



Expression of interest

Title: Children and young people's mental health research and evaluation programme

Project reference: EOR/SBU/2017/015

Deadline for expressions of interest: 17:00, Friday 24 March 2017

Summary

Expressions of interest are sought for a supplier to deliver an evaluation programme of randomised control trials of school-based interventions to promote the mental health and wellbeing of children and young people. The supplier will be required to recruit and engage with schools, develop interventions and coordinate their delivery, coordinate and deliver teacher and instructor training, and undertake impact and process evaluations of the interventions, selecting appropriate outcome measures and facilitating data collection in schools. The programme will initially comprise two multi-arm trials, however the contract will be let in order to allow for additional trials of mental health promotion and support activity to be added in the future as required by DfE. Expressions of interest will be assessed on the basis of capability and capacity to deliver these two specified trials as well as potential future trials of other school-based interventions. Due to the range of expertise and capacity required for this contract, organisations and individuals may consider the possibility of forming consortia in order to meet DfE's requirements.

Background

Improving children and young people's mental health and wellbeing is a priority for the Department for Education (DfE). On 9 January 2017 the Prime Minister delivered a speech setting out her vision for the shared society, the government's role within it and how to transform mental health support.¹ As part of this speech she announced a package of measures to transform the way we respond to mental illness in young people, including a programme of randomised control trials of promising preventative programmes that can be delivered in schools.

Research from *Future in Mind*, the 2015 report of the cross-Government Children and Young People's Mental Health Taskforce, found that many schools were already developing whole school

¹ Prime Minister's Office, 10 Downing Street and The Rt Hon Theresa May MP (2017) '[The shared society: Prime Minister's speech at the Charity Commission annual meeting](#)', 9 January 2017.

approaches to promoting resilience and improving emotional wellbeing, preventing mental health problems from arising and providing early support where they do.² While there is growing evidence that some school-based activities have short-term benefits in terms of increasing knowledge and confidence, and in some cases improve mental health symptoms, many others have limited evidence of their effectiveness.

These initial two trials are intended to provide robust evidence about a selection of universal programmes with a focus on prevention and promoting wellbeing, in particular whether or not they are effective when delivered in a school setting. The aim is to provide better information about effectiveness and implementation to any school that might be considering offering this sort of activity.

DfE is procuring a supplier to deliver a programme which will initially comprise two multi-arm trials as set out below. However, the contract will be let in order to allow for additional trials of preventative and support activity to be added in the future as required by the Department. Bidding organisations and consortia will need to demonstrate, through their expression of interest, the capacity and capability to deliver these concurrent trials and how they could also deliver further evaluations if needed.

Interventions to be trialled

The Department has identified a number of approaches to promoting mental health where there is a promising emerging evidence base around their delivery in schools but for which further evaluation is necessary to understand the value in schools delivering these approaches. The aim of the delivering these trials is to provide schools with the evidence to support their decisions about whether and how to offer universal programmes aimed at prevention by promoting mental wellbeing and knowledge about mental health. If the trials show the interventions to be effective this will give schools a number of well tested interventions to choose from to meet their local needs. If the trials show that the interventions are not effective then this will dissuade schools from using their time and money on ineffective approaches.

DfE will commission a contractor to deliver two concurrent multi-arm trials for the first set of interventions, one focussed on mental health curriculum-based interventions, and the other based on light touch approaches for promoting mental wellbeing.

Trial 1: Mental health curriculum-based interventions

Youth Aware of Mental Health

Youth Aware of Mental Health (YAM) is an evidence-based, universal mental health promotion programme aimed at 14-17 year olds, designed to be delivered in schools.³ It seeks to promote improved knowledge and discussion of mental health and to develop problem-solving skills and emotional intelligence, focusing on issues such as stress, crisis, depression and suicide. The programme is spread over five sessions lasting 45-60 minutes

² [Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing](#)

³ <http://www.y-a-m.org/>

each, which involve role play, discussions and lectures, with a supporting booklet for pupils and classroom posters. It is delivered by a trained instructor, who is external to the school, and is trained through a 4.5 day course. Instructors are supported in running the sessions by a helper, also external to the school, who receives half a day training. YAM has been delivered in schools across a number of countries, with a cross-European RCT showing significant reductions in suicide attempts and suicide ideation, with indications of positive impact on wider mental health outcomes.⁴ It has not yet, however, been formally evaluated in an English school setting or with respect to these wider mental health outcomes.

The Mental Health and High School Curriculum Guide

The Mental Health and High School Curriculum Guide (The Guide) is an evidence-based mental health literacy curriculum, aimed at students aged 13-15 and designed for use in schools.⁵ The Guide aims to enhance the mental health literacy of students, in order to: support their understanding of how to optimise and maintain good mental health; improve knowledge of mental health disorders and their treatments; decrease stigma; and enhance help-seeking efficacy. The Guide is designed to be delivered by classroom teachers, and contains six modules with associated lesson plans, classroom activities, and core and supplementary resources. Each module is designed to fit into around 60 minutes of classroom time. Teachers delivering the Guide are trained through a one-day face-to-face learning session. The Guide has been widely adopted in schools across Canada, where it was developed, and has been piloted in a number of other countries, with a Canadian RCT showing significant improvement in measures of mental health knowledge and attitudes pre- and post-programme.⁶ The Guide has not, to date, been delivered in the UK, and a DfE trial in England would represent the first UK-based delivery and evaluation of the curriculum.

Trial 2: Approaches for promoting mental wellbeing

For the purposes of this research, we define these approaches as *exercises, routines or activities which can be led by classroom teachers or school staff within the school day, with the aim of promoting children's wellbeing, resilience and engagement in learning*. We have identified three promising approaches which: have evidence of use in schools; are discrete and easily delivered by school staff with a low burden in terms of training time cost of materials and school time; already have some existing evidence of effectiveness or theoretical underpinning for effectiveness; and aim to target similar wellbeing and educational engagement-related outcomes.

Mindfulness

Mindfulness is the ability to direct attention to experience as it unfolds. It enables those who have learned it to be more able to be with their present experience, and respond more skilfully to whatever is happening. There is some evidence that it may be helpful in reducing

⁴ Wasserman, D. et al. (2015) '[School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial](#)', *The Lancet*, 385(9977): 1536-1544.

⁵ <http://teenmentalhealth.org/curriculum/>

⁶ Milin, R. et al. (2016) '[Impact of a Mental Health Curriculum on Knowledge and Stigma Among High School Students: A Randomized Controlled Trial](#)', *Journal of the American Academy of Child & Adolescent Psychiatry*, 55 (5): 383-391.

anxiety, depressive symptoms and stress and improving wellbeing, attention, focus and cognitive skills.⁷ We know that mindfulness techniques are currently used by schools, with a range of existing programmes and approaches, but there is limited understanding of whether less intensive approaches work effectively in a school setting. The successful bidder will develop and trial a light touch (10-15 minute) intervention, comprising of simple exercises repeated at regular intervals (e.g. weekly or more than once a week) which provides teachers with materials to guide mindfulness practice e.g. audio tracks or guided exercises.

Protective behaviours

Protective behaviours is a practical approach to personal safety, teaching children and young people to recognise early warning signs of not feeling safe and how to recognise where they can get help. It seeks to provide life skills, develop support structures and instil positive help seeking behaviours which can help keep children safe from a range of risks that may impact wellbeing and increase the risk of mental health problems. It is a well-established approach, with indications of ongoing use in schools, however evidence of effectiveness is limited. Some evidence suggests that it is beneficial for those at risk of mental health difficulties as well as the wider population, and it is relatively easy to integrate into the school environment. The successful bidder will develop and trial a light touch protective behaviours intervention which can easily be included in the school day, can be delivered by teachers/school staff to a whole class, with a small amount of training, and which builds on existing programmes and materials.

Relaxation and breathing-based techniques

Relaxation and breathing-based techniques and training for schools originated as targeted interventions to assist pupils with anxiety. However, there is emerging use of these approaches universally in primary schools, particularly in the form of short breathing exercises, with some reported increases in concentration, resilience, self-perception positivity and connection with others. There is currently limited evidence of wider use in schools or effectiveness, but there is a theoretical unpinning linking relaxation with improved wellbeing and engagement with learning. The successful bidder will develop and trial a light touch intervention that offers short regular exercises, delivered by teachers in the classroom with minimal training and materials, and which build on existing relaxation and breathing-based techniques.

Research aims

The purpose of the research programme is to undertake a series of robust trials of school-based interventions to promote and support the mental health of children and young people, with the aim of providing schools with detailed information about what programmes and approaches they could adopt, with evidence of effectiveness and guidance on how they can be effectively delivered and integrated into schools' current offer.

⁷ Zenner C. et al. (2014) ['Mindfulness-based interventions in schools – a systematic review and meta-analysis'](#), *Frontiers in Psychology*, 5: 603.

The specific research questions for the initial two trials are:

- What impact does delivering the Youth Aware of Mental Health and the Mental Health and High School Curriculum Guide programmes have on mental health and educational outcomes when delivered in English secondary schools?
- Are interventions, including mindfulness, protective behaviours and relaxation/breathing-based techniques effective in improving and promoting mental wellbeing and educational engagement for pupils when delivered in a school setting?
- How are the interventions delivered in and received by schools.

Methodology

An initial contract will be signed to deliver two separate multi-arm RCTs, to run concurrently, which will involve the following interrelated elements:

- Recruitment of and engagement with schools to support delivery of interventions, data collection and full participation in the evaluations, including retention for longer-term follow-up where appropriate
- Development (where applicable) of interventions, and coordination of training and delivery of interventions in schools
- Development and/or selection of outcome measures, and coordination of data collection in schools, pre- and post-intervention and with 1-year follow up (where applicable), including consideration of consent and ethical aspects of participation and data collection including collection of consents for data linking in the future
- Consideration of options for longer term follow-up with participants beyond one year
- Data analysis and reporting
- Separate process evaluation
- Management of the overarching programme of work, as well as project management of the individual trials

We will expect bidders at the tender stage to evidence how they will demonstrate the independence of the evaluation for those interventions where interventions have also been developed under this contract. For example this may be by having separate organisations, or clearly separate teams involved in development and evaluation.

Where materials are developed for the trial – either in terms of training or intervention delivery instructions of manuals etc. these must be made available to the department to share with schools and other organisations should the interventions be shown to be effective.

We expect bidders who are invited to the tender stage of this procurement to set out the methods they recommend as being the best value way of answering the research questions above, and meeting DfE's requirements. To give an indication of the anticipated scale of the trials we have provided suggested research designs and sample sizes below for prospective bidders to consider. We welcome proposals of innovative methods which may improve the quality and/or value for money from this research. **We do not expect bidders to describe their proposed methods for this research at the expression of interest stage, unless used to support the assessment criteria as set out below.**

Trial 1: Mental health curriculum-based interventions

Research design

Due to similarities in the target audience and delivery of YAM and The Guide, we propose to trial both interventions in secondary schools as part of a three-arm RCT, with common outcome measures and a common control group. The indicative research design below builds on the design of the European trial of YAM⁸

We envisage a research design and sample similar to that proposed below, but at tender stage will welcome other suggestions:

- A **sample** of 135 volunteer secondary schools, evenly randomised into two intervention groups (n = 45 schools per group) receiving either YAM or The Guide, and a single waiting list control group (n = 45 schools) where schools will receive one of the interventions the following academic year.
- **Schools recruited** to represent a range of types, locations and demographics. We envisage providing schools with a small amount of funding through the delivery arm of the research programme, to help cover costs of participation and to incentivise full engagement with the trial.
- The **interventions delivered** to two or three randomly selected classes of Year 10 students per school (approx. 60 pupils per school). The control group will also comprise two or three randomly selected Year 10 classes from the control schools, with three data collection points: pre-intervention baseline data collection, three-month/post intervention data collection, and 12-month follow up.
- **Data collection** could be via paper questionnaire or online methods, or a combination but should be appropriate considering value for money, ease of administration, potential to be accessible to a range of schools, and potential impact on accuracy of data collected. Bidders at the tender stage will be expected to set out their data collection approach in detail.
- We expect to work with the successful contractor and draw on their expertise to finalise **outcome measures** that are appropriate for both interventions, and that are suitable for delivery in schools within a single measurement tool. Potential outcomes could include the following:
 - Psychological outcomes (e.g. symptoms, suicide attempts and ideation)
 - Knowledge and attitudes of and towards mental health
 - attributes associated with positive mental health (e.g. coping skills, self-esteem, wellbeing)
 - Educational outcomes (e.g. using school admin data, engagement with education, concentration)

⁸ Wasserman, D. et al. (2015) '[School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial](#)', *The Lancet*, 385(9977): 1536-1544.

Programme delivery

The successful contractor will be responsible for coordinating recruitment and training of YAM instructors and helpers, and classroom teachers to deliver The Guide, alongside working with schools to coordinate high quality delivery of the interventions. This would include:

- Recruitment and training of YAM instructors (4.5 day training course run by the programme developer) over summer 2017, and local training of helpers by the instructors.
- Recruitment of individuals to complete a 3-day 'train the trainer' course for The Guide run by the developers in Halifax, Canada (with the next course taking place 17-19 July 2017).
- Coordination of one day training of appropriate numbers of classroom teachers in the Guide intervention schools.
- Coordination of delivery in schools, e.g. assigning instructors or Guide trainers to schools.
- Providing support for schools to schedule delivery within the timescales of the trial and ensure high-quality delivery.
- Supporting schools to fully participate in delivery and evaluation, including facilitating data collection.

Process evaluation

For both YAM and The Guide DfE will require process evaluation of delivery of the interventions, addressing issues such as:

- How the programme was integrated into the school timetable/curriculum and any barriers to doing so
- How the programme was received by school staff and pupils, and satisfaction with the approach
- Fidelity of delivery
- Recording a baseline of what all schools in the intervention and control groups already do to support mental health, to understand other potential influences on the outcome measures and differences between and within groups

The process evaluation should provide outputs which capture learning from the trials for schools around how to implement the interventions effectively, with the aim of supporting other schools to implement the programmes if trial outcomes show positive impacts.

We envisage that the process evaluations will involve collection of some data across all participating schools, supplemented by a number of case studies for each intervention, covering the experience of different school types, locations and demographics. Case studies should include interviews and focus groups with staff and young people involved in the intervention.

Trial 2: Approaches for promoting mental wellbeing

Research design

We propose to trial the three interventions (mindfulness, protective behaviours, and relaxation/breathing-based techniques) as part of a multi-arm RCT across both primary (years 4-6) and secondary schools (years 7-8). We anticipate a single consistent approach across all arms, in terms of sample sizes, primary outcome measures and data collection procedures. The research

design as set out below is indicative, and we expect to draw on the expertise of the successful contractor to finalise the trial design, including appropriate sample sizes:

- **Recruitment of a sample** of around 100 volunteer primary schools and 50 volunteer secondary schools, representing a range of different school types, locations and demographics.
- Even randomisation of schools into one of three arms corresponding to the three interventions, with 50 schools in each arm (around 33 primary and 17 secondary schools).
- All classes in the relevant year groups will be eligible for the trial, with classes in each school evenly randomised to intervention or control group.
- We envisage providing schools with a small amount of funding to help cover costs of participation and to incentivise full engagement with the trial.
- All interventions should follow a similar **timeline**, delivered for a full school term, with baseline-level data collected at the end of the previous term, and follow-up data collection at the end of the delivery term or at the beginning of the following term.
- **Data collection** could be via paper questionnaire or online methods, but should be appropriate considering value for money, ease of administration, potential to be accessible to a range of schools, and potential impact on accuracy of data collected. Bidders at the tender stage will be expected to set out their data collection approach in detail.
- We expect to work with the successful contractor and draw on their expertise to finalise **outcome measures** that are appropriate for both interventions, and that are suitable for delivery in schools within a single measurement tool. Potential outcomes could include the following:
 - Subjective Wellbeing
 - Mental health/psychological wellbeing
 - Engagement with education
 - Other secondary outcomes relevant to particular interventions

Training and delivery

Rather than delivering a ready-developed 'off the shelf' intervention, we expect contractors to use their expertise and review of existing materials, approaches and evidence to develop approaches into defined interventions with appropriate materials to support delivery. Interventions should be appropriate to pupils in Years 4-8, or have variations appropriate across the age range as far as is possible. The materials developed in relation to each approach will be made available to the DfE after the trials to allow sharing with schools and other organisations if the trials are shown to be successful.

The successful contractor will be responsible for coordinating delivery of the interventions in schools, including:

- Provision of intervention materials and/or appropriate training for teachers
- Working with schools to schedule delivery of the interventions within the parameters of the designed interventions and the trial timetable
- Supporting schools to ensure quality of delivery
- Supporting schools to fully participate in delivery and evaluation, including facilitating data collection

Process evaluation

DfE will require a process evaluation of delivery of the interventions, addressing issues such as:

- How the interventions were integrated into the school timetable/curriculum and any barriers to doing so
- How the interventions were received by school staff and pupils, and satisfaction with the approach
- Fidelity of delivery
- Recording a baseline of what each school already does to support mental health, to understand other potential influences on the outcome measures and differences between the control and intervention groups, and between schools

The process evaluation should provide outputs which capture learning from the trials for schools around how to implement the interventions effectively, with the aim of supporting other schools to implement the programmes if trial outcomes show positive impacts.

We envisage that the process evaluation will involve collection of some data across all participating schools, supplemented by a number of case studies for each intervention, covering the experience of different school types, locations and demographics. Case studies should include interviews and focus groups with staff and young people involved in the intervention.

Additional trials

The programme will initially comprise two multi-arm trials as set out in this call for expressions of interest. Bidders will be assessed against their capability and capacity to concurrently deliver the two trials specified here. However, the contract will be let in order to allow for additional trials to be added in the future as required by the Department. Bidders will therefore also be assessed against their capacity to design and deliver additional trials and evaluations of school-based mental health interventions, which may overlap with delivery of the initial trials, should the Department require this. We envisage that the initial contract will run until Summer 2020. We reserve the right to extend this contract for work entirely within scope of the original contract by up to the same duration and 50% of the contracted cost.

Budget

We are not declaring a budget for this work. The EOI sets out the scale and scope of the research and more detail will be provided as part of the invitation to tender (ITT). We expect bidders at the tender stage to propose an approach which will meet the above aims and offer value for money.

Timing

Procurement timetable

- Deadline for submission of EOIs – 24 March 2017 (17:00)
- Invitations to Tender (ITTs) issued – 5 April 2017
- Deadline for ITT submissions – 2 May 2017 (17:00)

- Notification to shortlisted tenderers of invitation to interview (if required) – 5 May 2017
- Interviews with shortlisted tenderers (if required) – 9 May 2017
- Contract awarded – 11 May 2017
- Inception meeting with successful contractor – 16/17 May 2017 (TBC)
- Contract signed and project commences – mid-May 2017

Project timetable

Our indicative timetable for these trials is set out below. Key points to be noted are that data collection should avoid the end of the summer term.

Date	YAM	The Guide	Preventative programmes
Mid-May 2017	Work begins - agreement of research design, recruitment approaches for schools, recruitment of YAM instructors		
June – July 2017	Schools and YAM instructors recruited	Schools recruited and teachers for training identified	School recruitment begins Interventions finalised and agreed
July 2017 – August 2017	Training delivered to instructors		School recruitment, set up of any training for delivery needed
Autumn Term 2017	YAM trainers consolidate learning Delivery set up with schools, timetabling, links with instructors etc.	Training delivered to teachers in intervention schools Delivery set up with schools, timetabling, links with instructors etc.	Ongoing set up in schools, training of teachers to deliver Baseline data collection
Spring Term 2018 (January – March)	Baseline data collection (intervention and control) YAM delivered in intervention schools (Y10)	Baseline data collection (intervention and control) The Guide delivered in intervention schools (Y10)	Delivery to intervention classes Follow-up data collection
Summer term 2018 (March – July)	3m follow-up data collection (intervention and control)		Reporting
Summer 2018	Interim reporting		
Autumn Term 2018 (September – December)	Delivery starts in control schools (current Y10)		
Spring Term 2019 (January – March)	1-year follow-up data collection (intervention and controls now Y11)		
Summer 2019	Reporting		

Assessment criteria

Expressions of interest will be assessed against the following six criteria:

1. Evidence of relevant methodological experience, including:
 - Designing and delivering randomised control trials and other quasi-experimental impact evaluation, including longitudinal follow up
 - Design, sampling and recruitment of a nationally-representative cluster sample of institutions and participants for RCTs, to offer appropriate power, development of trial protocols
 - Measuring educational, mental health and wellbeing outcomes in children and young people, with knowledge of measurement instruments, and their use in a school setting
 - Collection of consent for future data linking to administrative datasets from a high proportion of participants
 - Designing and delivering robust process evaluations to support attribution of impact, evaluate quality and fidelity of delivery, identify challenges and barriers in implementation, and make practical recommendations for future delivery of interventions
2. Evidence of experience in designing and delivering school-based mental health interventions, including:
 - Implementing existing manualised interventions in schools
 - Building on existing materials and literature to develop well described interventions suitable for trialling in schools
 - Working with primary and secondary schools to arrange successful delivery of interventions,
3. Evidence of successful project management and delivery, including:
 - Successful project management of complex research projects, with delivery to schedule and within budget, including managing multiple organisations, if a consortium bid
 - Developing and using robust processes for managing ethical issues, consent, and other risks in relation to the delivery of interventions in schools and data collection from children and young people across the school age range.
 - Co-ordination of recruitment and training of professionals to deliver interventions, as well as direct training of school staff in delivery of interventions
 - Accessible and robust reporting of experimental and quasi-experimental approaches, with experience in translating and communicating evidence to policy and to schools
4. Experience and knowledge of mental health, including:
 - Knowledge of children and young people's mental health and interventions to support it
 - Knowledge of the school context in general, and specifically the role of schools in supporting children and young people's mental health across the spectrum (promotion/prevention, identification, support, and supporting access to specialist services)
5. Experience of research and evaluation in schools, including:
 - pupil-level data collection from large numbers of schools and pupils
 - Building and maintaining long-term engagement with schools and study participants, in order to ensure consistency of implementation and help minimise dropout

6. Capacity to deliver the initial two trials concurrently, maintaining independence of evaluation from development and delivery of interventions, with potential for further capacity to design and deliver additional trials and evaluations of school-based mental health interventions, should the Department require this.

Each one of these criteria has equal weighting.

Submitted expressions of interest must be no more than 2,000 words overall, including any website links and attachments. Longer submissions will be disregarded.

Closing date for EOIs: 17:00, Friday 24 March 2017

For any pre-submission queries please contact:

mh.researchprogramme@education.gov.uk

Send your completed EOI form to:

mh.researchprogramme@education.gov.uk

How to submit an expression of interest

You must submit an expression of interest (EOI) in order to be considered to be invited to tender. To do so, please complete the Expression of Interest Research template found on the [Department's research website](#). A submission of an EOI does not guarantee an invitation to tender and the Department does not routinely advise organisations that they have not been successful in being invited to tender. Feedback is however available on request.

In order to express an interest you must be registered with us and you will need your ID number. If you need to register then please do so using the online supplier registration form. If you have already registered and have forgotten your ID number, please send an email to Enquiries.RBU@education.gov.uk

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