether the primary purpose was to prevent behavioural problems; to prevent emotional problems; to promote resilience; or to promote subjective wellbeing.

ⁱⁱ The Health & Wellbeing Alliance partners involved in this work were: Association for Young People's Health, Brook, Street Games, Youth Access, Carers Trust, Friends, Families and Travellers, The National LGB&T Partnership, Mental Health Providers Forum, NACRO, NAVCA and The Men's Health Forum.

Interventions identified from the synthesis of systematic reviews were also rated for level of promise - those that had at least 2 studies providing evidence of effectiveness for a given outcome were included in a list of promising interventions with key characteristics highlighted.

Some of the limitations of this approach are set out in the lay summary report of the methodology and findings. Full details of the methodology can be found here.

Grey literature review

The grey literature review aimed to capture existing practice and innovative approaches that did not have evaluations published yet. It was derived from searching specific online databases and websites, as well as a call for submissions from SIG members and other practice/experts in the field. A short description of interventions identified was collated together with links for further information, where available. The heterogeneous sources for these interventions, and variation in the level of detail supplied, meant that it was outside the scope of the review to assess their potential to improve mental health and wellbeing in children and young people. However, where interventions were identified that are also listed in the EIF Guidebook, this was noted.

The views of children and young people

The Young People's Health Partnership (YPHP) funded through the Health and Wellbeing Allianceⁱⁱⁱ, undertook a scoping review of published work providing insight into children and young people's perspectives about their wellbeing, and what they value about the services or approaches which support them. The YPHP also conducted focus groups with 71 young people between October 2018 and January 2019 to explore specifically young people's perspectives on what keeps them mentally well. Summary reports of the outputs from these exercises can be found here.

To better understand the factors that young people perceive influence their mental health, The Health Foundation with the National Children's Bureau and the Prince's Trust facilitated a mapping session with twenty young people aged between 13 years and into their early 20s.

Figure 3 on page 19 illustrates the result of this mapping process.

ⁱⁱⁱ The Health and Wellbeing Alliance is a partnership between voluntary sectors and the health and care system (DHSC, PHE and NHSE) to provide a voice and improve the health and wellbeing for all communities.

Findings

Synthesis of systematic reviews

Figure 1 on page 13 summarises the overall results of the synthesis of systematic reviews.

19 systematic reviews met the search criteria, covering 113 interventions. Short descriptions of the interventions have been published alongside this report.

The majority of interventions operated at the individual level with fewer found at the school or family level. No interventions were identified that operated at the community level. The most commonly reported outcome was preventing emotional difficulties, followed by promoting resilience, and then preventing behavioural difficulties. Far fewer studies focused on promoting subjective wellbeing. No studies reported on cost effectiveness or value for money.

Eight^{iv} interventions were categorised as promising as summarised in Table 1. Appendix 5 provides a short description of these interventions and an infographic summary can be found in Appendix 6. Six of the promising interventions were focused on the individual (child) level: (Zippy's Friends^{11, 12}), FRIENDS for children/FRIENDS for Life¹²⁻¹⁵, Resourceful Adolescents^{12, 15-18}, Penn Preventive and Penn Resilience Programme^{12, 15, 17-20}, LARS^{12, 15} and PATHS^{12, 16, 19}. Two were aimed at the family (parents) level: Triple P²¹ and the Substance Abuse Risk Reduction Programme²¹. Seven aimed at preventing mental health problems, and 4 at promoting resilience (with 3 aiming to do both). None aimed at promoting subjective wellbeing. Of the 8 promising interventions, 4 (FRIENDS, PATHS, Penn Resilience (but only for Latino children), Substance Abuse Risk Reduction Programme) had evidence showing a positive impact at 12 months follow up.

Further details of the findings can be found in:

- narrative report
- findings from the synthesis of systematic reviews
- synthesis of systematic reviews - data extraction table

^{iv} (FRIENDS is counted once but includes both FRIENDS for Children and FRIENDS for Life; Penn is counted once but includes Penn Preventive Programme and Penn Resiliency Programme).

Figure 1. Findings from the synthesis of systematic reviews.

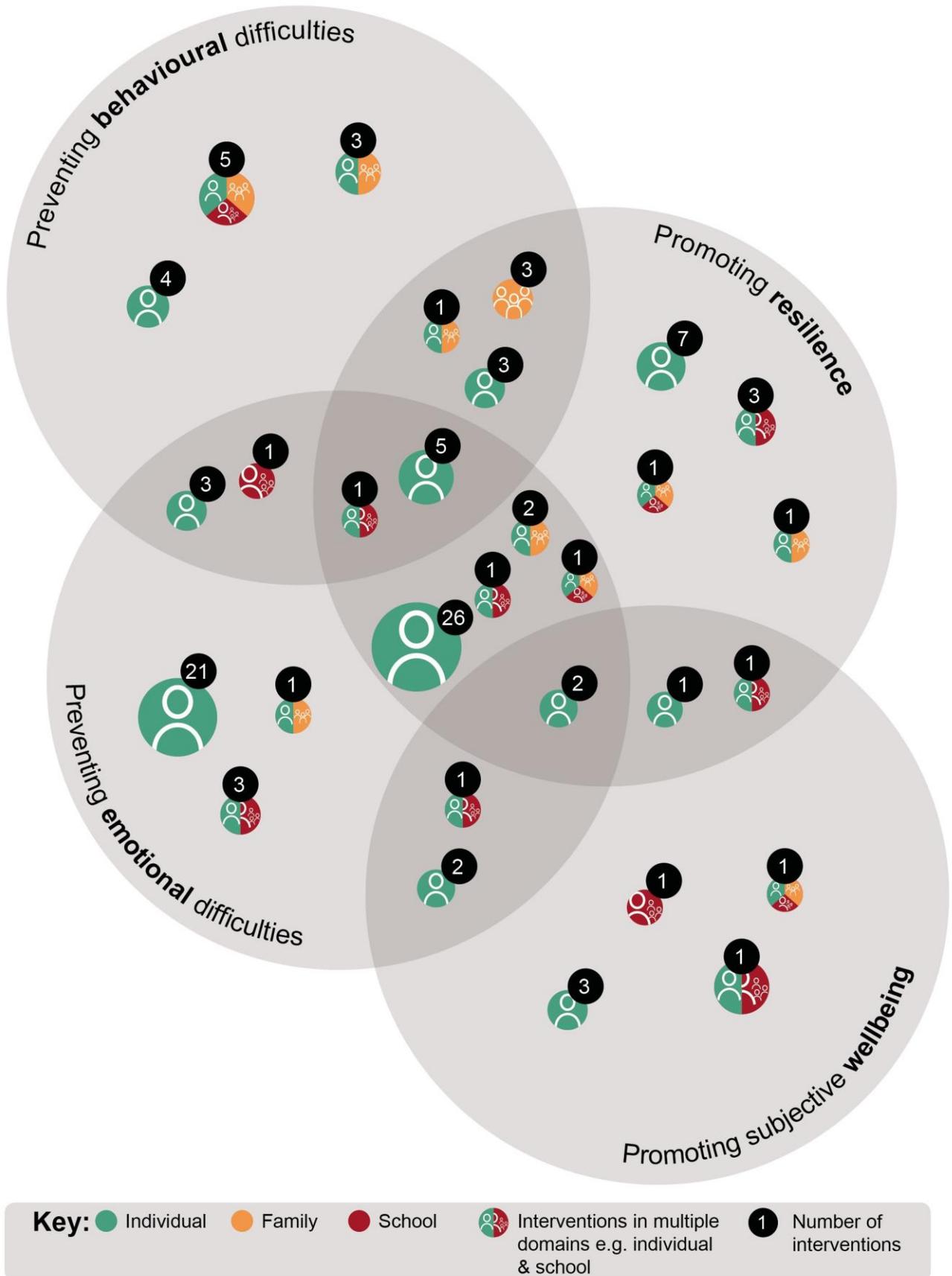


Table 1. Promising interventions identified in the synthesis of systematic reviews

Intervention	Outcome				Key
	Preventing behavioural difficulties	Preventing emotional difficulties	Promoting resilience & capabilities	Promoting subjective wellbeing	individual  family 
INTERVENTIONS WITH EVIDENCE OF PROMISE					
FRIENDS for Children					Waldron et al (2018) Dray et al (2017) Higgins et al. (2015) Corrieri et al. (2014)
FRIENDS for Life		 	 		MacKenzie & Williams (2018), Dray et al (2017), Ahlen et al (2015), Carnevale (2013)
LARS&LISA					Dray et al (2017), Corrieri et al (2014)
Penn Preventive Programme					Dray et al (2017) Bastounis et al (2016) Ahlen et al (2015) Carnevale (2013)
Penn Resiliency Programme					Dray et al (2017) Franklin et al (2017) Bastounis et al (2016) Ahlen et al (2015) Corrieri et al(2014) Carnevale (2013)
Promoting Alternative Thinking Strategies					MacKenzie & Williams (2018) Dray et al (2017) Franklin et al (2017)
Resourceful Adolescent Programme					MacKenzie & Williams (2018) Dray et al. (2017), Ahlen et al. (2015), Corrieri et al(2014), Carnevale (2013)
Substance Abuse Risk Reduction I and II			 		MacDonell and Prinz (2017)
Triple P Online					MacDonell and Prinz (2017)
Zippy's Friends					Fenwick-Smith et al (2018), Dray et al (2017)

Key characteristics of the promising interventions operating at an individual level include:

1. provided in schools
2. offered in a group setting (often a class)
3. offered over a series of weeks from 10–24 often in 30 minutes to 1 hour
4. led by professionals (teachers or psychologists)
5. skills-based with strong emphasis on experiential practice in situ
6. often draw on Cognitive Behavioural Therapy principles
7. often include an element of fun and enjoyable practice experiences

Of the promising interventions operating at a family level, common characteristics include:

1. provided online
2. supported by professional input
3. involve skills-based practice

Although many interventions were delivered through school settings they operated at an individual rather than organisational level. Multi-component or whole school approaches were not referenced amongst the promising interventions identified in this review, but this may be due to classroom-based, individual-level interventions being easier to implement and research rather than because they are inherently more effective than multi-component approaches. It is important not to discount whole school models, but to find ways of effectively measuring their impact, particularly at a whole school level.

Grey literature review

The review of the grey literature identified 82 interventions of which 17 had also been identified in the review of systematic reviews. Figure 2 summarises the findings of the grey literature. As with the systematic reviews, more of the interventions operate at an individual level ($n = 50$) than at the school ($n = 11$) or family level ($n = 11$). There were also, however, some interventions identified as operating at the community level ($n = 4$). There were also interventions that operated on more than one level ($n = 5$). There was an absence of information relating to cost effectiveness/ return on investment. Details of the 82 interventions are listed in Findings from the grey literature review and Appendix 7 lists 22 of the interventions from the grey literature review that cross-reference to the EIF Guidebook.

Figure 2. Overview of findings from the grey literature

Grey Literature Results



	Domain	Number of interventions
	Individual	50
	Family	11
	Community	4
	School	11
	Individual & family	3
	Individual, family and community	1
	Individual, family and school	2

The views of children and young people

The conversations in the focus groups with young people suggested that the mental wellbeing of young people is greatly affected by, and specific to their background, place and demographics; including sexuality, gender, ethnicity and poverty. However, some consistent themes emerged from the focus groups which are summarised below.

People

Young people identified family (parents, carers, siblings, and extended family members), friends (including their own partners) and peers as being important in influencing their mental wellbeing. However, there was likely to be a reluctance to turn to parents for support in situations where parents themselves may be burdened by daily life pressures or dealing with their own mental health problems. Similarly, there was a reticence associated with the fear of the consequences of sharing conversations about mental health and wellbeing with parents. There was also a perception that parents may lack understanding of mental health problems, and the skills therefore to offer appropriate support to their child.

School staff, including teachers, pastoral and safeguarding leads were perceived as being potentially important sources of support for mental wellbeing, but caution was given as some schools were not necessarily seen as safe places (in respect of maintaining confidentiality) or staff perceived as having the necessary skills to help.

Youth workers, voluntary and community youth agency staff, counsellors or mentors were identified as credible sources of genuine support.

Qualities that young people look for in others who they perceive to be important to their own wellbeing include the capacity to be supportive, friendly, a good listener, compassionate, non-judgemental and trustworthy. Having a good understanding of mental health problems, and continuity and consistency of relationships were also identified as being important to young people. In some cases, young people expressed a preference for support being given from someone sharing a similar background and experience. This was cited as being of particular importance for Lesbian Gay Bisexual and Trans young people. Clarity in understanding boundaries and confidentiality was also cited as being relevant.

Places

Young people reported that online spaces, if monitored and moderated, can be safe spaces that help them to feel included and not isolated. At the same time, such spaces avoid the need to have to meet people face to face which can add to the stress and anxiety that some young people experience.

Other places perceived to be safe and conducive to positive wellbeing included personal space at home (bedroom), friends' houses, coffee shops and cafes, outdoor spaces, sports facilities (and clubs/teams), and youth centres/agency spaces. Schools were perceived as being potentially safe but could also contribute to feelings of stress and pressure.

Young people perceived inequitable access to safe places and activities as being unfair. For example, young people living in poverty or without access to resources being less likely to be able to access leisure facilities or have their own bedroom.

Wider influences on young people's mental wellbeing

Young people cited a wide range of influencing factors on their mental wellbeing. These include stability (home, employment, school), sleep, money, food, hobbies (art, gaming, reading), physical activity, music, pets, TV/film, shopping, volunteering, and hugs. Self-care and self-regulation were also seen as being important, impacting on decisions such as removing oneself from unsafe places or building personal resilience. Conversations with young people also highlighted the differential exposure to both risk and protective influencing factors, for example, young carers can have less time to engage in their hobbies because of caring responsibilities.

Young people's engagement in the mapping session exposed the predominance of factors that relate to self and identity, which are perceived by young people as being linked to their mental health and wellbeing. Emphasis was also placed by young people on the relevance of having hobbies and finding creative ways to relax (see Figure 3).

Discussion

Understanding evidence that drives population level change

The factors that influence children and young people's mental health are wide-ranging. They include risk and protective factors²² that operate at an individual, family, community and structural level. The Centre for Longitudinal Studies has published a report²³ highlighting statistically significant risk and protective factors found to influence children's mental wellbeing and mental illness by the age of 11 years. The infographic summarised in Figure 4 highlights these factors, categorised according to whether they operate across an individual, family, school/community or wider socio-economic domain.

The synthesis of systematic reviews and grey literature review described in this report identified many approaches seeking to influence individual level behaviour change, however there were gaps in interventions that focus more at a family, school or wider community level. The consultation with young people, however, highlighted the importance of social factors and relationships (including peer support and shared lived experiences), and the significance of key places (including education and community settings) in relation to their mental wellbeing. The current way research captures the magnitude of effects in universal interventions may need to be adjusted²⁴ as they may fail to capture the potential population-level benefits of universal interventions. Even very small effect sizes reported in the literature, once applied at a population level, can represent important mental health gains with associated economic and wider societal benefits²⁵. This adjustment may alter the conclusions drawn about the effectiveness of some universal interventions.

Differentiating between mental wellbeing and mental health problems

The Centre for Longitudinal Studies analysis highlights factors influencing both wellbeing and mental illness in children and young people. Whilst it is sometimes the case that factors affecting mental illness also affect wellbeing (where the circles overlap in the centre of the diagram in Fig 4), many factors associated with psychological distress are different from those associated with wellbeing. It is important that research is undertaken, and evidence framed in a way that provides insights into universal approaches to promoting mental wellbeing as well as preventing mental health problems. The synthesis of systematic reviews found the majority of studies focused on considering impact in terms of preventing mental health problems, with fewer focusing on subjective wellbeing. Whilst guidance^{26, 27} exists on well validated, feasible measurement tools for measuring mental wellbeing, it is unclear the extent to which

such tools and associated outcome measures are accepted and valued as rigorous, purposeful indicators useful for policy, research and practice.

These findings have led to Recommendation 1:

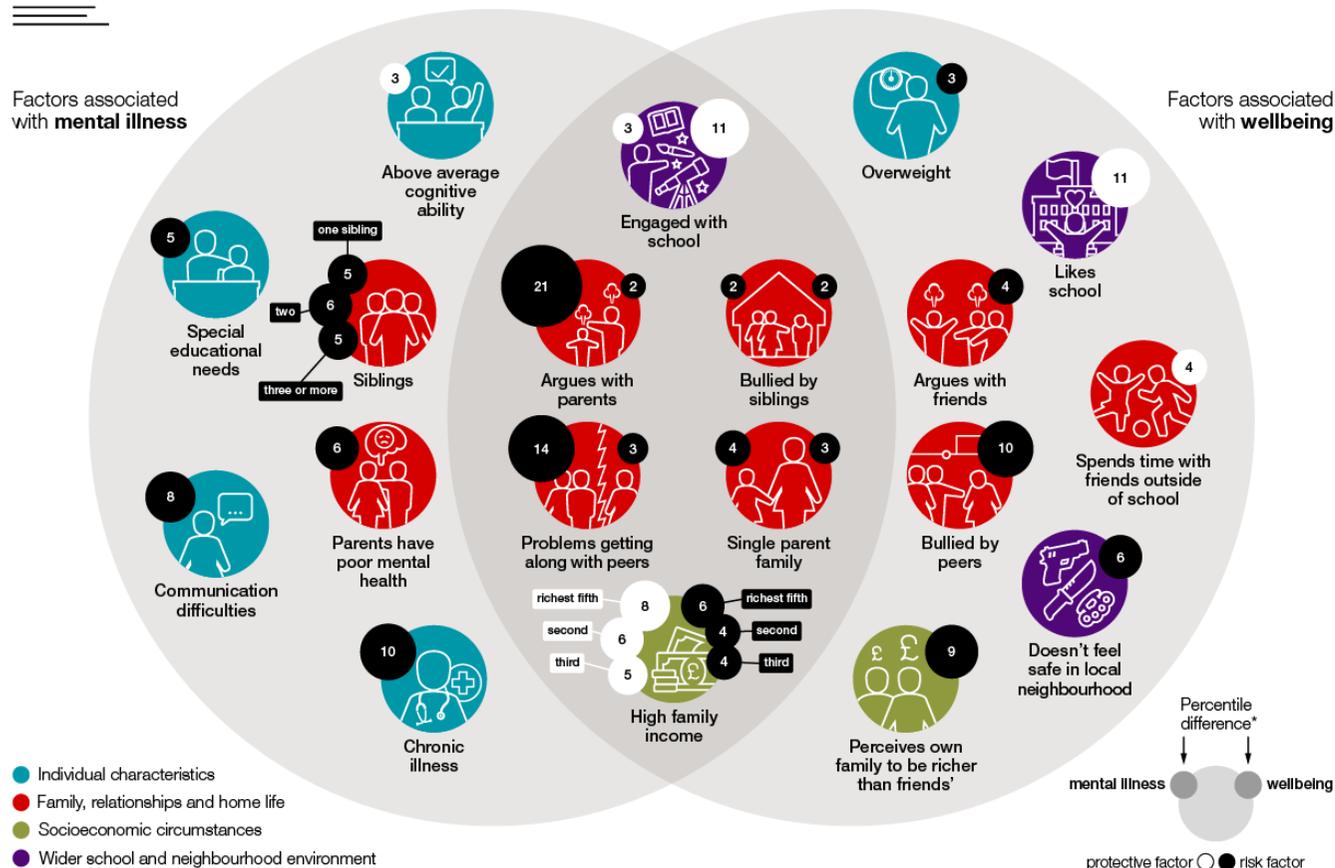
Develop an outcomes framework and indicators to guide research, evaluation and practice in relation to children and young people's mental health. Include mental wellbeing and risk and protective factors spanning individual, family, learning environment, community and structural domains.

Figure 4. Children’s mental illness and wellbeing at age 11 – findings from the Millennium Cohort Study

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STUDIES

Children’s mental illness and wellbeing at age 11

Findings from the Millennium Cohort Study



Hosted by



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All factors included in the infographic are statistically significant (at least) the 5% level. * Findings from Patalay, P. and Fitzsimons, E. (2016) Correlates of mental illness and wellbeing in children: are they the same? *Journal of the American Academy of Child and Adolescent Psychiatry* 55(9), pp. 771-783.

*'Percentile difference' is the change in rank position between 1 and 100 away from the median or reference category.

Complex systems approaches that recognise the contribution that wider determinants make in influencing outcomes

Not only are there a wide range of risk and protective factors that influence children and young people's mental health and wellbeing across a range of domains, but the interdependencies between these factors and the relationship with health behaviours and mental and physical health outcomes is also complex. Figure 5 illustrates the influence of wider contextual factors (political, social, economic, environmental and cultural factors), the relevance of factors such as education, occupation and income, and how this influences differential exposure to adverse and protective factors that operate at an individual and neighbourhood/community level. It illustrates how the combined effect of these factors impacts at an individual and neighbourhood/community level to influence how individuals think, feel and behave, and how this in turn impacts on mental and physical health²⁸.

Although Figure 5 simplifies this into a linear diagram, in reality each of the factors represented are part of a complex, dynamic and interactive set of relationships. Figure 3 illustrates, from young peoples' perspectives, the complexity of the interplay of many different influencing factors. The discussions with young people also highlight very clearly the significance of the unique contexts to their lives in terms of their personal exposure to different risk and protective factors. It is therefore clear that consideration of the impact of the wider determinants on mental health outcomes (including when supporting young people experiencing multiple vulnerabilities) has implications for how universal approaches might need to be adapted to be relevant in the circumstances of people's lives.

The complex range and interplay of factors that influence mental health and wellbeing also makes it challenging to evaluate which processes and outcomes within a system drive change. By their nature, universal prevention approaches are characterised by *processes* acting on individuals, communities, organisations and society; to be effective they involve multiple methods and involve being responsive to the needs of the target audience; they also concern change which usually occurs over longer periods of time. The combined effect of such variation makes it difficult to be able to make generalisable statements of impact attributable to particular interventions and might explain the lack of replication in the synthesis of systematic reviews. These challenges, however, should not lead us to the conclusion that a lack of evidence in these terms constitutes evidence of no effect at all. This can be perceived to be problematic when operating in the context of decisions that are informed by a 'hierarchy' of evidence that generally draws on Randomised Control Trials as the 'gold standard.'^(29, 30). Rutter et al argue that applying linear thinking of cause and effect to the complex interplay of factors that influence public health priorities may lead mistakenly to believing interventions are ineffective, '*when they have merely judged them on the wrong terms and over the wrong time frames*'⁹.

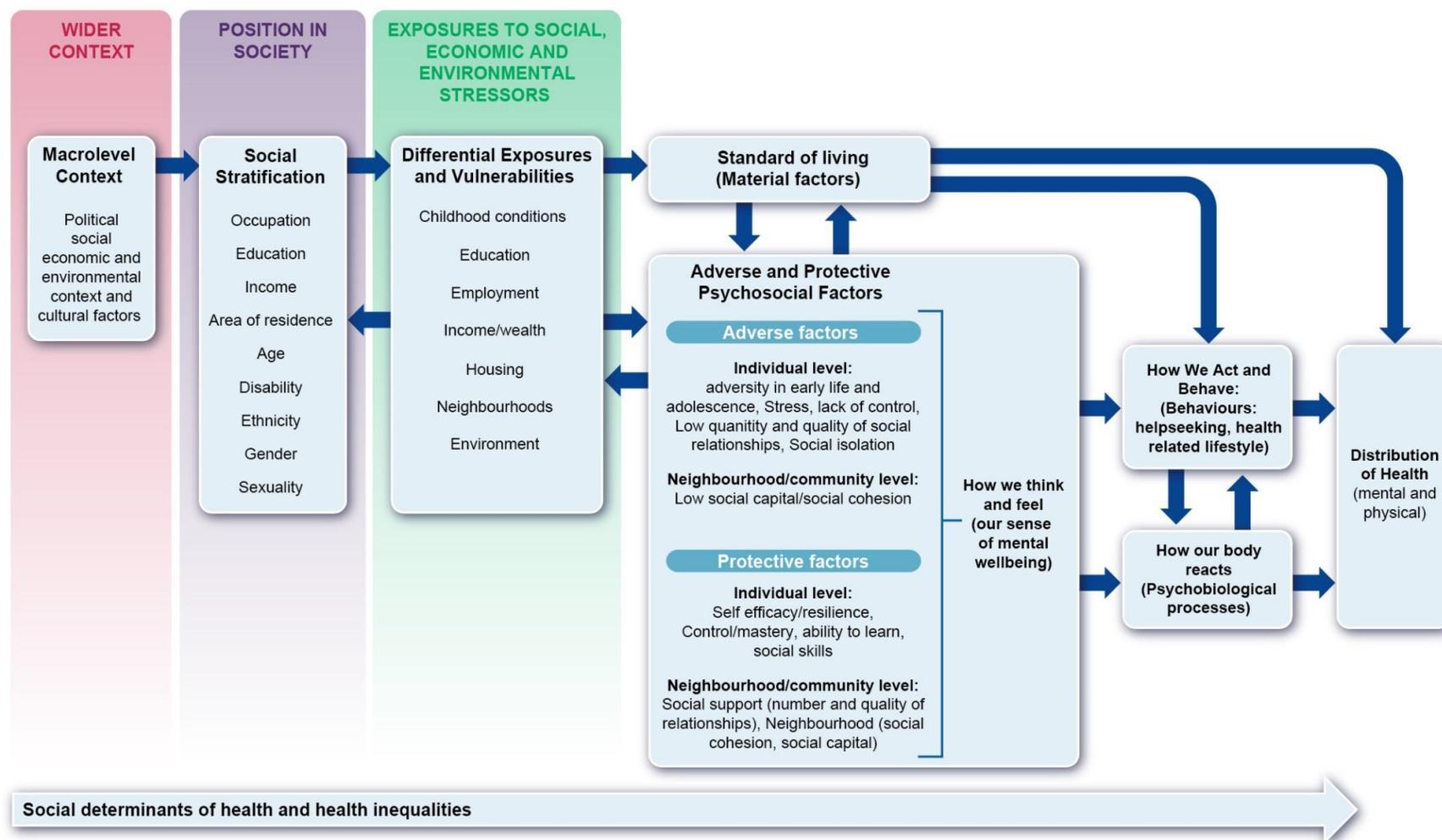
An approach that is found to be more useful in the context of evidence for population approaches to prevention, is a complex systems model which takes '*a wider approach to valuing evidence which focuses on the way in which processes and outcomes at all points within a system drive change*' and which '*tracks proximal, intermediate, and distal processes and outcomes*'⁹.

Complex systems mapping is a helpful, practical approach that can be used to apply systems thinking to a particular public health priority. If applied to children and young people's mental health, for example, it can be useful to bring different partners together within a particular locality or organisational context and to collectively identify the wide range of influencing factors operating across different domains that influence children's mental health. The process can be used to group influencing factors, map relationships between factors, and to reflect on implications for practice. A mapping approach helps to reinforce the need for partnership approaches between all relevant services, professionals, and settings in contributing to mental health promotion, early identification, and high-quality care which supports recovery. This can help provide the basis for defining the parameters of a whole systems strategic approach to addressing children and young people's mental health, and to reframing approaches to evaluation by helping to highlight intermediate outcomes. The approach can also help identify points in the system for measuring change in response to action that might be expected to impact on mental health and wellbeing, even where this outcome is not measurable or detectable over a short period of time.

This finding has led to Recommendation 2:

Further investigate the benefits of using complex systems mapping to facilitate a whole systems approach to children and young people's mental health in order to understand more about the complex interplay between factors and the benefits of adopting a whole systems approach to this topic area.

Figure 5. Psychosocial pathways: linking social determinants with psychobiological processes, health behaviours and distribution of health outcomes. Reproduced from University College London and Public Health England. *Psychosocial Pathways and Health Outcomes: Informing action on health inequalities*. London: Public Health England; 2017



Absence of evidence on cost effectiveness

In the synthesis of systematic reviews, there was an absence of information about the cost effectiveness of the interventions. However economic modelling work related to children and young people's mental health has been carried out in other contexts, for example by the London School of Economics³¹. The EIF Guidebook also includes reference to relative costs as well as the strength of evidence for early intervention programmes.

This finding has led to Recommendation 3:

Promote awareness of universal interventions identified in this report as being promising and those where the strength of evidence of impact and relative costs have been evaluated in the EIF Guidebook.

Valuing children and young people's views in defining and delivering approaches to improving mental wellbeing

The consultation with children and young people highlighted the complex range of factors that they perceive to be relevant in influencing their mental health and wellbeing. They stressed the relevance of an individual's unique circumstances - their background and demographics, including sexuality, gender identity, ethnicity and poverty as well as their family and peer relationships and their access to support.

Children and young people's views supported taking an assets-based approach to promoting mental wellbeing (recognising and building on the strengths of supportive interpersonal relationships and the characteristics of supportive places, environments and wider influences).

The young people recommended action being taken to support improved mental health and emotional literacy of young people, families and professionals. Their views exposed the need to provide more effective guidance for parents. They called for a commitment to a youth-led charter about young people's rights, and what they can expect from services to support a whole system approach to young people's wellbeing.

This finding has led to Recommendation 4:

Ensure the views of children and young people are used alongside evidence from research and insights from data and intelligence to inform policy, research and practice.

Summary of gaps identified

The mapping review has identified the following gaps where further research is needed:

1. Lack of family, school, community and wider structural level outcome measures for children and young people's mental health and wellbeing.
2. Lack of subjective mental wellbeing/ assets-based measures identified as primary outcome measures for children and young people's mental health and wellbeing.
3. An absence of evidence in the synthesis of systematic reviews in relation to the cost effectiveness or value for money of universal interventions to promote resilience or mental wellbeing or prevent mental ill health.

Concluding remarks, recommendations and actions

Evaluation and evidence-based practice is founded on issues that concern judgement, values, and the perception of truth. Research evidence, data and intelligence, insight from practice and the voice and experience of children and young people collectively have a contribution to make when identifying, implementing and evaluating effective approaches for improving children and young people's mental health and wellbeing.

This report identifies promising interventions from research evidence about universal approaches that operate mainly at an individual level, to prevent emotional difficulties, promote resilience, and prevent behavioural difficulties. It highlights where data analysis has identified a range of risk and protective factors found to be statistically significant in influencing children and young people's mental health and wellbeing. The report also presents the views of children and young people on what they perceive to be important factors that help keep them mentally well. This is helpful evidence when considering actions to drive improvement.

The report proposes that there is a need to frame our understanding of evidence in a way that drives practice at levels beyond individual behaviour change, and to value outcomes at family, school, community and wider socio-economic levels for the impact they have on mental health and wellbeing. It identifies complex systems mapping as a useful tool in this process and proposes the need to develop an outcomes framework and indicators to guide research, evaluation and practice in relation to children and young people's mental health.

The following recommendations have been identified. Actions have already been agreed by national organisations which will take place from 2019/20 onwards and these are also listed below. They will make a valuable contribution towards addressing the recommendations, but further work will be required by other national and local partners over the long term.

Recommendation 1

Develop an outcomes framework and indicators to guide research, evaluation and practice in relation to children and young people's mental health. Include mental wellbeing and risk and protective factors spanning individual, family, learning environment, community and structural domains.

Actions:

- DfE to publish State of the Nation report on children's and young people's wellbeing, working with ONS
- DfE to publish wellbeing measurement advice for schools
- PHE, working with local system partners, to lead in developing an outcomes framework that includes outcomes and indicators related to children and young people's mental wellbeing that can be used by commissioners to measure local performance and for researchers to guide evaluation
- PHE to collaborate with the School of Public Health Research (SPHR) regarding SPHR's work to develop an outcomes framework for adult mental health to ensure alignment across the life course
- DHSC, NHSE and PHE with VCSE Health and Wellbeing Alliance to identify community level indicators relevant to improving the mental health of children and young people
- PHE to highlight to research partners, the gaps in research that this report has identified

Recommendation 2

Further investigate the benefits of using complex systems mapping to facilitate a whole systems approach to children and young people's mental health in order to understand more about the complex interplay between factors and the benefits of adopting a whole systems approach to this topic area.

Action:

- PHE, NHSE, LGA and The Health Foundation to collaborate in supporting local areas to use complex systems mapping in the context of developing whole systems approaches to children and young people's mental health.

Recommendation 3

Promote awareness of universal interventions identified as being promising in this report and those where the strength of evidence of impact and relative costs have been evaluated in the EIF Guidebook.

Actions:

- DfE, NHSE, DHSC, HEE and PHE to ensure that local sites involved in implementing *Transforming Children and Young People's Mental Health* are made aware of promising universal interventions for children and young people's mental health and signposted to the EIF Guidebook

- PHE and NHSE to ensure local commissioners, including children and young people's mental health commissioners, are made aware of promising interventions for children and young people's mental health and signposted to the EIF Guidebook
- PHE as part of its ongoing wider work on the Prevention Concordat for Better Mental Health⁷ to continue to raise awareness of cost effectiveness evidence for mental health promotion and prevention

Recommendation 4

Ensure the views of children and young people are used alongside evidence from research and insights from data and intelligence to inform policy, research and practice.

Actions:

- DHSC, NHSE and PHE to promote **You're Welcome** criteria for young people friendly mental health services
- Local commissioners and those with responsibility for quality assuring the provision of children and young people's mental health services to recognise and link to **You're Welcome** criteria where appropriate
- PHE to scope opportunities for supporting parents on matters relating to children and young people's mental health and wellbeing through the 'Every Mind Matters' public mental health campaign

Appendices

Appendix 1: Terms of reference and membership of the Special Interest Group

Appendix 2: List of outputs

Appendix 3: Search review protocol

Appendix 4: Search strategy for PsycINFO

Appendix 5: Short descriptions of the promising interventions

Appendix 6: Infographic summary of promising interventions

Appendix 7: Interventions identified in the grey literature that are listed in the EIF Guidebook

Appendix 8: Glossary and abbreviations

Appendix 1: Terms of reference and membership of the Special Interest Group

Role of the Special Interest Group

Through collaboration between stakeholders spanning national policy, local practice, research, the voice of young people and VCSE expertise, and with a specific focus on prevention and children and young people's mental health, the SIG will:

- build a shared understanding (cross-stakeholders) of the complex range of risk and protective factors that influence outcomes
- identify published evidence that shows promise in positively impacting the risk and protective factors
- steer the scope of an abbreviated mapping review of evidence, the parameters of the search protocol and specification of the outputs from the mapping review
- identify where there are gaps in research and make recommendations for these to be addressed
- inform and support the process of disseminating outputs from the mapping review

Membership

The Special Interest Group will consist of representatives from:

- children and young people brokered by the Association of Young People's Health
- local commissioners/ public health specialists
- VCSE sector (Children & Young People's Mental Health Coalition and Young Minds)
- Local Government Association
- NHS England
- Department of Health and Social Care
- Department for Education
- Academia/Research national bodies
- Professional bodies
- Public Health England

Appendix 2: List of outputs

Lay summary report of the synthesis of systematic reviews and grey literature review

Narrative report of the synthesis of systematic reviews and grey literature review

Methodology of the synthesis of systematic reviews and grey literature review

Findings from the synthesis of systematic reviews

Synthesis of systematic reviews - data extraction table

Short descriptions of interventions identified in the synthesis of systematic reviews

Summary of interventions identified in the grey literature review

Young People's Health Partnership Report: What do children and young people tell us about what supports their wellbeing? Evidence from existing research

Young People's Health Partnership Report: What supports young people's mental wellbeing? Results and recommendations from discussions with young people

Appendix 3: Search review protocol

The table below informed the development of the search strategy and defines the inclusion/exclusion criteria for the mapping review. As well as the population, interventions, comparators and outcomes (PICO) of interest the table also defines the study types for inclusion and other parameters for searching, ie language and dates of publication.

PICO and review strategy	Definition	Notes
Population	Children and young people aged between 4–18 years	<p>Include: Children and young people (CYP) aged between 4–18 years. Include studies where sample is exclusively male or female.</p> <p>Include studies focused on poor or disadvantaged communities where intervention is applied to whole community/school etc.</p> <p>Exclude:</p> <p>1) Studies where the sample population comprises solely CYP with identified mental health problems. Studies that solely focus on a certain group (ie those with psychosis) will be excluded as the intervention will not be classified as a universal approach.</p> <p>2) Specific physical illness eg cancer, diabetes; specific groups of CYP at increased risk of developing mental health problems. Studies that focus on a specific physical illness or a specific group of individuals (ie immigrants; CYP from specific ethnic minority groups) will be excluded as it will not be classified as a universal approach.</p> <p>3) Studies of adults or mixed age study samples where over 50% of the sample is aged over 18. If a majority of the sample is over 18 or if the mean age of the sample is over 18, then the study will be excluded.</p>
Interventions	Universal approaches for improving or maintaining positive mental health, or preventing mental illness	<p>Include: Universal approaches applied to whole, non-specific populations of CYP. All types of approach to be included regardless of ‘label’, domain or theoretical background, including public health, health, education and social care. Strategies may or may not involve a practitioner/teacher.</p> <p>Staff training also included where intended outcome of training is to improve CYP’s mental health or</p>

		wellbeing. Exclude: Strategies applied to targeted sub-populations.
Comparators	Any alternative approach (with or without a professional) or combinations of approaches	Include any comparator.
Outcomes	Assessments of mental health or wellbeing Assessments of mental illness	Assessments of mental health using validated scales. High level outcomes clearly reflective of mental health will be reported where these are the only outcomes available for community or population level studies eg attempted suicide/suicide; rates of self-harm. Exclude: Outcomes relating solely to stigma, parenting skills or mental health literacy.
Study design	Systematic reviews Overviews of systematic reviews	Include: Systematic reviews where review questions match our research question for PICO. Include and ‘unpick’ systematic reviews with a broader PICO but which includes studies that match our research protocol. Findings from these studies will be reported as detailed in the systematic review (individual papers will not be sought).
Other searching criteria	English language 2008 (since the publication of “Foresight report on mental capital and wellbeing”) 2018 Studies from developed countries	Articles should be in English. Countries: UK, Europe, USA, Canada, Australia, New Zealand.
Electronic sources to be searched	Search of Web of Science & PsycINFO	Web of Science comprises the following relevant databases: 1) Science Citation Index Expanded; 2) Social Sciences Citation Index Expanded (includes education and education research); 3) Arts and Humanities Citation Index; 4) Conference Proceedings Citation Index – Science edition (grey literature: includes innovation and emerging practice); 5) Conference Proceedings Citation Index – Social Science and Humanities edition (grey literature: includes innovation and emerging practice);

		6) Emerging Sources Citation Index (includes innovation and emerging practice); 7) Book Citation Index; 8) Medline; 9) SciELO Citation Index.
	Online searching	TRIP database NICE evidence database
Additional searches for grey literature	Online searching of websites to identify novel or promising approaches	What Works Centre for Wellbeing The Faculty of Public Health PROSPERO Mental Elf Local Government Association network Early Intervention Foundation
	Conference abstracts	Electronic searching of Web of Science based on criteria set out in protocol but for all study types (not systematic reviews).
	Call for submissions	An email will be sent to colleagues. Specifically, the email will go to: Public Health England Special Interest Group Public Health England CYPF and mental health leads Individuals from 6 local partnerships + 2 universities that are involved in the HeadStart project (Blackpool, Cornwall, Hull, Kent, Newham, Wolverhampton, University of Brighton and University of Wolverhampton) Institute of Health Visiting Anna Freud Centre Network comprising ~6,250 mental health professionals across the UK Schools in Mind Network: ~6,500 school staff and allied professionals School of Public Health Research What Works Centre NHS England Children and Young People Mental Health commissioner network Youth Sport Trust Royal College of Speech and Language Therapists VCSE sector - CYP Mental Health Coalition NHSE clinical networks CLAHRC networks.
Additional		Books and book chapters excluded

Appendix 4: Search strategy for PsycINFO

Line	Search terms
1	exp early childhood development/
2	Child*.tw
3	exp adolescent development/ (45149)
4	adolescen*.tw.
5	teenager*.tw.
6	(young adj (person* or people or adult*)).tw
7	Or 1-6 (860183)
8	exp Mental Health/
9	exp Mental Disorders/
10	(mental adj (health or illness or disorder*)).tw.
11	or/8-10
12	(intervention* or program* or awareness or advice or counsel?ing).tw.
13	universal.tw.
14	((population or school or community) adj based).tw.
15	or/12-14
16	exp "Quality of life"/
17	well?being.tw.
18	improvement.tw.
19	exp life satisfaction/
20	exp RESILIENCE, PSYCHOLOGICAL/
21	resilien*.tw.
22	preventi*.ti.
23	exp PREVENTION/
24	exp suicide/
25	or/16-24
26	7 and 11 and 15 and 25
27	limit 26 to (english language and yr="2008 -Current")
28	limit 27 to "reviews (best balance of sensitivity and specificity)"
29	(review* or meta*analys* or overview* or umbrella or systematic).ti.
30	27 and 29
31	28 or 30

Appendix 5: Short descriptions of the promising interventions

Wherever possible, the titles of the interventions listed in the table below are linked to the website of the intervention. Where no official website exists, a link to the most informative summary available or a relevant research paper which describes the intervention has been included.

FRIENDS for Children: A school-based, universal intervention for children aged between 4–7 years. It uses a play-based and experiential learning approach to provide cognitive behavioural skills in a developmentally appropriate manner. During each session children are taught skills aimed at helping them to increase their coping skills through stories, games, videos, and activities. It also involves group sessions for parents which are scheduled at regular intervals throughout the programme.

FRIENDS for Life: FRIENDS for Life aims to teach adolescents self-regulation and how to cope with difficult emotions. The programme also teaches creative alternatives to solving problems. FRIENDS for Life encourages smiling, happiness and bravery, and facilitates smooth transitions into adolescence.

LARS & LISA (as described in Pössel et al., 2008): A manualised school-based prevention programme, originally developed for 8th-graders using 2 psychologists as trainers. It is based on the social information processing model. It consists of 2 sessions on forming a group and motivating them to participate; 4 cognitive sessions which focus on understanding the relation between cognitions, emotions, and behaviours and teach how to identify and challenge negative cognitions; 4 social sessions which train participants in assertiveness and social competence skills. Two adolescent coping role-models (Lars and Lisa) accompany the students through all the topics, showing how to cope with difficult situations and change dysfunctional thoughts and behaviour, appearing in many exercises and films with examples throughout the program. Implemented techniques involve role play, transfer to everyday life, positive reinforcement, etc.

Penn Preventive Program (PPP): A universal programme delivered in school settings. It is designed to build young people's resilience and promote realistic thinking and adaptive coping. Programme sessions include lessons on topics including: feelings and thoughts, dealing with family conflict, assertion and negotiation, coping skills, social skills training, decision making, and problem solving.

Penn Resiliency Programme (PRP): An 18-lesson curriculum aimed at 11–13-year olds (although it has been used with a range of different age groups). The lessons are taught by a PRP trained teacher and generally taught during PSHE lessons. The programme enables young people to develop skills to be more resilient in dealing with situations both in and out of school. Young people develop skills in emotion control and emotional awareness, problem solving, assertiveness, peer relationships, and decision making.

Promoting Alternative Thinking Strategies: Promoting Alternative Thinking Strategies (PATHS) is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. The curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. The PATHS Curriculum was developed for use in the classroom setting with all elementary school aged-children, but it has also been researched with a variety of special needs students (deaf, hearing-impaired, learning disabled, emotionally disturbed, mildly mentally delayed, and gifted). Ideally it should be initiated at the entrance to schooling and continue through Grade 5 and be taught 3 times per week for a minimum of 20-30 minutes per day. The curriculum provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. PATHS lessons include instruction in identifying and labeling feelings, expressing feelings, assessing the intensity of feelings, managing feelings, understanding the difference between feelings and behaviors, delaying gratification, controlling impulses, reducing stress, self-talk, reading and interpreting social cues, understanding the perspectives of others, using steps for problem-solving and decision-making, having a positive attitude toward life, self-awareness, nonverbal communication skills, and verbal communication skills.

Resourceful Adolescent Programme (RAP UK): Developed to build resilience and promote positive mental health in teenagers. The programme specifically aims to prevent teenage depression and related difficulties. It is primarily run as a universal prevention program. It is a positively focused programme that consists of 11 sessions of approximately 50 minutes duration. The programme is usually run as part of the school curriculum (from grades 7 to 10) and it can be delivered by a range of professionals (ie psychologists/social workers/occupational therapists/psychiatrists/mental health nurses, school counsellors/guidance officers/chaplains, teachers or community workers)

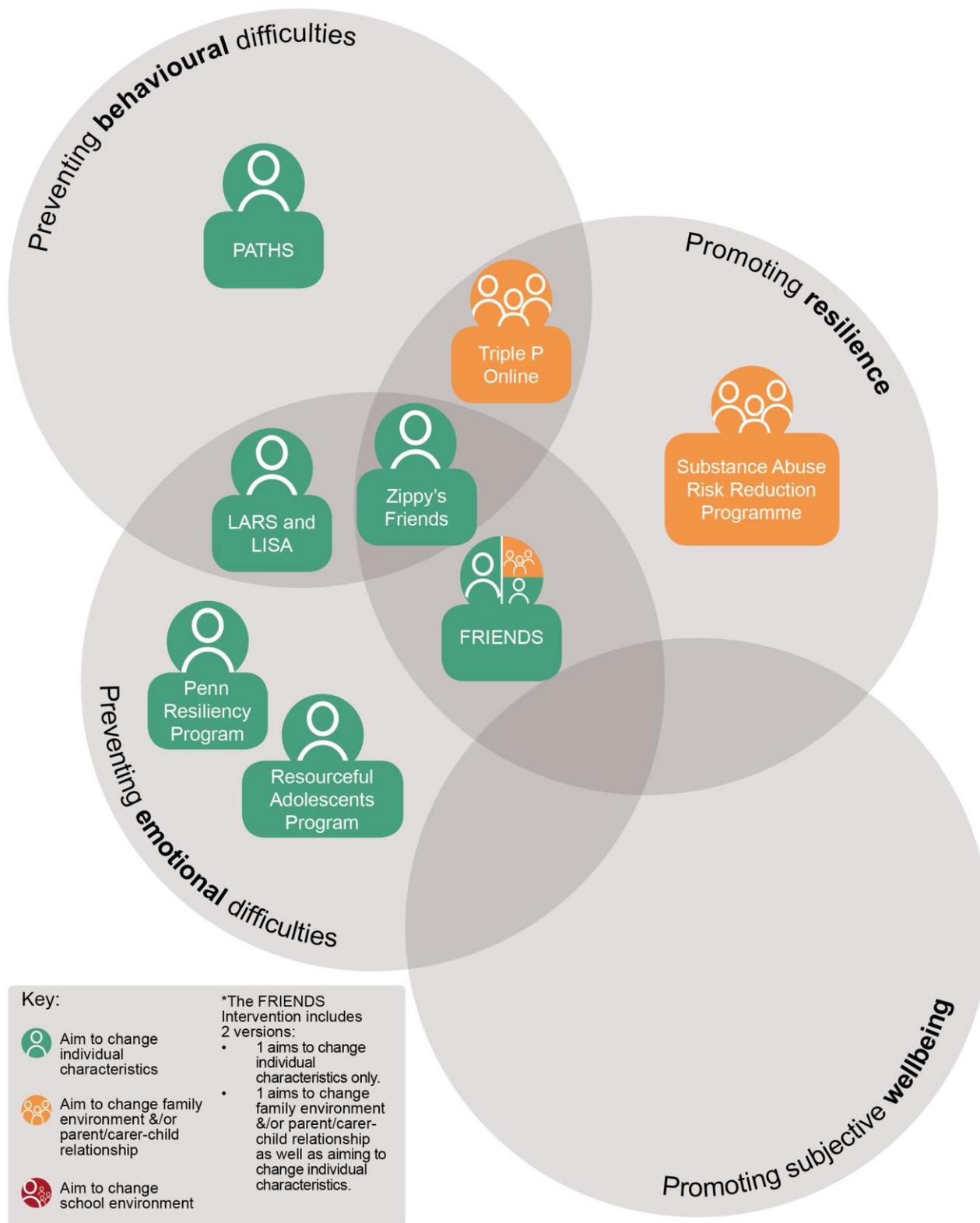
Substance abuse risk reduction I and II: SARR I (as described in Schinke et al., 2004) Consists of 14 computer-mediated intervention modules which aims to enhance the quality of girls' relationships with their mothers and teach girls cognitive behavioural skills to avoid underage drinking. The first 5 modules focused on rapport building to build a foundation of positive parent-child communication, interpersonal relationships, and respect between girls and their mothers. The next 5 modules addressed conflict management, ground rules for negotiating arguments, the value of being polite and respectful, and empathic listening. The last 4 helped participants analyse media portrayals of drinking, enabled girls to correctly understand peer norms around underage drinking, and taught alcohol use-refusal skills that they practiced in role-play scenarios. Each intervention module was introduced and demonstrated by animated characters portraying an adolescent girl and her mother. **SARR II** (as described in Fang et al., 2010) Consists of nine 35-45-minute interactive sessions, each including 3 to 5 interactive modules for girls and mothers to complete together. The modules include: mother-daughter relationship; conflict management; substance use opportunities; body image; mood management; stress management; problem solving; social influences and self-efficacy.

Triple P online: A web-based parenting intervention for parents of children up to 12 years. Parents are given access to a website which enables them to work through 8 modules sequentially which consists of video clips, worksheets and activities. Each module takes around 30–60 minutes to complete and they focus on positive parenting principles and supporting parents to integrate and generalise parenting strategies through parenting plans. A practitioner can provide support alongside the self-directed online programme and participants can sign up for podcast, email and SMS reminders.

Zippy's Friends: The programme is designed to promote the mental health and emotional wellbeing of all young children by increasing their repertoire of coping skills and by stimulating varied and flexible ways of coping with problems in day-to-day life. Zippy's Friends is a 24-week course, split into 6 modules (one module is made up of 4 sessions). Each module covers a different theme, including: feelings; communication; making and breaking relationships; bullying and conflict; change and loss.

Appendix 6: Infographic summary of promising intervention

Overview of Promising Interventions



Appendix 7: Interventions identified in the grey literature that are listed in the Early Intervention Foundation Guidebook

Name of intervention	Domain	Website/Publication
Fun FRIENDS (4–7 years) FRIENDS for Life (8–11 years) FRIENDS for Youth (12–15 years) Adult resilience (16–18+)	Individual	https://guidebook.eif.org.uk/public/files/pdfs/programmes-fun-friends.pdf
Good Behaviour Game	Individual	https://guidebook.eif.org.uk/programme/the-good-behaviour-game
Incredible Years Teacher Classroom Management (4–8 years)	Individual	http://guidebook.eif.org.uk/programme/incredible-years-teacher-classroom-management
Promoting Alternative Thinking Strategies (PATHS) PATHS programme for Schools PATHS elementary (6–12 years) PATHS Preschool/Kindergarten	Individual	https://guidebook.eif.org.uk/search?search=paths
Penn Resilience Programme	Individual	https://guidebook.eif.org.uk/programme/penn-resilience-programme-uk-implementation-in-primary-school
Roots of Empathy	Individual	https://guidebook.eif.org.uk/programme/roots-of-empathy
Second Step Elementary/ Second Step Early Learning	Individual	https://casel.org/guideprogramssecond-step/
Zippy's Friends (5–7 years)	Individual	https://guidebook.eif.org.uk/programme/zippys-friends
5 Pillars of Parenting (4–11 Years)	Family	https://guidebook.eif.org.uk/programme/5-pillars-of-parenting-4-11-years
Empowering Parents Empowering Communities (EPEC)	Family	http://www.cpcs.org.uk/index.php?page=empowering-parents-empowering-communities
Family Foundations	Family	https://guidebook.eif.org.uk/programme/family-foundations

Name of intervention	Domain	Website/Publication
Family Nurse Partnership	Family	https://guidebook.eif.org.uk/programme/family-nurse-partnership
FAST: Families and Schools Together	Family	https://www.familiesandschools.org/why-fast-works/rcts/
Parent Child Home Programme (PCHP) ParentChild+	Family	https://www.familylives.org.uk/about/our-services/parent-child-home-programme/ https://www.parent-child.org/
School Children and their Families	Family	https://guidebook.eif.org.uk/programme/schoolchildren-and-their-families
Solihull Approach Parenting Group	Family	http://guidebook.eif.org.uk/programme/the-solihull-approach-understanding-your-childs-behaviour
Strengthening Families, Strengthening Communities (SFSC)	Family	http://raceequalityfoundation.org.uk/sfsc/sfsc-for-commissioners/
Triple P *	Family	https://www.triplep.net/glo-en/home/
Incredible Years (4–8 years)	Community	http://www.incredibleyears.com/for-researchers/

Note: The programme descriptions are taken directly from respective websites or publications and where possible a link has been provided.

*The EIF Guidebook has assessed the evidence for 17 of Triple P’s programmes. Please cross-refer directly to the EIF Guidebook for details of which programmes have been assessed with their own evidence rating.

Appendix 8: Glossary and abbreviations

Glossary

Local Transformation Plan	Local plans setting out a local offer across the whole spectrum of services for children and young people's mental health and wellbeing, including health promotion and prevention work as well as early intervention and support and interventions for children and young people who have existing or emerging mental health problems
Mental health	Mental health refers to a positive state, of being in good mental health
Mental health problems	A phrase used as an umbrella term to denote the full range of diagnosable disorders and illnesses. Mental health problems may be more or less common and acute or longer lasting and may vary in severity. They manifest themselves in different ways at different ages and may present as behavioural problems, for example in children and young people
Resilience	Resilience is an aspect of our wellbeing that is about our capability to manage and recover from difficulties in a way that strengthens our wellbeing in the long-term
Universal interventions	Interventions which are made available to all (population level rather than individual)
Wellbeing	A state of feeling good and functioning well

Abbreviations

CAMHS	Child and Adolescent Mental Health Service
CYP	Children and Young People
DFE	Department for Education
DHSC	Department of Health and Social Care
EIF	Early Intervention Foundation
HEE	Health Education England
LGA	Local Government Association
NHSE	National Health Service England
ONS	Office for National Statistics
PHE	Public Health England
SIG	Special Interest Group
SPHR	School of Public Health Research
VCSE	Voluntary Community and Social Enterprise
YPHP	Young People's Health Partnership

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