



Public Health
England

Protecting and improving the nation's health

Measuring Mental Wellbeing in Children and Young People

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Summary

Mental wellbeing has wide-ranging impacts upon how children and young people view themselves, their quality of life and the wider society.

Previous work by Public Health England has identified the influence which a child's emotional health and wellbeing has upon their cognitive development, learning, physical health and their mental wellbeing in adulthood¹.

Positive mental wellbeing is essential if children and young people are to flourish and lead rich and fulfilling lives². It helps an individual's ability to recover more quickly from physical illness, increases life expectancy and reduces the likelihood that they will engage in behaviours which may put their health at risk³. The opportunities to improve mental wellbeing through effective prevention and early intervention are clear and this should be reflected in local health and wellbeing strategy and action.

Early childhood experiences have been found to have a lasting impact upon a child's mental wellbeing⁴. Initiating improvements in the mental wellbeing of this age group may thus deliver tangible improvement across their whole life course. Raising levels of mental wellbeing across children and young people can improve life satisfaction and feelings of worth in individuals involved, while at the same time improving the economic prospects of an area by reducing the overall burden of ill health³.

This document outlines the importance of measuring mental wellbeing in children and young people. It is intended to provide guidance on the use of targeted, evidence driven intelligence and practical support to those wishing to develop local joint strategic needs assessments (JSNAs) and the evaluation of interventions which improve the mental wellbeing of children and young people.

The measures presented in this guide have been selected to provide a broad overview of mental wellbeing and its environmental risk and protective factors. They are intended to:

- enable comparison of mental wellbeing between local populations
- allow comparison of levels of risk and protective factors between local populations
- support learning around what localities with good mental wellbeing look like
- inform decision making about priorities for action

This guide has been developed using a life course approach and concentrates on the mental wellbeing of children and young people. There are a number of significant periods within this population such as 'early years' up to the age of five and 'transition' between primary and secondary education, however, the data available is limited and it is not currently possible to produce separate indicator sets for each age group; therefore where indicators relate to specific age groups this will be made clear in the indicator title and/or the metadata.

After identifying those factors which influence the mental wellbeing of younger populations it signposts the reader to the sources of this information. The guide goes on to identify where there are gaps in the information available at a local level and suggests how this might be addressed; providing examples of how this national and local intelligence may be used to inform and direct local action.

The technical appendix which accompanies this guide identifies measures which may be used to quantify mental wellbeing and its key determinants. Advice on the selection, use and limitations of each measure is included to enable local analysts and practitioners to select the most relevant indicators for their area.

Intended audience

This document is aimed at those working within public health and related fields. It is intended to provide practical support to those wishing to support local JSNAs and the commissioning of interventions to improve the mental wellbeing of local children and young people.

Theoretical framework

The theoretical background, evidence base and choice of indicators draw heavily on the work carried out by NHS Health Scotland to develop a core set of national indicators for children and young people's mental health, wellbeing and their determinants⁵. The Scottish framework which is based upon evidence, expert opinion, the views of children and young people⁶, focus groups and policy, identifies the determinants of mental wellbeing within younger populations.

Measures included within this briefing have been selected because of their association with the Scottish indicator set, either on the basis that they replicate the measures used in Scotland or that local data is available to construct a measure which closely matches, or can be used as a proxy for the Scottish measure.

Where a measure has no available data at local authority level it remains within the technical appendix for information, as data may become available in the future. The reader may also wish to collect data locally and so, where possible, they are signposted to relevant national survey questions that could be used in local area surveys. This locally collected data may then be benchmarked against published regional or national results.

What is children and young people's mental wellbeing, and why is it important?

What do we mean by mental wellbeing?

Within this briefing we have applied a positive mental health model to describe wellbeing and use the term 'mental wellbeing'. Mental wellbeing is described as more than the absence of mental illness and is inextricably linked with an individual's emotional, physical and social wellbeing. It is influenced by their resilience and physical health, relationships and the wider social, economic, cultural and environmental conditions in which they live.

The World Health Organization describes mental health as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community⁷.'

This positive description of mental health and wellbeing is echoed in the Foresight Report (2008), which defines mental wellbeing as 'a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community'. Mental wellbeing is enhanced when an individual has a clear sense of their own purpose and value within their own society⁸.

Mental wellbeing is therefore commonly described as a combination of an individual's experience (such as happiness and satisfaction) and their ability to function as both an individual and as a member of society⁹.

In short, mental wellbeing can be defined as 'feeling good and functioning well.'^{3,10}

Why is mental wellbeing important?

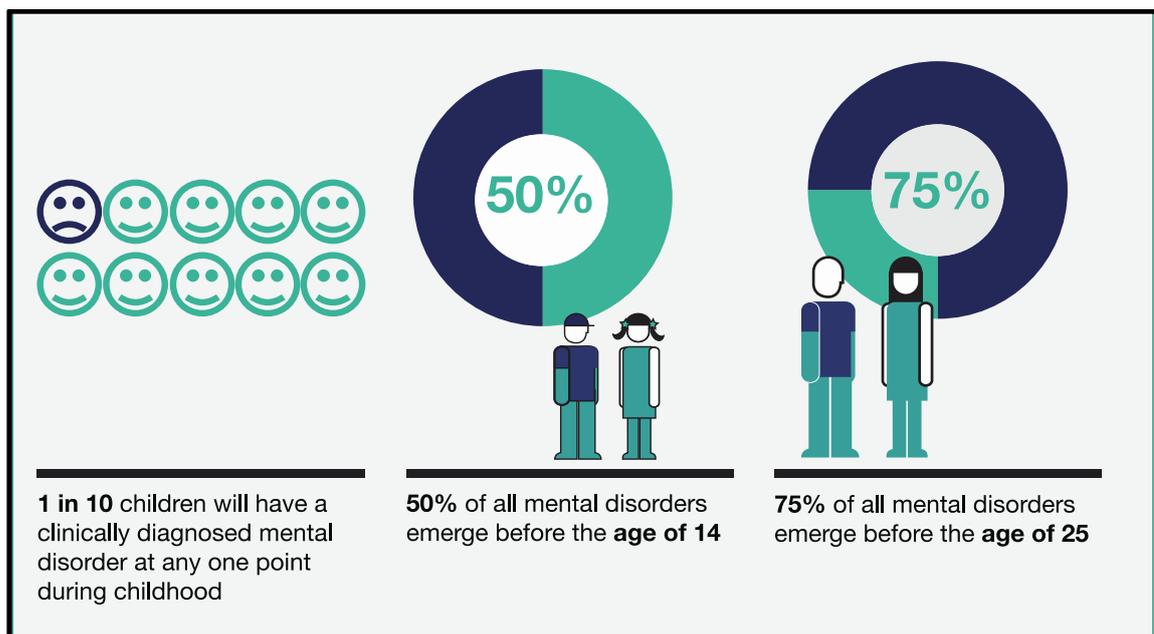
Mental wellbeing has wide ranging impacts upon an individual, their quality of life and the wider society. It is of particular importance to children and young people as it is thought to influence the way in which an individual copes with key life events such as stress, trauma and physical ill-health². Not only are those with better mental wellbeing likely to deal better with stressful events and recover more quickly from illness, but they are also less likely to engage in behaviours which may put their health at risk.¹¹

Mental wellbeing is of particular importance in younger age groups as childhood experiences in infancy and the first five years of life have been found to have a lasting impact upon a child's mental wellbeing.³ Understanding and improving the mental wellbeing of this age group may deliver tangible improvement across their whole life course.

A second opportunity to have a positive impact on outcomes appears in adolescence. Several studies suggest a 'u-shaped' curve in mental wellbeing during adolescence with the lowest levels around the ages of 14 to 15 years. Recent work by NatCen Social Research has found that rather than being a result of physical and hormonal changes often experienced by this age group, this dip in mental wellbeing may be dependent upon a variety of social and environmental factors which are also amenable to change.³

The opportunity to improve outcomes for mental wellbeing through prevention and early intervention is clear:

Figure 1. Key facts on mental health in childhood².



While the statistics on mental illness are stark there are modifiable risk and protective factors such as parenting and education which provide opportunities to improve mental health and wellbeing at an early age and have a lasting impact throughout the life course.

Positively influencing the mental wellbeing of children and young people can enhance their ability to¹²:

- develop psychologically, emotionally, creatively, intellectually and spiritually
- initiate, develop and sustain mutually satisfying inter-personal relationships
- use and enjoy solitude
- become aware of others and empathise with them
- play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them

Measuring mental wellbeing in children and young people

In order to quantify, compare and map any change within a population's mental wellbeing we must first be able to measure it. An individual's own perspective of their mental wellbeing is crucial. This raises particular issues when looking at the mental wellbeing of children and young people.

In the following section we will describe some of the tools which are currently available to measure mental wellbeing and identify its determinants, that is the factors which influence it.

Measuring mental wellbeing

Mental wellbeing relates to how a person perceives their own situation and experience. It is often quantified using an individual's evaluation of their own conscious thoughts and feelings such as life satisfaction and happiness. Research shows that school aged children are capable of this type of introspection from around the age of seven or eight,^{13, 14} however, there are particular issues which should be considered when doing this.

In order to evaluate their own mental wellbeing a child needs to have a degree of cognitive development and be able to understand the concept of what a 'good' or 'bad' life is. Younger children may also have problems with linguistic understanding, lack literacy skills, have short attention spans and be more likely to want to give what they perceive to be the 'right' answer.

Survey questions used to measure aspects of mental wellbeing ask about a person's perceptions and can be broadly categorised into two types: those that ask respondents to recall or evaluate their feelings about something (eg how satisfied are you with your school?) and those that ask about current experience of emotion (eg how sad do you feel?).

There are a number of tools which do this and have been validated for use with children and young people. The tools fall broadly into two types: single question measures and more complex multi-dimensional scales which may be summarised to give an overall score.

Some of the main instruments currently used in research and for monitoring population level mental wellbeing in children and young people are detailed below. In each case national data is available which can be used to benchmark local values and support the evaluation of the impact of public health interventions.

Multi-dimensional scales

The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)¹⁵

The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) was designed initially to assess population level mental wellbeing of adults within the UK.

Participants are given fourteen statements which relate to the preceding two week period. They are asked to respond to each statement using one of five categories ranging from 'none of the time' to 'all of the time'; it is designed for self-completion. Each of the 14 statement responses are scored from one ('none of the time') to five ('all of the time') and these scores are summed to provide a single score ranging from 14 to 70.

WEMWBS has been validated for use with children aged 13 and over and has been used in the Health Survey for England since 2010. Mean WEMWBS scores are reported each year for the age group 16 to 24 and are available from the UK Data Service,¹⁶ summary data tables including trends from 2010-2013 are available from the Health and Social Care Information Centre¹⁷.

WEMWBS is also included in the Department of Health funded 'What About YOUth' survey on the health and lifestyles of young people aged 15 to 16. 'What about YOUth' is based on a sample of 300,000 Year 11 pupils selected at random from the National Pupil Database. The sample is designed to provide robust results at local authority level and these will be first published in April 2016 allowing comparisons against national averages and between local authority areas. The data will also be made available via the UK Data Service following publication.

The Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)¹⁸

A shortened, seven item version of the scale (SWEMWBS) is also available. This has undergone more rigorous testing for internal consistency than the 14 item scale and the seven items relate more to functioning than feeling. The advantage of the seven item scale is that it is shorter and can be transformed for use as an interval scale for psychometric analysis.

This shortened version of the WEMWEBS is currently included in the Understanding Society survey, one of the largest longitudinal studies of its kind across the UK. SWEMWBS is included in the survey of people aged 16 and over which includes young people but predominantly relates to adults.

Huebner's Student Life Satisfaction Scale¹⁹

Huebner's Students' Life Satisfaction Scale was developed in the USA and designed to provide a multidimensional profile of children's life satisfaction judgments. The scale is comprised of seven statements which are designed to be easily read by younger children. These statements are asked in relation to the 'past several weeks' and respondents are asked to agree or disagree with each statement on a six point scale from 'strongly disagree' to 'strongly agree'.

The scale been validated for use in school settings for children aged from seven to eight.

The Children's Society have used Huebner's Students Life Satisfaction Scale in their work to develop an index of subjective wellbeing. They report the scale to be a reliable and stable measure of overall wellbeing suitable for general use with children and young people aged 8 to 15 years²⁰. They also found that the scale could be reduced from seven to five items without any substantial loss of reliability. This five item Modified Students Life Satisfaction Scale (also referred to by the Society as their 'short index') has been used by the Society since 2010 to monitor trends and variations in overall wellbeing at a population level. This is done through routine surveys of children aged 8 to 15 conducted on a quarterly basis (now reduced to six monthly) covering 2,000 households in England, Scotland and Wales. Results from the Surveys can be found in annual publications of 'The Good Childhood Report'²¹. Although country comparisons can be made, the sample size is insufficient to allow any sub-national analysis of the data.

The Good Childhood Index²²

The Good Childhood Index has been developed by The Children's Society as part of their wellbeing research programme. It is a measure of subjective wellbeing intended for children aged eight and over. The Index consists of a five item measure of overall life satisfaction using the Modified Students Life Satisfaction Scale or 'short index' (as previously described), a single item measure of happiness with life as a whole, and a series of questions about wellbeing in ten key areas of children's lives. These ten areas were selected following analysis of the Society's 2008 Survey which found these areas explained over half of the variation in children's overall wellbeing. The areas are: family, friends, health, appearance, time use, the future, home, money and possessions, school, amount of choice. Children are asked to rate their happiness with each of these areas on a scale from one to ten from which the overall measure of happiness with life as a whole, scored 0 to 100, can then be calculated.

The Children's Society suggest that the short index could also be used to measure change in overall wellbeing for smaller samples of children and young people and are currently piloting the short index with a number of schools and local authorities. They envisage the main use for the longer part of the index (the set of ten domains) would be to monitor trends in sub-group differences (age, gender etc.) in important aspects of children's wellbeing. Further research in this area is currently being undertaken by The Children's Society.

Single Question Measures

Office for National Statistics (ONS) single item questions^{23, 24}

In 2010 ONS launched a programme of work measuring national wellbeing. The programme aimed to develop and publish a trusted set of National Statistics to help understand and monitor wellbeing. Following a national debate, a set of 41 indicators measuring different aspects of wellbeing were proposed and grouped into ten domains. One of these domains is termed 'personal wellbeing' and includes alongside SWEMWBS

four further measures of subjective wellbeing. ONS propose that these five measures are suitable for a sub-set of the national population, young people aged 16 to 24.

Since April 2011, four questions have been included in ONS's largest household survey, the Annual Population Survey (APS), in order to assess this aspect of the respondent's mental wellbeing. The four questions are:

- overall, how satisfied are you with your life nowadays?
- overall, how happy did you feel yesterday?
- overall, how anxious did you feel yesterday?
- overall, to what extent do you feel the things you do in your life are worthwhile?

Each question is measured on a scale from zero to ten where zero is 'not at all' and ten is 'completely'. The APS samples around 200,000 adults aged 16 and over and the results are reported separately for children and young adults aged 16 to 24. The lowest reporting geography is Government Office Region.

The SWEMWBS is used to provide an overall measure of population mental wellbeing.

ONS have also proposed a set of children's wellbeing measures grouped into seven domains for younger children (aged 0 to 15). The personal wellbeing domain includes three of the same measures listed above on life satisfaction, happiness and worthwhileness. These were piloted by the Children's Society in their 2013 survey and were found to be suitable for children aged 11 to 15.

Risk and protective factors for children and young people's mental wellbeing

There are a variety of factors that can promote and protect mental wellbeing. These range from factors which affect the individual themselves, their relationships with immediate family members and the wider community in which they live.

Understanding these factors and being able to quantify them allows localities to identify opportunities to improve children and young people's mental wellbeing. It also allows them to evaluate the impact of interventions designed to deliver improvements.

In order to provide a structure, and in accordance with the work of NHS Scotland, the influencing factors for children and young people's mental wellbeing have been categorised under the broad headings of:

- individual: factors which are experienced by an individual rather than as part of a group
- family: influencing factors which relate to a child or young person's family and home environment
- learning environment: factors which influence how a child or young person learns, both within and outside of a formal learning environment
- community; elements of a child's wider social and geographic environment which influence their mental wellbeing

Full details, including guidance on how these may be incorporated into local work are included within the technical appendix which accompanies this guide.

Many of these influencing factors are included in the work of our partners, for example the 'five ways to wellbeing' identified by The Children's Society and The New Economics Foundation in their 'Ways to Wellbeing' report²⁵.

Although there are a number of significant age groups within the children and young people's agenda (eg early years (0 to 5)/early childhood (0 to 10), adolescence: early (11 to 15), mid/young people (16 to 18), late/young adults (18 to 24)); it is not possible to produce sets of indicators explicitly for each age group, due to restrictions in available data. Specific ages to which each indicator applies will be made clear in the indicator title and/or metadata.

Wellbeing influencing factors: Individual

- healthy living
- general health
- learning and development
- emotional intelligence
- life events

Key to understanding and influencing mental wellbeing is the experience of an individual themselves. In order to influence the mental wellbeing of a population one must first

consider the experience of the individual members of that group. Factors which may affect an individual range from their own health, their lifestyle, significant life events, learning and development and emotional intelligence.

There is a complex relationship between an individual's physical health, their mental wellbeing and mental illness. Positive mental wellbeing has been identified as an influencing factor for children and young people's healthy lifestyle choices (such as physical activity, drug use and sexual health)^{5,11} and may in turn be affected by physical illness and disability.

Significant life events clearly will impact upon the mental health and wellbeing of children and young people and cause both emotional and physical distress¹⁸. While the occurrence of such events can rarely be controlled there are factors such as learning and emotional intelligence which have been found to mitigate their effects on the mental wellbeing of those experiencing them.

Here, the term learning covers the continuous process of learning and development, which generally takes place outside the formal education system. It includes participation in all forms of learning, both taught and non-taught and includes play. There is good evidence to suggest that participating in learning is associated with a range of mental wellbeing benefits (protecting against depression, building resilience to stress and adverse life events, promoting social inclusion and cohesion) and adoption of healthy behaviours.^{4,11}

Emotional intelligence can be described as the ability to recognise and regulate emotions in oneself and others and involves being able to handle difficult and powerful emotions and redirect them in a positive manner, to accurately perceive emotions being felt, and have empathy. A growing body of research is beginning to suggest that emotional intelligence is associated with positive life outcomes, including mental wellbeing.³

Mental wellbeing influencing factors: family

- family relations
- family structure
- parental health
- parental healthy living

For many children the most influential group to which they belong will be their family. The impact which positive or negative experiences can have upon the individual is acknowledged as an important one across this field.^{5,11} Positive feelings about family are highly correlated with feelings of life satisfaction and happiness overall although the degree to which family impacts upon an individual may vary depending upon the age group of interest.

Family relations refers to the quality of interactions with parents and other family members; it includes: parenting styles, attachment, interpersonal relationships and family functioning. It can have either a positive or negative influence upon a child's mental wellbeing.⁴ Some important aspects which influence positive mental wellbeing are loving

and trusting relationships, support and sense of connection. Aspects which harm mental wellbeing are family discord such as hostility, inter-parental hostility or detachment and family breakup.⁵

In addition to family relationships the health behaviours and wellbeing of family members has been found to have an impact upon the wellbeing of children and young people.

Work by both NatCen Social Research¹¹ and the Department of Health³ identify maternal mental wellbeing as one of the key determinants of childhood wellbeing particularly in younger age groups.

General parental health behaviours such as smoking drug and alcohol use are important throughout childhood; for example parental alcoholism is associated with higher risk among children of anxiety and abuse.⁴

In addition to the direct consequences which parental behaviour has on the health of children and young people there may be other detrimental effects and hazards which result such as taking on the role of carer to other siblings, emotional abuse or neglect, chaotic family life with poor parent-child bonds, inadequate accommodation, interrupted education and socialisation.

Mental wellbeing influencing factors: learning environment

- engagement with learning
- educational environment
- peer relationships
- pressures and expectations

A child's experience of the learning environment has been identified as an important determinant of their mental wellbeing⁵, life satisfaction and happiness.¹⁴

Included within this domain is the learning environment, the opportunity for participation and engagement, organisational culture, relationships with teachers and other adults within the organisation and peer relationships. This includes the relationships which are formed and the expectations and pressures which may be associated with it.

Pressure to achieve academically and to 'fit in' with ones peers has a profound impact upon the mental wellbeing of children and young people.⁶

Being bullied has a detrimental effect on mental and physical health and has been seen to have a negative effect on adolescent life satisfaction and mental wellbeing. It is estimated that one in three British school children experience bullying.²⁶ Being bullied is associated with depression, low self-esteem, poor self-concept, loneliness and anxiety. It has a negative impact on the development of inter-personal relationships and increases the risk of school absenteeism and thus the lowering of academic achievement.

Mental wellbeing influencing factors: community

- equality
- social inclusion
- participation
- social support
- trust
- physical environment
- culture
- safety
- violence
- discrimination

There are connections between many of the mental wellbeing influencing factors described within this report, not least in relation to the concept of community and what it means to children and young people. Here community is described as those elements of the wider social network and geographic neighbourhood.

Included within this domain are measures which relate directly to those aspects of community which are personally experienced by children and young people such as physical environment, social inclusion, and safety and those which relate to the community as a whole such as equality and culture.

When using these measures it is important to consider whether there are any elements of the population who may be disproportionately represented within the data. Some sources of routine information may systematically exclude some of the more vulnerable groups within a population, this may often be the case for homeless and looked after children. In these cases care must be taken to look beyond the average figures and dig deeper into the detail.

How using intelligence can improve children and young people's mental wellbeing

Using the framework provided, local areas are encouraged to use information from a range of national and local sources to create intelligence which supports local practitioners and commissioners of services to:

- evaluate the impact and effectiveness of interventions which aim to improve the mental wellbeing of children and young people
- compare mental wellbeing of local children and young people to the national average and that of similar populations
- compare levels of risk and protective factors between local populations
- identify areas with good mental wellbeing
- develop meaningful, evidence based, priorities for action

Understanding current levels of mental wellbeing within local populations will be of interest to local communities, however this can only be translated into meaningful action when accompanied by knowledge of local assets and risk factors. There are several key steps which areas will need to complete in order to take this forward.

Identify and understand local population, risk and protective factors

The national measures identified within the accompanying technical appendix are a useful starting point for those wishing to investigate differences between their local situation and those of similar areas.

It may be useful to investigate the relationship between what children are saying about their mental wellbeing and the specific risk and protective factors to their wellbeing. Conversely it may be useful to look at the existing data in different ways, group information into meaningful analyses based upon, for example, school, neighbourhood or proximity to leisure facilities; maps are a useful way to do this.

Where data is inconsistent or conflicts with local knowledge there may be value in additional local work to understand the results. Such findings may be the result of poor data quality or local variation which requires further understanding. At all times it is important that aggregate information is complemented with local insight and analysis to ensure robust interpretation.

Identify potential sources of local information

Where there are gaps in the data available at a national level local areas may choose to collect local information on children and young people's mental wellbeing or its determinants.

There may be existing initiatives in place which can help to gather this information locally; such information will add value to any nationally collected data and provide a rich source of local intelligence.

Where there is a lack of locally available information about mental wellbeing, commissioners and local policy makers may choose to collect this information themselves. This may be achieved by implementing a new local survey or series of focus groups, however it may be more cost effective to incorporate this with existing data collections such as a school health education unit surveys or, for older age groups, local authority residents surveys.

When deciding how best to achieve this there are several factors which local areas should consider, these are:

- is there a need to compare the local position to that of other areas? (If this is the case questions from national surveys are of use)
- are there any local circumstances which may suggest the tools may not be valid in this case? (If this is the case national tools may need adapting for local use)
- have any of the national tools available been validated for use within this age group? (If not then local tool design may be necessary)

In addition to the national tools identified earlier in this guide there are a range of resources which those working in this area may find useful.

The New Economics Foundation and Action for Children have provided a useful guide for those wishing to implement local measurement of children and young people's mental wellbeing which those wishing to implement local collections may find useful.¹³

Compare local experience to that of other areas

Once mental wellbeing and its determinants within the local population have been quantified and understood the local information can be used to understand how the local picture differs to that of other areas.

Comparing one's own position to that of other areas may be useful to:

- identify local good practice in comparison to others
- identify opportunities for local improvement
- identify other areas which are performing well
- identify areas for local improvement which may benefit from joint working with neighbouring areas

Local areas may choose to compare themselves to those which are similar in terms of proximity, population structure, deprivation or a combination of these. Several classifications are available which enable such comparisons, one example is the ONS 2011 area classifications²⁷ which use information collected as part of the census to categorise local authority districts into predefined groupings.

Comparisons to the national average also may prove useful where areas wish to track their own progress against national trends in mental wellbeing. While these national comparisons will enable areas to understand wider changes in mental wellbeing, local knowledge is critical when translating this into local action.

Having scrutinised all available data and information, local areas need to identify and prioritise activities and interventions which will build assets in their communities and address or mitigate existing risk factors. In order to do this it may be helpful to identify other areas which are doing well and using evidence based practice. Understanding other local priorities may provide the additional leverage required to transform individual action into system wide change.

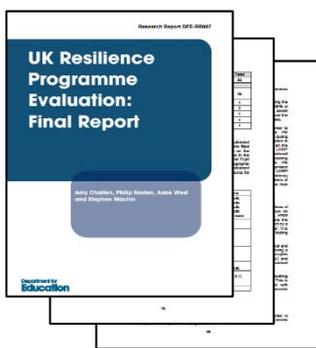
Local areas looking for examples of evidence based practice to address the determinants of wellbeing highlighted in this guide, should use the technical appendix, where they can find sources signposted in the 'evidence based practice for improvement' section of the measure metadata.

Case studies: using intelligence to promote children and young people's mental wellbeing

Simply understanding the mental wellbeing of local children and young people cannot in itself deliver any immediate or lasting improvements in it. In order to do this the information needs to be integrated into intelligence which supports the planning, implementation and evaluation of such interventions. This can most effectively be achieved by supporting those working in local areas to use intelligence in their day to day activities and so integrate it into standard working practices.

Below are examples of projects which have used information and data relating to mental wellbeing and its determinants to measure the impact of interventions and deliver positive improvements in the mental wellbeing of children and young people.

A. Evaluating the impact of commissioned services and/or national initiatives on local populations: The Penn Resilience Program



An evaluation of the implementation of the Penn Resilience Program across Hertfordshire, Manchester and Tyneside.

The study used Heubnar's Modified Students Life Satisfaction Scale as part of a multi variant evaluation of whether this intervention delivered at scale has an impact upon children's wellbeing, behaviour, attendance and academic attainment.

www.gov.uk/government/uploads/system/uploads/attachment_data/file/182419/DFE-RR097.pdf

B. Informing local strategies and decision making: Bracknell Forest Children and Young Peoples Partnership in association with the Children's Society.

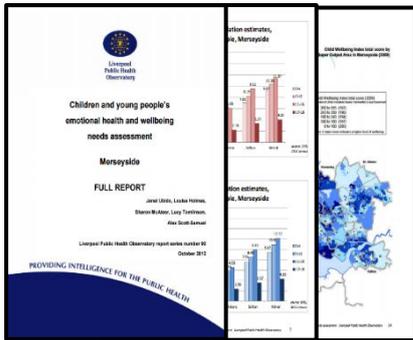
A program of local work investigating children's health and wellbeing to inform a joint strategic plan for children and young people within Bracknell Forest.

An initial survey of 2,500 children and young people included the ONS single measure questions. The survey aimed to understand local variation, identify opportunities for improvement and set local priorities. Subsequent focus groups aimed to provide a deeper understanding of the survey results. Both elements of the programme were then integrated into the development of the young people's plan.



www.bracknell-forest.gov.uk/bracknellforestchildrenandyoungpeoplespartnership

C. Producing targeted local health needs assessments: Merseyside children and young people’s emotional health and wellbeing needs assessment



A Health Needs Assessment completed by the Liverpool Public Health Observatory aimed at assisting in the delivery of better mental health outcomes for children, young people, families and the communities in which they live in Merseyside.

The assessment, based around the six priority areas developed by the Children’s Society²⁸ uses a variety of national information sources to provide a focused view on the local population.

www.liv.ac.uk/media/livacuk/instituteofpsychology/publichealthobservatory/90_child_&_yp_ehwb_n_ass_FULL_REPORT.pdf

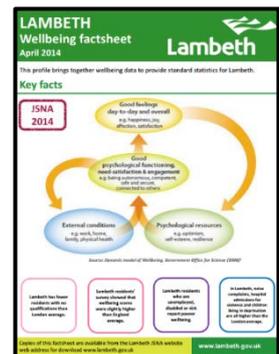
D. Raising awareness of the local and national importance of mental wellbeing: Lambeth Wellbeing Factsheets

Factsheets can be used as a tool to deliver high impact communications to the general public and professionals working in other fields.

They can be used to promote awareness across local decision makers, communicate priorities for action and promote understanding about local issues and initiatives to a broad audience.

Although the Lambeth factsheets focus on adult wellbeing this format can easily be used in relation to children and young people’s wellbeing.

www.lambeth.gov.uk/sites/default/files/ssh-Lambeth-Wellbeing-2014.pdf



Acknowledgements

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- members of the National Mental Health, Dementia and Neurology Intelligence Network Wellbeing Expert Reference Group
- Public Health England, Children, Young People and Families Team

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