



Department
for Education

Education for Wellbeing

Technical Report



Government
Social Research

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Introduction

Mental health problems in young people have been increasing over a period of around 15 years (Newlove et al., 2023) and appear to have been exacerbated by the pandemic (Mansfield et al., 2022). Due to this, there is a need for programmes that prevent these difficulties from developing or to reduce levels of emerging mental health problems.

Education for Wellbeing was a research programme commissioned by the Department for Education to evaluate pioneering ways of supporting the mental wellbeing of pupils, by implementing and evaluating five different mental health and wellbeing interventions for pupils in mainstream primary and secondary schools in England. Across the duration of the trial, 47,625 pupils from 513 schools were recruited, making Education for Wellbeing one of the largest randomised controlled research trials of mental health within schools in England. The programme was split into two trials: AWARE (Approaches for Wellbeing and Mental Health Literacy: Research in Education) tested in secondary school settings and INSPIRE (INterventions in Schools for Promoting Well-being: Research in Education), tested in both primary and secondary school settings.

The aim of the AWARE trial was to assess the impact of two interventions that have already been developed and found to be effective in other countries (Kutcher et al., 2015; Wasserman et al., 2015) in order to see if they might be effective in improving mental health related outcomes in children and young people in English schools. The aim of the INSPIRE trial was to assess the impact of three interventions, which were developed specifically for this trial, but were designed to reflect the types of mental health promotion and prevention activity typically used in schools.

The programme was conducted in three waves (2018, 2019, 2022). However, Wave 2 post-intervention data collection was interrupted by Covid 19 and therefore was not included in the primary outcome analysis. For this reason, the numbers presented in this report focus on Waves 1 and 3, with data for Wave 2 presented separately in the appendix.

Related publications

This technical report details the trial design, data collection, and overall approaches taken. For further information specific to each trial, please see the following trial briefings and publications:

Trial protocols:

Hayes D., Moore A., Stapley E., Humphrey N., Mansfield R., Santos J., ... & Deighton, J. (2019). School-based intervention study examining approaches for well-being and mental

health literacy of pupils in Year 9 in England: study protocol for a multischool, parallel group cluster randomised controlled trial (AWARE). *BMJ Open*; 9(8), e029044.

Hayes D., Moore A., Stapley E., Humphrey N., Mansfield R., Santos J., ... & Deighton, J. (2019). Promoting mental health and wellbeing in schools: examining Mindfulness, Relaxation and Strategies for Safety and Wellbeing in English primary and secondary schools: study protocol for a multi-school, cluster randomised controlled trial (INSPIRE). *Trials*, 20, 1-13.

Statistical analysis plan:

Available at <https://osf.io/h5nbe/>.

[Evidence briefings](#) are available which report on:

- Effectiveness of school mental health awareness interventions (universal approaches in English secondary schools)
- Effectiveness of school mental health and wellbeing promotion (universal approaches in English primary and secondary schools)
- School staff perspectives on mental health promotion approaches (experiences of delivering universal approaches in English primary and secondary schools)
- Pupil perspectives on school wellbeing promotion approaches (experiences of Mindfulness-based exercises and Relaxation techniques)
- Pupil perspectives on school mental health literacy interventions (experiences of three programmes in English primary and secondary schools)

These results are also available in the following [journal articles](#):

- “School-based intervention study examining universal approaches for well-being and mental health literacy of pupils in Year 9 in England (AWARE): a multi-school, parallel group, cluster-randomised controlled trial” [link to pre-print]
- “Promoting mental health and wellbeing in schools: examining mindfulness-based exercises, relaxation techniques and Strategies for Safety and Wellbeing in English primary and secondary schools (INSPIRE): a multi-school, cluster randomised controlled trial” [link to pre-print]
- “Session delivery completion as a modifier of treatment effects of universal mental health literacy curricula on emotional difficulties and help-seeking in primary and secondary schools: complier average causal effect estimation in the AWARE and INSPIRE cluster randomized trials” [link to pre-print]

- “Implementation dosage as a modifier of treatment effects of universal mindfulness and relaxation interventions on emotional difficulties in primary and secondary schools: complier average causal effect estimation in the INSPIRE cluster randomized trial” [link to pre-print]
- “A qualitative study of English school children’s experiences of two brief, universal, classroom-based mental health and wellbeing interventions: Mindfulness-Based Exercises and Relaxation Techniques” [link to pre-print]
- “A qualitative investigation of children and young people’s experiences of three universal classroom-based mental health interventions in England” [link to pre-print]
- “A qualitative study of school staff members’ experiences of and perspectives on implementing five universal mental health interventions in England” [link to pre-print]
- “Cost-effectiveness of school-based interventions for well-being and mental health literacy of pupils in Year 9 in England: the AWARE cluster randomised controlled trial” [link to pre-print]
- “Cost-effectiveness of Mindfulness Based Exercises, Relaxation techniques, and Strategies for Safety and Wellbeing in English primary and secondary schools: the INSPIRE cluster randomised controlled trial” [link to pre-print]

Trial design

Education for Wellbeing consisted of two randomised controlled trials: AWARE and INSPIRE. Minimisation took place at the school level, and interventions were delivered at the classroom level.

AWARE interventions were adapted for use in conjunction with the intervention developers. For the Guide this was Dr Stan Kutcher through <https://mentalhealthliteracy.org> (previously www.teenmentalhealth.org) and for YAM this was Vladimir Carli and Camilla Wasserman of Mental Health In Mind International (www.y-a-m.org).

The INSPIRE interventions, Mindfulness-Based Exercises, Relaxation Techniques and Strategies for Safety and Wellbeing, were developed and piloted by Anna Freud in consultation with sector experts, school staff, young people and parents and carers. The design of the interventions and the accompanying materials were refined through a rigorous quality assurance process.

Overview of participation timeline

The trial consisted of three waves: Wave 1 (2018-2020); Wave 2 (2019-2021); and Wave 3 (2022-2024). The trial was originally commissioned for two waves of data collection (Wave 1 and Wave 2), however, Wave 3 was later commissioned as a result of disruption caused by the coronavirus pandemic (see Section: Coronavirus pandemic) for details. This was to ensure the required sample size for the trial was achieved.

Table 1: Programme timeline

Wave	Programme delivery dates	Significant information
Pilot and development	Oct 2017 - Oct 2018	Materials adapted prior to trial and feasibility decided.
Wave 1	Jan 2019 – Apr 2019	Intervention delivery.
Wave 2	Jan 2020 - Apr 2020	Intervention delivery. School closures interrupted delivery in March 2020, due to the COVID-19 pandemic and school closures.
Wave 3	Jan 2023 - Apr 2023	Intervention delivery.

For each wave, there were three 'survey periods': baseline (prior to randomisation); 3-6 months post-intervention (first follow up) and 9-12 months post intervention (second follow up). Please see the section Surveys for specific information regarding the surveys, including a timeline detailing surveys completed at each timepoint.

AWARE

AWARE was a three-arm parallel group cluster randomised controlled trial for year 9 pupils. As part of AWARE, schools were randomly allocated to one of the following interventions:

- A set of five sessions that use role play and pupil-led discussion designed to improve pupils' understanding of mental health and reduce suicide rates. Developed in Sweden and America, Youth Aware of Mental Health (YAM) encourages pupils to share their own ideas about how to maintain good mental health and how to help each other to find ways to resolve everyday dilemmas.
- A teacher training programme developed in Canada called 'The Guide'. Adapted for England for the study and consisting of six sessions, it develops teachers'

understanding of mental health, trains them on how to teach their pupils about it and addresses stigma.

- Usual practice. Schools that were allocated to usual practice continued as usual and received free mental health and wellbeing training at the end of the trial.

YAM

Originally developed in Sweden and the USA as a suicide prevention intervention, YAM was tested in English schools as an intervention to reduce emotional difficulties as part of the Education for Wellbeing trial.

YAM aims to provide a non-judgemental safe space for young people to discuss mental health including depression, anxiety and suicidal thoughts. To facilitate this, sessions are delivered by trained YAM Instructors who were previously unknown to the young people with no school staff present. The developers at Mental Health in Mind describe YAM as enabling young people to be listened to and their experiences to be valued:

“The adults present do not instruct them on how to think, feel, and act. Instead, with the support of the instructor, everyone present works to understand different perspectives and come up with possible solutions to problems.” www.y-a-m.org – April 2021

Ideas about mental health are explored through 5 YAM sessions that include discussion and group-based interactive dialogue, presentation slides and role-play. Six main themes are covered in the YAM curriculum: 1) what is mental health? 2) self-help advice, 3) stress and crisis, 4) depression and suicidal thoughts, 5) helping a friend in need and 6) who can I ask for advice? A key component of YAM is the role play sessions around the themes 1) awareness about choices, 2) depression and suicidal thoughts and feelings, and 3) how to manage stress and crisis situations.

YAM was the only intervention in the Education for Wellbeing trial that was not delivered by school staff. YAM was delivered by YAM Instructors and YAM Helpers who were recruited by the trial delivery team. The instructors recruited had experience working with young people and a background in education, psychology, nursing, social or youth work.

In Waves 1 and 2, all YAM Instructors and Helpers were recruited and employed by Anna Freud, except for schools in Durham where YAM was delivered by Durham County Council. In Durham, the local authority has a history of delivering the YAM model within schools in their area.

All instructors were trained by specialist YAM trainers from Mental Health in Mind over a 5-day training programme. Instructors were paired with YAM Helpers who received a one-day training course delivered by Anna Freud staff.

To complete the training, Instructors and Helpers delivered YAM practice sessions at schools who were not involved in the project. This allowed YAM Instructors to gain experience in and reflect on YAM delivery before trial delivery.

Schools allocated to YAM were contacted by members of the trial delivery team to arrange timetabling for each YAM session for the three participating Year 9 classes. The trained external instructors and helpers then visited the schools to deliver the five sessions.

Alongside the training sessions for YAM Instructors and YAM Helpers, the Anna Freud Delivery Team held regular support calls during the trial delivery so that Instructors and Helpers received supervision as well as support from each other.

As YAM was delivered by external professionals rather than school staff, additional safeguarding processes were put in place to ensure the welfare of all young people participating in the YAM intervention. These included ensuring that YAM Instructors had a named safeguarding contact in each school, and they knew and understood each school's safeguarding and behaviour policies and practices. Instructors were briefed in how to make safeguarding reports, to school and Anna Freud staff, if they were concerned that a young person had suffered or was likely to suffer significant harm. Supervision and planning meetings were used by YAM Instructors and YAM Helpers to discuss safeguarding and what to feedback to school staff after sessions without breaching the safe space they had created. Instructors had scheduled meetings with school staff at the end of each delivery day. Anonymised reports of low level concerns were shared and concerns meeting safeguarding thresholds were documented in these meetings.

Each pupil was given their own YAM booklet containing a list of local and national mental health services to enable them to find and choose additional support if needed. Learning materials, including six educational posters (one per theme), dilemma cards and a tailored booklet for pupils were provided to supplement intervention delivery. These materials included signposting to local and national sources of additional help. Information sheets about YAM were provided to parents and carers prior to delivery. YAM was originally intended to be a three-week programme, with the five sessions delivered across this period, but for the Education for Wellbeing trial, it was adapted to five consecutive weeks to fit with school timetabling and facilitate delivery in English schools.

Some schools experienced challenges in implementing YAM within the trial parameters, including concerns about safeguarding and behaviour because no teaching staff were present during delivery; difficulty with the timetabling of all three classes on one day to cover the number of pupils participating per school; and with the room allocation needed to facilitate group session and role play. These barriers resulted in higher rates of school drop-out from YAM than from the other interventions.

The Guide

Developed in Canada by Dr Stan Kutcher, The Guide (Mental Health and High School Curriculum Guide) is a six-session intervention aimed at increasing understanding of mental health and mental disorders, decreasing the stigma of mental illness and enhancing help-seeking efficacy among both pupils and school staff. The Guide was tested in English schools as part of the Education for Wellbeing programme as an intervention to increase intended help seeking behaviour for mental health difficulties.

Six topics are covered in The Guide: 1) The stigma of mental illness, 2) Stress and the brain, 3) Understanding specific mental illnesses (Part 1), 4) Understanding specific mental illnesses (Part 2) , 5) Support, treatment and recovery, and 6) The importance of positive mental health. Content includes information about a number of mental health disorders including bipolar disorder, panic disorder, schizophrenia, eating disorders, depression and obsessive-compulsive disorder. The intervention was designed to be delivered to pupils over 10-12 hours. However, for the Education for Wellbeing trial, The Guide was adapted to be delivered across six sessions of 50-60 minutes. With approval from the developers, the content was reduced and Canadian video content replaced with resources from England. The trial version prioritised interactive elements such as quizzes and discussions rather than the more didactic, lecture style elements.

Anna Freud trainers completed the 3-day Blended Master trainer session with Dr Stan Kutcher in November 2017, which then enabled them to deliver The Guide training to school staff who would be delivering this intervention to pupils in their own schools. Staff members from schools allocated to The Guide (typically three staff members per school, but up to six staff members were invited) attended a 1-day training course after randomisation, delivered by Anna Freud trainers.

Usual Practice

Schools allocated to the control group were not given a specific mental health intervention to deliver during their participation in the trial; they were asked to continue with usual provision. Usual practice schools were required to complete the surveys at each time point as part of their participation and were eligible to attend free mental health training provided by Anna Freud, after the school's participation in the trial had ceased.

INSPIRE

INSPIRE was a four-arm parallel group cluster randomised controlled trial, for pupils in years 4 and 5 (primary schools) and years 7 and 8 (secondary schools). Although INSPIRE is described as one trial, analyses treated primary and secondary schools as separate trials, and so this technical report considers them as two separate trials (INSPIRE primary and INSPIRE secondary).

As part of INSPIRE, schools were randomly allocated to one of the following approaches:

- Training pupils in **mindfulness-based exercises** embedded into the school day, every day for five minutes.
- Training pupils in **relaxation techniques** embedded into the school day, every day for five minutes.
- A series of eight lessons designed to increase young people's skills around personal safety and managing their mental health, as well as helping them to identify their support networks (Strategies for Safety and Wellbeing, SSW).
- **Usual practice.** Schools that were allocated to usual practice continued as usual and received free mental health and wellbeing training at the end of the trial.

School staff from schools allocated to the three intervention groups received training that included:

- Information about the remit of the trial
- Information about the intervention that they had been allocated to and its manual
- Practical understanding of how to deliver the activities, a space to practise the activities and to troubleshoot any worries, concerns or potential barriers
- Discussion of how the interventions could be adapted to suit the needs of their class and school and to feel confident in delivering the intervention.

Mindfulness-Based Exercises

This intervention is based on the practice of 'mindfulness' skills in the classroom. These skills aim to encourage pupils to focus on awareness of internal and external experiences, as well as fostering an attitude of acceptance and being in the present moment. The intervention encourages using these skills in other parts of life outside of school.

Developed by the Anna Freud Schools Division, the programme of mindfulness-based exercises included practices around 4 broad areas: mindful breathing, the body, the mind, and the world. Staff members in schools allocated to the mindfulness intervention attended a half-day training session delivered by trainers from Anna Freud, where they were provided with a manual consisting of mindfulness activities. The training for Mindfulness Approaches included: an introduction to mindfulness, its background and core principles; demonstrations of different types of mindfulness-based exercises; opportunities to practice being mindful; addressing any barriers; identifying additional resources as well as internal and external support networks.

Staff members were instructed to focus on mindful breathing for the first week of delivery but were then given the freedom to choose any activities from within the manual in proceeding weeks. Although it was recommended that schools stick to the activities outlined in the manual, the following wider resources had approval for use in the trial:

<https://www.gonoodle.com/> from mindfulness to mindful, let it go, and find joy. These were refreshed for each wave of the trial, depending on the availability of videos.

The manual details five mindful breathing exercises to be delivered during the first week of the intervention: basic mindful breathing (day 1); understanding and working with thoughts (mindful breathing with a specific focus on noticing thoughts without judgement) (day 2); understanding and working with feelings (mindful breathing with a specific focus on acknowledging and accepting feelings) (day 3); negative judgement and acceptance (mindful breathing with a specific focus on acknowledging and accepting thoughts) (day 4); and mindfulness in daily life (mindful breathing with a specific focus on applying mindfulness to daily activities such as eating or travelling to school) (day 5). These activities were the same for both primary and secondary schools.

The manual also included seven exercises for each of the body, mind, and world, with overlap in activities for primary and secondary schools (for example, both featured Balancing as a body exercise and Thoughts in The Sky as a mind exercise). However, some exercises were distinct to reflect developmental differences (for example, primary school exercises focused on the mind placed emphasis on imagining distracting thoughts as waves or clouds, whereas secondary school activities placed emphasis on acknowledging these thoughts).

It was recommended that school staff deliver five minutes of mindfulness-based exercises, five times a week (ideally at the same time of the school day) throughout the delivery period (January-April of the relevant year for each wave). Although five minutes was the recommendation, schools were free to deliver longer sessions if they wished. Although implementation monitoring only took place during the delivery period, schools were encouraged to continue mindfulness-based exercises for 1 year.

Relaxation Techniques

The aim of this intervention was to teach pupils to use techniques such as deep breathing and muscle relaxation to release bodily tensions and reduce stress.

Developed by the Anna Freud Schools Division, the programme of relaxation techniques included deep breathing and progressive muscle relaxation exercises. Staff members in schools allocated to the relaxation intervention attended a half-day training session held by two trainers at Anna Freud, where they were provided with a manual consisting of relaxation-based activities. The training for Relaxation Approaches included: an introduction to relaxation approaches, its background and core principles; demonstrations of two broad types of relaxation exercises: breathing techniques and Progressive Muscular Relaxation (PMR); opportunities to practice relaxation techniques; addressing any barriers; identifying additional resources as well as internal and external support networks.

Staff members were instructed to focus on deep breathing exercises for the first week of delivery, and progressive muscle relaxation exercises in the second week of delivery. For

the remainder of the delivery period, staff members were instructed to alternate each week between deep breathing and deep muscle relaxation. Although it was recommended that schools stick to the activities outlined in the manual, the following wider resources had approval for use in the trial: [Calm app](#), [Breathr app](#), and several [GoNoodle](#) videos: for example, for deep breathing, [Bee breath](#), [take a breath](#), [rainbow breath](#), and for progressive muscle relaxation, [lets unwind](#), [melting](#), and [shake it off](#). Again, these were slightly different for each wave of the trial, depending on the availability of videos at each time.

Ten deep breathing exercises were detailed in the manual, for example a general deep breathing practice, counting breath breathing, and square breathing. Similarly, the manual included ten deep muscle relaxation exercises, for example, squeeze the stress ball, HIIT exercises, and shoulder shrugs. There was some overlap in activities for primary and secondary schools (for example, both included the Square Breathing exercise and the rugby chant progressive muscle relaxation), however, most activities differed between primary and secondary schools to ensure they were age appropriate. For example, one of the primary school breathing exercises asked children to imagine they were inhaling and smelling a birthday cake, and exhaling and blowing out the birthday candle, whereas secondary school activities directed participants to focus on their breathing.

It was recommended that school staff deliver five minutes of relaxation techniques exercises, five times a week (ideally at the same time of the school day) throughout delivery period (January-April of the relevant year for each wave). Although five minutes was the recommendation, schools were free to deliver longer sessions if they wished. Although implementation monitoring only took place during the delivery period, schools were encouraged to continue relaxation techniques for 1 year.

Strategies for Safety and Wellbeing (SSW)

Developed by the Anna Freud Schools Programme in consultation with experts in protective behaviours, SSW was an 8-session curriculum-based intervention, with a focus on mental health awareness in the context of safety behaviours and accessing appropriate support networks. Sessions were intended to each last for 40 minutes and were delivered over an 8-week period. Session content for primary and secondary schools was broadly the same, with the exception of session two:

1. It is safe to talk about mental health
2. You are never too young to talk about mental health (primary schools)/We all have mental health (secondary schools)
3. What is safety?
4. Early warning signs – noticing our bodies
5. Early warning signs – noticing our feelings and thoughts
6. Developing our safety networks
7. Safe friendships
8. Safe ways of managing emotions

Staff members from schools allocated to SSW attended a half day training course with the lead developer and were provided with lesson plans and powerpoints and required teaching materials to support school staff delivering the intervention in the classroom. Training for staff delivering SSW included: an introduction to the SSW Programme; exploration of the concept of safety and identifying what feels safe/unsafe; time to understand the manuals, including lesson plans; ideas about recognising, understanding and managing feelings; identify coping and help seeking strategies; challenging stigma around mental illness; addressing any barriers; identifying additional resources as well as internal and external support networks.

Usual practice

Schools allocated to the control group were not given a specific mental health intervention to deliver during their participation in the trial; they were asked to continue with usual provision. Usual practice schools were required to complete the surveys at each time point as part of their participation and were eligible to attend free mental health training provided by Anna Freud, after the school's participation in the trial had ceased.

Coronavirus pandemic

Wave 2 of the programme began in the Autumn term of the 2019-2020 academic year, with schools being randomised in October 2019, with the intervention delivery period taking place January-March 2020, and the first follow up surveys (3-6 months post intervention) should have been completed in the summer term of this academic year. However, the onset of the coronavirus pandemic and the resulting national lockdown periods disrupted this timeline.

The recruitment, baseline, randomisation and training phases of Wave 2 took place as planned, and the delivery period started as expected in January 2020. However, the onset of the pandemic disrupted the delivery period, until schools in England were closed on 20th March 2020, which was towards the end of the Wave 2 delivery period. Schools remained closed to most pupils until the beginning of June, when phased reopening took place, after which, periods of 'local lockdowns' meant that many schools stayed closed for longer periods of time. This meant that the first follow up surveys (3-6 months post intervention) did not take place for Wave 2.

The second follow up surveys (9-12 months post intervention) were completed between January-March 2021, and ethical approval amendments were sought so that pupils could complete the survey at home, under the remote supervision of their teacher, given the third national lockdown period that coincided with this survey period. The survey included questions to account for the context of the pandemic, such as place of, and device used, for completion.

Given the absence of 3-6 month follow up data for Wave 2, pupils involved in this wave of the trial were not included in the impact findings or in any of the main analyses, which are based on outcomes collected during the 3-6 month follow up period. They are, however, included in a series of secondary outcome analyses which investigated the impact of the intervention on outcomes collected during the 9-12 month follow up period. For simplicity, and to avoid confusion, this technical report includes details about the sample for Wave 1 and Wave 3, and for any details regarding Wave 2, readers should see the appendix.

Sample

School recruitment

Recruitment took place at the school level between January and July (2018 for Wave 1; 2019 for Wave 2; and 2022 for Wave 3). The project was advertised in a variety of sources, detailed in the impact papers. Schools were asked to return an expression of interest (EOI) form. Based on this, members of the research team allocated schools to either AWARE or INSPIRE, at which point these schools were officially invited to take part, by being sent a Memorandum of Understanding and Data Sharing Agreement. Schools who returned a signed copy of these documents were classed as officially being invited to take part in the project. Schools who completed the baseline pupil surveys were then included in the randomisation process and were officially taking part in the trial.

Table 2: Breakdown of the recruitment process for Wave 1

	Expression of Interest completed	Schools sent Memorandum of Understanding	Schools returned Memorandum of Understanding	Schools returned pupil lists	Schools randomised
AWARE	260 across AWARE and INSPIRE	160	85	76	71
INSPIRE Secondary	260 across AWARE and INSPIRE	100	46	41	41
INSPIRE Primary	996	239	158	146	145
Total	1256	499	289	263	257

Table 3: Breakdown of the recruitment process for Wave 3

	Expression of Interest completed	Schools sent Memorandum of Understanding	Schools returned Memorandum of Understanding	Schools returned pupil lists	Schools randomised
AWARE	474 across AWARE and INSPIRE	308	119	90	82
INSPIRE Secondary	474 across AWARE and INSPIRE	137	48	32	27
Total	474	445	167	122	109

School eligibility

For the AWARE trial, mainstream secondary schools were deemed eligible to take part if:

1. They were willing to deliver or have an intervention delivered to approximately 60 Year 9 pupils (across three delivery classes)
2. They could allocate 1 hour per week to deliver the intervention over 6 weeks (in the spring term of 2019, 2020 or 2022)
3. Staff could attend one of the training sessions, if required
4. The school returned a signed Memorandum of Understanding and data sharing agreement and provided pupil lists to the research team

For the INSPIRE trial, all mainstream primary and secondary schools were deemed eligible to take part if:

1. They were willing to deliver an intervention to one or two Year-4 classes and one or two Year-5 classes (primary schools), or three Year-7 classes and three Year-8 classes (secondary schools)
2. They were able to allocate 5 minutes per day for young people to practice these skills over the course of the spring term of 2019, 2020 or 2022, if allocated to mindfulness-based exercises or relaxation techniques
3. If allocated to Strategies for Safety and Wellbeing, were willing to allocate eight 40-minute lessons to deliver the programme during the spring term (of 2019, 2020 or 2022)
4. They were able to send staff to the required training sessions

5. The school returned a signed Memorandum of Understanding and data sharing agreement and provided pupil lists to the research team.

The Study Sample

Over the course of the trial, a total of 1,037 primary schools and 1,175 secondary schools completed an EOI. Primary schools were eligible only for INSPIRE. Secondary school EOIs were reviewed and allocated to either AWARE or INSPIRE. A breakdown of the number of schools for each stage of this recruitment process for each wave can be found in **Table 2** and **Table 3**.

Across the three waves, 47,625 pupils from 513 schools took part in the Education for Wellbeing trial: 21,679 pupils from 257 schools in Wave 1; 14,970 pupils from 147 schools in Wave 2; and 10,976 pupils from 109 schools in Wave 3. Please see **Table 4** for the number of pupils and schools in each trial arm in AWARE, **Table 5** for pupils and schools in each trial arm in INSPIRE primary schools, and for pupils and schools in each trial arm in INSPIRE secondary schools, **Table 6**. Details of the allocation process can be found in Section: Randomisation.

Pupil numbers are based on the pupil lists provided to the research team, however opt-outs and pupils who left the school or delivery group during the baseline survey period (i.e., prior to random allocation) were removed.

Table 4: Allocation for AWARE

	Pupils (schools) Wave 1	Pupils (schools) Wave 3	Pupils (schools) Total
The Guide	1823 (23)	2174 (27)	3,997 (50)
YAM	1869 (24)	2159 (27)	4,028 (51)
Usual Practise	1893 (24)	2248 (28)	4,141 (52)
Total	5,585 (71)	6,581(82)	12,166 (153)

Table 5: Allocation for INSPIRE primary schools

	Pupils (schools) Wave 1	Pupils (schools) Wave 3	Pupils (schools) Total
Mindfulness-Based Exercises	2,523 (37)	N/A	2,523 (37)
Relaxation Techniques	2,554 (36)	N/A	2,554 (36)
SSW	2,566 (36)	N/A	2,566 (36)
Usual Practise	2,088 (36)	N/A	2,088 (36)
Total	9,731 (145)	N/A	9,731 (145)

Table 6: Allocation for INSPIRE secondary schools

	Pupils (schools) Wave 1	Pupils (schools) Wave 3	Pupils (schools) Total
Mindfulness-Based Exercises	1,498 (10)	1,031 (6)	2,529 (16)
Relaxation Techniques	1,480 (10)	911 (6)	2,391 (16)
SSW	1,562 (10)	1,288 (8)	2,850 (18)
Usual Practise	1,823 (11)	1,165 (7)	2,988 (18)
Total	6,363 (41)	4,395 (27)	10,758 (68)

Randomisation

In the AWARE trial, schools were either allocated to usual practice, YAM or The Guide (in a 1:1:1 ratio). In the INSPIRE trial, schools were either allocated to usual practice, SSW, relaxation techniques or mindfulness-based exercises (in a 1:1:1:1 ratio). Allocation used minimisation to ensure balance across several prognostic factors which previous literature has reported may have an impact on the outcome of interest (these were: current levels of mental health provision in schools, deprivation, region and whether the school was urban or rural). Allocation concealment was maintained at the cluster level by recruiting all schools before randomisation occurred for each wave. Allocation was carried out by an independent body, the King's Clinical Trial Unit (KCTU) at King's College London, using bespoke software specifically designed for clinical trials.

The randomisation method employed in both trials was a hybrid minimisation approach. This method combined minimisation with an element of simple randomisation to reduce bias while maintaining a good level of variance across the treatment arms. Specifically, there was a 90% probability that a school would be allocated using the minimisation algorithm and a 10% probability that the allocation would follow simple randomisation. The inclusion of a 10% chance of simple randomisation helps ensure that the trial design avoids overfitting to the prognostic factors and retains a degree of unpredictability in the allocation process, which is critical for the integrity of randomised control trials. The minimisation process was used to ensure balance across key prognostic factors that could influence the trial outcomes. The steps in the allocation process were as follows:

1. Identification of Prognostic Factors:

Several key prognostic factors were identified as having a potential impact on the outcomes of the interventions. Key factors identified were Free School Meals (FSM), school location setting (urban or rural), Hub, and previous interventions. Each participating school was assessed based on these factors, and their characteristics were recorded to inform the allocation process.

2. Seeding of the Randomisation:

The allocation procedure began with one school being randomly selected and assigned to a treatment group. This step used baseline probabilities based on the number of treatment groups (AWARE: $p=0.33$; INSPIRE: $p=0.25$) to initialise the process. This random seeding was necessary to provide a starting point for the subsequent minimisation steps.

3. Minimisation Algorithm:

Once the initial school was randomly assigned, the remaining schools were entered sequentially into a minimisation algorithm. This algorithm calculated the level of imbalance that would result from assigning each school to each available treatment group. The algorithm considered the prognostic factors for each school and assessed how the allocation of the school would affect the overall balance of these factors across

the trial arms. Based on this calculation, the algorithm allocated each school with a probability greater than the baseline ($p=0.33$ for AWARE, $p=0.25$ for INSPIRE) to the treatment group that would minimise imbalance across the trial arms. In 90% of the cases, this minimisation method was followed to ensure that the key prognostic factors remained balanced. However, in 10% of cases, schools were allocated using simple randomisation to introduce a level of randomness and prevent over-stratification.

4. Maintaining Balance and Bias:

By using this hybrid approach, the trials ensured that the allocation was both balanced and randomised. The minimisation ensured that the key prognostic factors were evenly distributed across treatment groups, reducing the risk of systematic differences between groups that could affect trial outcomes. The 10% randomisation factor introduced a controlled level of unpredictability, helping to mitigate the risk of overfitting and ensuring that the trial remained robust against selection bias.

Allocations were implemented after baseline data collection was completed (the deadline for baseline data collection in each wave was the October half-term) and schools were informed the week after October half term.

The following individuals were blinded from school allocations over the course of the trial until completion of their respective analyses (between June-August 2024, varying due to different analysis completion dates): the trial statistician, the quantitative data analyst and the economists. Ensuring these individuals remained blind involved several steps, which included: that these individuals were excluded from meetings in which completion rates or any other information relating to trial arms were discussed; information regarding intervention was removed from pseudonymised datasets used for analysis; the trial data with identifiable conditions was held at The University of Manchester (outlined in more detail in the impact papers).

After the primary outcome analysis was completed, the statistician requested a randomisation extract from the KCTU (in May 2024). Having checked through these files, the statistician found one discrepancy in the records. One school that was part of INSPIRE had been incorrectly allocated to the AWARE trial. The same school was also correctly randomised to the INSPIRE trial, in which they participated. KCTU investigated the matter and confirmed that the error was theirs. The issue was discussed with the EfW Data Monitoring and Ethics Committee (DMEC) and it was agreed that a footnote should be included on the AWARE impact paper CONSORT diagram, indicating that one school had been allocated to the AWARE trial in error. It was agreed that no further action would be taken.

Ethical approval/considerations and consent

Ethical approval was granted by the University College London Research Ethics Committee (6735/009 and 6735/014). Several amendments were made over the course of the trial. These included changes to recruitment hub location, minor adaptations of questionnaires and extending the programme due to the pandemic. No major ethical challenges were encountered throughout.

Consent procedures

Schools who were selected for the programme were sent a Memorandum of Understanding to sign and return in order to confirm their participation in the project. This document provided schools with information about the project objectives, nature of processing, the data collection process, and the relevant timelines. Further consent procedures then depended on the aspect of the project, with the process differing for pupil surveys compared to the remaining surveys.

For the pupil surveys, parental consent was sought on an opt-out basis. Schools were sent parent letters, which consisted of an information sheet outlining pupil involvement in the surveys, with possible disadvantages and benefits, and the data to be used and how this will be stored throughout the project. Details of ethical approval and contact information was also provided. At the end of the parent information letter, an opt out slip was included for parents to complete if they did not wish for their child to complete the surveys. These information sheets were sent out by schools to parents of participating classes before the baseline survey period. Opt out deadlines of at least two weeks from the date these letters were sent home were given, to allow for any opt-outs to arrive by post. Parental opt outs were returned by Freepost, phone or email to the project data manager. In cases where a parental opt out was received, these pupils were removed from the pupil list provided by the school, and were not allocated a unique password to access the online surveys (see Section: Quantitative Data collection).

In addition to the opt-out consent procedures, pupils were presented with an information sheet and assent form, which needed to be completed in order to proceed with the survey. This pupil assent was recorded as part of the online survey completion. Through this process it was made clear to pupils that they could decline to participate in the study if they chose to. It was also made clear to pupils that even if they chose to participate, they did not have to answer every question if they did not want to.

For all other surveys with adults (see Section: Surveys), an opt-in consent procedure was used. An information sheet was presented at the start of each online survey, with a consent form which must be completed before continuing with the survey.

For the qualitative aspect of the trial, opt-in consent was also required: for school staff and YAM instructors or helpers, an information sheet was read and signed, and for pupils

under the age of 16, parent letters were sent home to be returned if they consented to their child taking part. In addition, pupils were asked to read an information sheet and sign an assent form at the beginning of the sessions. Consent and assent were not needed for any observation of intervention sessions, as no individual responses were recorded.

Adverse events

An adverse events procedure was defined at the start of the project, after discussion with the DMEC and the DfE Advisory Group. This included the following:

Definitions

An adverse event (AE) was defined as any negative psychological, emotional or behavioural occurrence, or sustained deterioration in a research participant. These included:

- Violent behaviour resulting in physical harm to another person
- Self-harm
- Suicidal ideation
 - a preoccupation with suicide/thoughts about suicide, with no clear plans to take own life
- Suicidal intent*
 - concrete and deliberate plans to end own life, with a conscious desire to escape from the world and a resolve to act purposively in this regard, e.g. a suicide attempt. This may be a deliberate action or disclosing of a deliberate action
- Hospitalization* due to drugs or alcohol, self-harm, or for psychiatric reasons (including, in-patient hospitalization, or significant disability/incapacity)
- Death*, including suicide
- Other

AEs that occurred and were not pre-defined above, were labelled 'other' with details provided and recorded. A serious AE (SAE) (labelled with a *) was defined as any AE that was life-threatening or resulted in death. The only AEs which were classed as serious which were suicidal intent, death (including suicide) or hospitalization. In Waves 1 and 2, suicidal ideation without intent was also included as an SAE. This was 'de-escalated' at the start of Wave 3, due to learnings that had been acquired over the

previous two waves of the project. AEs labelled as 'other' were assessed by the Chief Investigator (CI) and Trials Manager (TM) at Anna Freud on a case-by-case basis.

Reporting process

School safeguarding leads were asked to report any potential AE's that occurred involving pupils enrolled in the trial, during the period from the start of intervention delivery to the second follow up. AE's may have been reported to the school safeguarding lead by several individuals, including YAM trainers and helpers, other school staff or researchers. On reporting an AE, the school safeguarding lead was asked to complete and return an AE form to the Trial Manager within two working days of the AE occurring. The AE form included the following questions:

- Name of school
- Name of professional who reporting the AE to the safeguarding lead
- Contact details of professional who was first made aware of the AE
- Date the AE occurred
- Date the AE was reported to the safeguarding lead
- What the AE was

An assessment of causality was made by the safeguarding lead (likely related/unlikely related to participation in the trial).

Pupil names were not requested on any forms. In cases where the AE was deemed to be a safeguarding risk, YAM trainers/helpers, and researchers also initiated AF safeguarding procedures.

Schools allocated to usual practice were asked to detect and report AEs occurring over the same period. In these cases, relatedness to the intervention was not relevant when reporting. The occurrence of AEs constituted a standing agenda item with schools in communication through the point of contact at schools.

AE Log

All AEs were recorded in an AE Reporting Log by the Trial Manager. The same information from the Adverse Event Form was collected in the log in addition to:

- Whether the event is an AE or SAE
- Expedited reporting necessary (Yes or No)

- The Chief Investigator and Trial Manager's view on relatedness of the event to the trial

The AE Reporting Log was electronically filed securely, using password protection. It was the responsibility of the Chief Investigator and Trial Manager to review the AE Reporting Logs at least monthly, and in instances of SAEs, the AE Reporting Log was reviewed immediately, but no later than one week after receipt. In the absence of any SAE's or AE's that were determined to be likely related to the intervention, AE's were reported quarterly to the Adverse Events Oversight Group (AEOG) and the Data Monitoring and Ethics Committee (DMEC) and were reported to Department for Education in bi-weekly meetings.

In instances of an SAE or when an AE was determined to be likely related to the intervention, the Chief Investigator/Trial Manager informed the AEOG immediately, but no later than one week of receiving the AE form. It was the responsibility of the AEOG to consider the implications of the SAE, as it was recorded in the Reporting Log, regarding trial safety with respect to continuation or termination. If the AEOG considered the SAE had implications to the trial, the DfE were informed no later than two days after the decision was made.

At any time throughout the trial, any member of the AEOG could express concerns over an AE or a trend of events occurring. In this event, the chairpersons of the AEOG would make a recommendation on whether they think an emergency meeting is needed. Such a meeting would occur within two working days of the recommendation being made. In instances where the AEOG believes the trial should be stopped, this would be communicated to the Department for Education. The decision whether to continue with the trial, ultimately rested with the Department for Education. However, they considered the recommendations by the AEOG and DMEC.

Information governance

There were two 'arms' to the Education for Wellbeing project and associated information governance procedures.

The research side included:

- A team of researchers (Principal Investigator, Trials Manager, Research Officer) from the Evidence Based Practice Unit (an academic unit based across UCL and Anna Freud)
- Employees of the University of Manchester (UoM) (who held honorary contracts with the AF) (Data Manager, Research Associate, PhD Student Research Assistant)
- A wider research team including employees of The University of Dundee and the London School of Economics for analysis (who held contracts with AF).

The delivery side includes:

- A delivery team consisting of AF employees (Project Manager, Programme Officer and Project Officer).
- This team also recruited for the project additional AF employees as instructors who would deliver the interventions (YAM Instructors, Helpers, Assistants and School Engagement Trainers).

As outlined in a Data Protection Impact Assessment (DPIA) and set out in the contract, the Department for Education were the Data Controllers for Education for Wellbeing. Anna Freud and The University of Manchester were the Data Processors. For personal data being processed for education and pastoral care purposes of its pupils and staff, schools were the disclosing Data Controllers and the Department for Education was the receiving Data Controller.

Under the GDPR, the legal basis for collecting and subsequent processing of data is public interest (article 6 1 e). It is in the public interest to find out about how to improve young people's mental health and wellbeing.

Information provided to data subjects

Schools were provided with Data Sharing Agreements which outlined how data was to be shared. Pupils and teachers who completed online surveys received a privacy notice before collection of survey data. Parents of young people taking part also received a privacy notice in letter form as part of the opt-out process. There were three versions of the privacy notice, one specifically designed for young people, one for teachers, and one

for parents. The privacy notices made individuals aware of what kind of data/information were used in the research project, who was processing it, what it was being used for, and their rights in relation to the data. The privacy notices followed the advice from the Information Commissioner's Office (ICO) in terms of content, language, and style, and were approved by UCL Data Protection.

How the project collected, used, stored and destroyed data

Research:

Collection: Data was collected via an online survey (Key Survey) which required pupils and teachers to enter a unique password for the survey, in order to ensure individuals were not entering any identifiable information online (e.g. names).

Use: Only named University of Manchester staff members (Data Manager, Research Associate) received identifiable data (pupil lists) which they then de-identified for future use by other University of Manchester colleagues. Once the data was linked to the national data from the National Pupil Database/Office of National Statistics, only pseudonymised data was used to run appropriate analyses. This data was held within the Secure Research Service. Only named ONS accredited researchers had access to these data.

Storage: Identifiable information was held securely by the data manager at the University of Manchester. Identifiable information was held on University of Manchester's secure and password protected servers. Pseudonymised data was stored on the SRS ONS in order for collaborators to conduct their analyses.

The identifiable data was held until the end of the Education for Wellbeing Project (March 2025). In line with the requirements of the UCL and AF retention schedules pertaining to research data, the anonymised data will be held for a minimum of 10 years and reviewed thereafter. The destruction of the anonymised data will be dependent on the review after 10 years. A participant could opt out at any time throughout the project, and requests for data to be deleted were honoured.

Destruction: There were no hard copies of the data. The electronic identifiable data will be destroyed with appropriate electronic shredding software that meets HM Government standards.

Delivery data:

Collection: School participant information was collected via a booking link on Umbraco or Zoho. This directed them to complete their booking information for a particular training date and location.

Use: the collected information was used to ensure participants attended the training necessary to deliver the interventions and to schedule and prepare for the interventions e.g. delivery of materials, timetabling.

Storage: The information was stored either on Zoho or Excel docs in the AFC systems. Only limited staff members will have access to the information.

Identifiable data will be retained on the system until the end of the project in March 2025 at which time it will be destroyed.

Small scale pilot

Prior to the full study, a small scale pilot study was rolled out with a small number of schools. This was primarily to provide an opportunity to adjust the materials to suit the school context. Each intervention was piloted in at least two schools and where relevant this spanned primary and secondary schools (see **Table 7**). The aims of this pilot were twofold: the first aim was to ascertain and resolve any barriers to intervention delivery, before the full trial commenced. The second aim was to understand the feasibility of the surveys, for example, in terms of the age-appropriateness and time taken to complete.

Table 7: School participation in the feasibility study

Intervention	Number of Primary schools allocated	Number of Secondary schools allocated
Mindfulness-Based Exercises	3	2
Relaxation Techniques	3	1
SSW	4	1
The Guide	N/A	3
YAM	N/A	2
TOTAL	10	9

Young people involved in the feasibility study were invited to provide feedback regarding their perceptions of survey completion in terms of: the rationale for completing the survey (i.e., levels of awareness of the purposes of the survey); anonymity of the survey (e.g., some pupils were confused by the purpose of the survey if responses were anonymous), positive aspects of completing the survey (e.g., the range of available response options); perceived issues around included questions (e.g., in terms of difficulty level of questions, the personal nature of the questions, the volume of questions); locations of survey completion (e.g., in terms of lack of privacy); and time taken to complete the survey.

In response to this pupil feedback, the following refinements were made to the pupil survey:

- A Pupil Survey Pack was created for school staff. This included a PowerPoint presentation and video for young people to watch before they completed the questionnaire. These covered the reasons for questionnaire completion, the types of questions that were being asked, a demonstration of Likert scale, and details of how the data would be used. The anonymous nature of responses was also

emphasised. A lesson plan was also included, with a detailed glossary and FAQs for pupils and staff.

- The information sheets for young people, which were presented at the beginning of the online survey, were made more age-appropriate, and outlined why they were being asked to complete the questionnaire and how the data would be used.
- The number of questions included was reviewed, and difficulties with question comprehension were considered. As a result, the survey was appropriately tailored to different interventions and age groups (separate surveys for primary and secondary schools), which reduced the overall length of the survey, particularly for primary school pupils.

Data linkage

Pupil data linkage with NPD data

As part of the trial, the research team applied for demographic data from the National Pupil Database (NPD), held by the Department for Education. Fields requested related to pupil ethnicity, free school meal eligibility (FSM), and special educational needs status (SEN), in addition to attainment data (Key Stage 1 and Key Stage 2, plus Key Stage 4 for Wave 1 pupils), and absence and exclusion data for the periods that spanned school involvement, plus the preceding and proceeding year of participation.

The NPD application process includes providing DfE with details about participating pupils; we provided pupil name, gender, unique pupil reference number (UPN), date of birth, (all obtained from pupil lists provided by participating schools), and school name for the matching process, alongside the school LA/ID codes, to facilitate matching, particularly where the aforementioned demographic details were not provided/available. This information was provided alongside a random pupil identifier, which was also present in our survey data, to enable us to link the NPD data with our survey data. Once data was matched by ONS, an anonymised dataset containing the requested fields were added to a secure research environment, with the unique pupil identifier to enable data linkage to take place.

Pupils who were randomised (i.e., any pupil belonging to a school where baseline data was provided, who was not an opt out (parental or pupil self-opt out), and who had not left the school or class before randomisation took place) were provided to the NPD for matching. This amounted to 47, 625 pupils from 513 schools (inclusive of Wave 2). **Table 8** and **Table 9** show the number of pupils provided to the NPD for matching for Waves 1 and 3, respectively. For the coverage of NPD data (i.e., proportions of pupils for whom NPD data was matched), see **Table 10**. These tables show the number and proportion of pupils in each trial arm where an NPD match was not made, to give an indication of the extent of successful NPD matching.

Table 8: Breakdown of Wave 1 pupils sent to the NPD for matching

	Overall	Sent to NPD	% of Overall
AWARE	5641	5585	99.01
YAM	1892	1869	98.78
The Guide	1835	1823	99.35
Usual Practice	1914	1893	98.9
INSPIRE primary	9950	9731	97.8
Mindfulness-Based Exercises	2595	2523	97.23
Relaxation Techniques	2606	2554	98
SSW	2615	2566	98.13
Usual Practice	2134	2088	97.84
INSPIRE Secondary	6504	6363	97.83
Mindfulness-Based Exercises	1519	1498	98.62
Relaxation Techniques	1571	1480	94.21
SSW	1577	1562	99.05
Usual Practice	1837	1823	99.24
Total (whole Wave 1)	22095	21679	98.12

Table 9: Breakdown of Wave 3 pupils sent to the NPD for matching

	Overall	Sent to NPD	% of Overall
AWARE	6741	6591	97.77
YAM	2218	2170	97.84
The Guide	2223	2173	97.75
Usual Practice	2300	2249	97.78
INSPIRE Secondary	4435	4394	99.08
Mindfulness-Based Exercises	1037	1031	99.42
Relaxation Techniques	927	911	98.27
SSW	1298	1287	99.15
Usual Practice	1173	1165	99.32
Total (whole Wave 3)	11176	10985	98.29

Table 10: NPD Matching

	AWARE N(%) not matched	AWARE N(%) matched	INSPIRE primary N(%) not matched	INSPIRE primary N(%) matched	INSPIRE secondar y N(%) not matched	INSPIRE secondar y N(%) matched
Wave 1	298 (5.3%)	5287 (94.7%)	149 (1.5%)	9582 (98.5%)	314 (4.9%)	6049 (95.1%)
Wave 3	235 (3.6%)	6346 (96.4%)	N/A	N/A	77 (1.8%)	4318 (98.2%)

A summary of reasons pupils were not provided to NPD for matching include: left the class, left the school, parental opt out, pupil opt-out, pupil provided twice by school and school sent wrong year group.

School data linkage with DfE data

A second data linkage took place whereby the Department for Education provided data on the senior mental health lead (SMHL) training grants and mental health support teams (MHST) for schools who had participated in the trial. The data manager provided the

Department for Education with a list of all participating schools, their date of participation, postcode, local authority/establishment code and unique reference numbers (obtained from the government get information about schools website), who returned a completed dataset with the following variables: SMHL flag, SMHL leads application date, SMHL leads training start, SMHL training end, MHST flag, MHST wave, and the year joined MHST programme.

Although this data was provided for all waves, it was only relevant for Wave 3 of the trial, as the timing of the other waves predated these grants. The SMHL and MHST flag variables were used to indicate the schools who had applied for the senior mental health leads training grant, and whether the school was working with a mental health support team, respectively.

The SMHL training end date was the date the training course was due to end, however, this does not always reflect the actual training end date (for example, if the course was deferred due to illness). This data was used as a proxy for schools having completed the SMHL training, to determine the extent of this in participating Wave 3 schools before randomisation (for Wave 3, this was 26/10/2022).

The wave of MHST programme was used to infer the number of participating wave 3 schools who were working with MHST before wave 3 randomisation. Schools who joined in the trailblazer or first four waves of the MHST programme were considered to be working with these teams before randomisation (see [here](#) for details on the MHST programme).

Qualitative data collection

Qualitative data were collected from 20 case study schools in Wave 1. At the training that school staff received to deliver the interventions, school staff were invited to express interest in their school being a qualitative case study school. Schools delivering YAM were also invited by email to express interest in being a qualitative case study school.

Of the schools that expressed interest in being a qualitative case study school, 20 schools were selected to achieve equal representation across interventions and trial hubs, as well as variation in contextual factors (including level of current mental health support and barriers faced to providing mental health support, as measured through the trial's usual provision survey). The final case study sample consisted of three primary schools and one secondary school delivering Mindfulness-Based Exercises, three primary schools and one middle school delivering Relaxation Techniques, two primary schools and two secondary schools delivering SSW, four secondary schools delivering The Guide, and four secondary schools delivering YAM. 19 of the schools were co-educational, state-funded schools whilst one was a privately funded, single-sex secondary school.

For each case study school, the evaluation team asked the school key contact to arrange interviews with up to three staff members who had been involved in intervention implementation (such as a member of the senior leadership team and two classroom teachers). School staff invited pupils to express interest in taking part in focus groups with the evaluation team and then selected up to 10 pupils with a range of views on the interventions to take part. The evaluation team also conducted, where possible, an observation of a session of the intervention at the school, to gather additional contextual information about what the interventions looked like in situ. Finally, YAM instructors and helpers across all schools were invited to express interest in being interviewed by the evaluation team about their experiences. Up to four YAM instructors or helpers were invited to take part in interviews with the evaluation team.

The interviews and focus groups took a semi-structured format, whereby the conversation was structured around topics of interest to the evaluation, but with the expectation that issues raised by participants would be followed up on in more depth as needed. Interviews with school staff and focus groups with pupils typically took place in private rooms at participants' schools during the mid to late stages of the interventions. Interviews with YAM instructors and helpers typically took place over the telephone. The interviews and focus groups explored three main areas relating to the interventions: participants' experiences and opinions, suggestions for improvements, and perceptions of impact. All interviews and focus groups were audio recorded and then transcribed verbatim (see appendix for examples of interview topic guides).

Additional qualitative data were also collected later in the programme to explore sustainability of the interventions due to additional funding provided through a PhD

studentship to explore this. Schools were selected to take part according to their responses to the sustainability survey. Interviews were conducted with school staff at two timepoints: approximately one year (March 2020 and November 2020; N = 29 staff members across 17 schools) and two years (November 2021; N = 14 staff members across eight schools) on from the initial trial delivery period in early 2019. Schools who participated at the two-years timepoint had also participated at the one-year timepoint. Focus groups were also conducted with 15 pupils across three of the schools at the one-year timepoint. The interviews and focus groups explored school staff and pupil perspectives on whether and how the interventions were continuing to be delivered, barriers and facilitators to this, and perceptions of impact.

Quantitative Data collection

All surveys were administered via the online platform KeySurvey. Each survey had a universal link, and a unique password was required to enter the survey once the link had been followed (see details below). **Table 11** details the data collection time points for the pupil survey for each wave of the trial.

School passwords

Once schools had signed and returned the memorandum of understanding and data sharing agreement, they were assigned a unique password, which was used to protect pupil list files sent to schools (see below), and to access school level surveys.

Pupil passwords

Upon receiving the pupil lists from schools, the data managers assigned each pupil a ten-digit alphanumeric unique password, which was added to the pupil list and returned to the Key Contact. Pupil passwords were used to complete the surveys.

Pupil lists and passwords were sent back to schools as either a 7-zip file encrypted with the school password, or via an encrypted ZendTo drop off (again encrypted with the school password), along with the KeySurvey link for the correct survey period.

Staff members overseeing the survey completion were responsible for disseminating the unique pupil passwords to the correct pupil, and these passwords were then used to enter the pupil survey. This process meant that no personal information was entered into the survey platform, and responses were matched to the correct pupil and across data collection time points using this password.

Staff passwords

Staff members who were included on the staff list were assigned a unique alpha-numeric password, which was used to access the staff and implementation surveys.

YAM instructors, who were external professionals, were also assigned a staff password for the implementation surveys. In cases where YAM instructors were given multiple schools, they were given multiple passwords (a unique password per school) so that the data management team could match the implementation response to the correct school.

The survey periods

Each wave included three survey periods: baseline, 3-6 month follow up, and 9-12 month follow up.

Pupil survey period

Before each survey period, reminders were sent to the key and second contacts to book computer room slots for the survey completion, and to inform the research team of planned completion dates. Although the survey periods were open for a few months (e.g., from when schools returned from Easter until they broke up for the summer holidays for the 3-6 month time point), a shorter deadline window was communicated to schools, to ensure that there was plenty of time for completion, and bespoke extensions were discussed on a school by school basis. For strategies used to engage schools, particularly during the survey period, see Section: School engagement.

Completion rates and not started lists

Schools were given a target of minimum completion of 90%, and if they were below this, were sent reminder emails and the offer of a 'not started' list. Throughout the pupil survey periods, the team had access to completion rates and used these to alert the schools to where classes potentially hadn't completed their survey sessions and the team chased up accordingly.

Table 11: Data collection time points: pupil data

	T1 Baseline	T2 3-6m after interventions	T3 9-12m after interventions
Wave 1	Surveys completed Sept-Oct 2018	Surveys completed Apr-Jul 2019	Surveys completed Jan-Mar 2020
INSPIRE Primary Schools	✓	✓	✓
INSPIRE Secondary Schools	✓	✓	✓
AWARE Secondary	✓	✓	✓
Wave 3	Surveys completed Sept-Oct 2022	Surveys completed Apr-Jul 2023	Surveys completed Jan-March 2024
INSPIRE Secondary Schools	✓	✓	✓
AWARE Secondary	✓	✓	✓

All other surveys

The following surveys were also administered during the Education for Wellbeing trial:

- Current mental health provision survey
- Staff survey
- Implementation survey
- Finance survey
- Sustainability survey

For the staff and implementation surveys, the relevant staff members were sent an email with the survey link and their unique password once a given survey was live. A similar process for completion rates to that of the pupil surveys was undertaken, however, rather than being an overall completion rate percentage, key contacts were advised of specific staff members who were yet to complete the survey, and the survey email was resent where necessary.

The current mental health provision survey was a school level survey, to be completed by someone with knowledge about the mental health provision in the school. This survey link was therefore sent to the Key Contact and was completed using the school password. Similarly, the Finance Survey was sent to the key contact along with the school password, to be forwarded to the school's finance team for completion.

The sustainability survey was sent to school staff who delivered the intervention in the autumn term of the academic year after delivery and asked questions about whether delivery had continued beyond the intervention period. This survey was included as an 'add on' to the original project, for use in a related PhD project (Moore, 2023). **Table 12** gives an overview of the other surveys administered at each time point. Full survey items can be found in the appendix.

Table 12: Data collection time points: other data (staff data, usual provision, implementation, finance)

	T1 Baseline	T2 3-6m after interventions	T3 9-12m after interventions
Staff survey			
INSPIRE Primary Schools	✓	✓	✓
INSPIRE Secondary Schools	✓	✓	✓
AWARE Secondary	✓	✓	✓
MHUP* survey			
INSPIRE Primary Schools	✓		✓
INSPIRE Secondary Schools	✓		✓
AWARE Secondary	✓		✓
Implementation survey			
INSPIRE Primary Schools		✓	
INSPIRE Secondary Schools		✓	
AWARE Secondary		✓	
Finance survey			
INSPIRE Primary Schools		✓	
INSPIRE Secondary Schools		✓	
AWARE Secondary		✓	

✓ = data collected at this time point

Surveys

The pupil survey

The pupil survey consisted of a variety of measures address emotional difficulties, intended help-seeking behaviour, behavioural difficulties, mental health first aid, service use, quality of life, and stigma. Eight measures were included in the baseline primary school survey, and twelve were included in the baseline secondary school survey (the eight in the primary school survey, with an additional four items).

Secondary school pupils allocated to Mindfulness-Based Exercises, Relaxation Techniques, or SSW did not receive 'The Guide' measure in follow up surveys, and questions around behavioural difficulties and support from school staff were removed from the follow up surveys for primary schools, to reduce the data collection burden. An overview of the measures included in the pupil survey and their relevant domain can be found in Table 13. An overview of each measure is given below, and the individual items that make up these measures can be found in the appendix.

Huebner Life Satisfaction Scale (LSS; Huebner, 1991)

This global measure of life satisfaction asks children and young people to rate seven statements about their life, such as 'My life is just right'. The scale ranges from 1 (Strongly Disagree) to 6 (Strongly Agree). Negatively worded items (for example "I would like to change many things about my life" are reverse scored. A total score was created for those who had responded to at least two thirds of the items (i.e., at least five of the seven items). This scale has been reported to have strong psychometric properties (Huebner, 1991). Higher scores indicate greater life satisfaction.

Short Mood and Feelings Questionnaire (SMFQ; Angold et al., 1995).

The Short Mood and Feelings Questionnaire (SMFQ; Angold et al., 1995) is a 13-item self-report questionnaire that assesses depressive symptoms in the past two weeks (e.g., "I felt miserable or unhappy"). Response options range from 0 ("not true") to 2 ("true"), with a total score between 0 and 26. Higher scores indicate greater depressive symptoms. Scoring a 12 or higher on the short version may indicate the presence of depression in the respondent. Cronbach's alpha has previously been reported as 0.91 (Thabrew et al., 2018). In the primary and secondary outcome analyses for the Education for Wellbeing trial, a total score was created for those who had responded to at least two thirds of the items (i.e., at least nine of the 13 items).

Me & My Feelings Questionnaire (M&MF; Deighton et al., 2013): Behavioural Difficulties subscale.

Me & My Feelings is a 16-item self-reported questionnaire for children which measures both emotional difficulties (10 items) and behavioural difficulties (6 items). The behavioural difficulties subscale was used (e.g., “I get very angry”). Participants respond with one of the following options: 0 (“never”), 1 (“sometimes”), and 2 (“always”). Total scores are used, with a higher score indicating more behavioural difficulties. Cronbach’s alpha for the behavioural difficulties subscale has been reported as between 0.77-0.82 (Deighton et al., 2013; Patalay et al., 2014).

Client Service Receipt of Inventory (CSRI; Beecham & Knapp, 2001)

The Client Service Receipt of Inventory was used to measure service use. The questions for adapted for the study population and were in reference to seeking help for or using services in relation to worries about their thoughts, feelings or behaviour since the beginning of the last school year. In the first section, respondents were asked about the frequency that they had seen someone. There were seven items which include different people (e.g., “Someone at school: A teacher”), and six response options ranged from “About once per day” to “Not at all”. The second question asked respondents to tick as many as apply with regards to whether they had gotten help from any of the following sources: a family member, friend, information online or in books, or another trusted adult. Two final questions were dichotomous no/yes answers about whether the respondent had stayed in hospital overnight or taken any pills or medicine every day. If respondents answered yes to staying in hospital overnight, they were also asked for how many days this was in the form of an open-ended question. Responses to this open-ended question were independently coded by two members of the research team, to give a banded item to indicate time spent in hospital. This banded item was as follows:

- 0.5 days
- 1 day
- 1.5 days
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

- Between a week and a month – the median for these responses was used here
- Over a month – the median for these responses was used here

General help-seeking questionnaire (GHSQ)

The General Help-Seeking Questionnaire (GHSQ; Wilson et al., 2005) is an 18-item self-report scale that measures help-seeking intentions from different sources and for different problems. The measure asks the degree of likelihood that the respondent would seek help from various people, such as a friend (not related to you), doctor/GP, or not from anyone. The 'partner or significant other' item was not included in the trial, as it was not considered age appropriate for all pupils in the trial. Response options range from 1 ("extremely unlikely") to 7 ("extremely likely"). Responses on items referring to specific help sources were averaged to provide a mean likelihood of intended help-seeking. In addition, where responses were given on the optional 'someone else not listed' item, these responses were also included in the calculation of the average intended help-seeking score. A mean score was calculated for those who responded to two thirds of the items: for those who had responded to the eighth optional item, a minimum of six of the eight items was required; if the eighth option was blank, they responses to a minimum of five items was required

The current study used the section for personal or emotional problems, but the instructions were amended to the following: "Please select the option that shows how likely it is that you would seek help from each of these people if you were experiencing difficulties with your thoughts, feelings and behaviour during the next 4 weeks." Good reliability has been established for the GHSQ (Cronbach's alpha = 0.85, test-retest reliability assessed over a three-week period = 0.92; Wilson et al., 2005).

The Guide's Student Mental Health Literacy Survey (Mcluckie et al., 2014)

Eight items from Section A of the Guide's Student Mental Health Literacy Survey were included, which assess knowledge of mental health. Items include "People who have mental illness can at the same time have mental health". Response options are "True", "False" or "Do not know". Cronbach's alpha has been reported as 0.71 (Mcluckie et al., 2014).

Mental Health First Aid (Hart et al., 2016): Confidence

Mental health first aid confidence was measured using the following question: "How confident would you feel in helping someone you know and care about who is experiencing difficulty with their thoughts, feelings and behaviour?" The question in the original scale was in reference to a vignette, but this was adapted for the current study. Responses were on a 5-point Likert scale, ranging from "Not at all confident" to

“Extremely confident”, and were dichotomised for use in analyses such that responses ‘Extremely Confident’ or ‘Quite a bit confident’ were coded as 1, and the remaining three options (not at all confident, a little bit confident, moderately confident) were given a score of 0.

Attitudes Towards Mental Illness (Milin et al., 2016).

Attitudes towards mental illness was measured using a scale developed by Milin et al. (2016). This includes eight statements about possible characteristics of individuals with mental illness. Response options are on a 7-point Likert scale ranging from “Strongly agree” (7) to “Strongly disagree” (1). Items 4, 5, and 6 are reverse scored. Total scores are used, with higher scores indicating more positive attitudes towards individuals with mental illness. Cronbach’s alpha ranges from 0.65 to 0.68 (Milin et al., 2016). In the secondary outcome analyses for the Education for Wellbeing trial, a total score was created for those who had responded to at least two thirds of the items (i.e., six of the eight items).

Student Resilience Survey (SRS; Sun & Stewart, 2007): School Connection subscale

The School Connection subscale of the Student Resilience Survey (Sun & Stewart, 2007) was used to measure young people’s perceptions of school protective factors. This contains four items that ask about whether there is an adult at school who cares about the respondent, tells them when they do a good job, listens to them, and believes that they will be a success. Response options range from 1 (“never”) to 5 (“always”). Higher scores indicate greater school connection. Excellent internal consistency for the school connection subscale has been demonstrated (Cronbach’s alpha = 0.89 and McDonald’s Omega = 0.91, Lereya et al., 2016).

Child Health Utility Index 9D (CHU9D; Stevens, 2009).

The Child Health Utility Index 9D (CHU9D) is a generic preference-based measure of health-related quality of life for 7- to 17-year-olds. There are nine questions which asks how the young person is feeling today with regards to different feelings (e.g., worry) and problems in different areas of life (e.g., schoolwork/homework). Responses are given on a 5-point Likert scale, which scores ranging from 1 (I don’t feel/have) to 5 (I feel very/have a lot). Quality-adjusted life years (QALYs) were used to give an indication of paediatric quality of life and were calculated following the approach by Stevens (2012). For details, see economic analysis papers. In the Education for Wellbeing trial, this procedure was carried out on multiply imputed data, due to a lack of guidance on how to approach item-level missing data (see Section: Accounting for non-response for details on the multiple imputation approach). Cronbach’s alpha has been reported as 0.78 for the scale (Furber & Segal, 2015).

Mental Health Knowledge Schedule (MAKS; Evans-Lacko et al., 2010): Non-vignette items.

The Mental Health Knowledge Schedule is an instrument to assess stigma-related mental health knowledge among the general public. The non-vignette items – items 1 to 6 – were used in the current study. An example item is “Most people with mental health problems want to have paid employment”. Responses are on a 5-point Likert scale ranging from “strongly disagree” to “strongly agree”, as well as “don’t know” as a sixth option. Cronbach’s alpha for these six items ranges from 0.54-0.69, and weighted kappa ranged from 0.68-0.81 (Evans-Lacko et al., 2010). In the secondary outcome analyses for the Education for Wellbeing trial, a total score was created for those who had responded to at least two thirds of the items (i.e., four of the six items).

Reported and Intended Behaviour Scale (RIBS; (Evans-Lacko et al., 2011): Intended Behaviour subscale.

The Reported and Intended Behaviour Scale is an 8-item scale that asks about reported and intended behaviour towards people with mental health problems across four different contexts: (1) living with, (2) working with, (3) living nearby and (4) continuing a relationship with someone with a mental health problem. Items 5 to 8 asks about intended behaviour in the above four contexts (the Intended Behaviour subscale). There are five response options that range between “disagree strongly” to “agree strongly”. For items 5 to 8, Cronbach’s alpha was 0.85, and weighted kappa values ranged from 0.62 to 0.75 (Evans-Lacko et al., 2011). In the secondary outcome analyses for the Education for Wellbeing trial, a total score was created for those who had responded to at least two thirds of the items (i.e., three of the four items).

Table 13: Overview of surveys in primary and secondary schools

	Construct	Primary schools	Secondary schools
Huebner Life Satisfaction Scale (LSS)	Life satisfaction	✓	✓
Short Mood and Feelings Questionnaire (SMFQ)	Emotional difficulties	✓	✓
Me and My Feelings Questionnaire (Behavioural subscale) MMF	Behavioural difficulties	✓ (baseline only)	✓
Client Service Receipt Inventory – Short version (CSRI)	Service use	✓	✓
General Help Seeking Questionnaire (GHSQ)	Intended help-seeking behaviour	✓	✓
The Guide	Mental health literacy	✗	✓ (Mindfulness, relaxation and SSW at baseline only)
Mental Health First Aid Intentions and Behaviours (MHFA)	Mental health first aid	✓	✓
Attitudes Towards Mental Health (AMH)	Stigma (attitudes)	✗	✓
Student Resilience Survey School Connection Subscale (SRS)	Connection to school staff	✓ (baseline only)	✓
Child Health Utility 9D (CHU9D)	Paediatric quality of life	✓	✓
Mental Health Knowledge Schedule (MHKS)	Stigma (knowledge)	✗	✓
Reported and Intended Behaviour Scale (RIBS)	Stigma (behaviour)	✗	✓

Current mental health provision survey

The current mental health provision survey was developed specifically for the trial and contained questions about existing mental health provision and practises within the

school. This was to be completed by the Key Contact for the project at baseline and second follow up. Questions about members of staff responsible for mental health and their responsibilities are included, approaches for identifying mental health needs among pupils, and barriers to mental health provision. Questions pertaining to mental health training available to school staff, universal provision, and targeted provision were also included. The current mental health provision survey for Wave 3 (2022-2024) also included questions about the Department for Education funded senior mental health lead training and mental health support teams.

Data reduction approach

Questions about staff training opportunities, universal provision and targeted provision were presented in a matrix format, with multiple options for service providers of a given provision. Respondents could select all options that applied. The format of these questions was such that when a respondent selects an option, this is recorded as a 1, and if an option is left blank, it is recorded as a 0, in the data. The resulting dataset therefore contains a row for each combination of the matrix, made up of either a 0 or a 1 depending on whether the option was selected. Due to the nature of these data, reduction techniques were applied to create an overall summary score (presented as a percentage) for staff training provision, universal provision, and targeted provision: all items with a response (a value of 1) in the staff training matrix were summed to give a total score, which was converted to a percentage by dividing it by the total possible number of options presented in the matrix. This was repeated for the universal provision and targeted provision matrices. This parsimonious and succinct approach was analogous to the data reduction methods used by Mansfield, Humphrey & Patalay (2021), who found that more comprehensive training provision at the school level predicted teacher's perceived capacity to support mental health.

Staff survey

The staff survey was intended to be completed by all staff members provided on the pupil list as being responsible for a delivery group, should the school be allocated to an intervention. The staff survey aimed to address staff attitudes and perceptions towards mental health. The specific measures included in the staff survey can be found below.

Mental Health Literacy and Capacity Survey for Educators (MHLCS; Fortier et al., 2017)

The Mental Health Literacy and Capacity Survey for Educators (MHLCS) measures school staff's awareness, knowledge and comfort in relation to supporting pupils' mental health. The MHLCS was designed to have three sub-scales: awareness (items 1–5), knowledge (items 6–9) and comfort (items 10–13). Responses are on 5-point Likert scales that range from 1 (“not at all aware”, “not knowledgeable” or “not comfortable”) to 5 (“very aware”, “very knowledgeable” or “very comfortable”).

Jorm Mental Health Literacy (Jorm et al., 1997)

Additional questions were also asked based on the attributes of mental health literacy according to Jorm et al., (1997). These attributes were categorised into recognition, knowledge and attitudes, and asked staff to rate the perceived importance of each attribute for their pupils. Response options are on a 5-point Likert scale, ranging from 1 (“not at all important”) to 5 (“very important”). Higher scores indicate greater perceived importance.

The Guide Mental Health Literacy (Kutcher et al., 2014)

A further four attributes related to mental health literacy were asked to staff. These were questions developed to measure knowledge and attitudes after the implementation of The Guide (Kutcher et al., 2014). Response options are on a 5-point Likert scale, ranging from 1 (“not at all important”) to 5 (“very important”). Higher scores indicate greater perceived importance.

The Guide

A further eight questions from The Guide were asked to assess mental health literacy. Items include “Useful interventions for adolescent mental health disorders include BOTH psychological and pharmacological treatment”. Response options were “True”, “False”, or “Do not know”.

Implementation survey

Yam instructors and school staff who delivered interventions were asked to complete a survey in the immediate post-intervention period for each group. This included six key aspects of implementation: fidelity, quality, dosage, pupil responsiveness, reach of the intervention, and any adaptations made to the intervention. Where a staff member was responsible for more than one delivery group (i.e., they delivered to more than one class), they were asked to complete the survey for each delivery group, distinguishing these groups with a unique delivery group code. Full survey PDFs for each intervention can be found in the appendix and some additional detail on each aspect is given below.

Dosage

Dosage was measured in different ways for the different types of intervention: for the curriculum-based interventions (YAM, The Guide, SSW), staff members were asked to report whether they delivered each session, and the total number of sessions delivered was calculated per delivery group. For mindfulness-based exercises and relaxation techniques, staff members were asked the approximate start and end dates of delivery, approximate number of times per week that mindfulness-based exercises was delivered, and the average length of sessions. This information was then used to calculate dosage

as follows: number of weeks*times per week*length of sessions. The social validity of the interventions (acceptability, feasibility, appropriateness) was also assessed, using a standardised social validity questionnaire, and questions about the time spent preparing and delivering the intervention were included, to inform the economic evaluation (Weiner et al., 2017).

Fidelity

Fidelity was measured by asking staff members the extent to which they followed the guidance in the manual for each session of the intervention delivered (YAM, The Guide, SSW), or the average extent to which the guidance was followed for each activity in the manual. An overall fidelity score across delivered sessions was then calculated and converted to a percentage score.

Reach

Reach was measured with the following question: "What percentage of your class were present, on average, during Mindfulness sessions? Consider withdrawal for additional support etc". The response options were: ≤30%; 31-40%; 41-50%; 51-60%; 61-70%; 71-80%; 81-90%; 91-100%.

Pupil engagement and responsiveness

Staff members were asked to rate the extent to which their pupils: actively participated in the intervention, engaged with the intervention, were interested in the intervention, enjoyed the intervention, and were enthusiastic about the intervention, on a scale of completely disagree (1) to completely agree (5).

Social validity of interventions

Each domain was investigated with a four-item scale, with response options ranging from completely disagree (1) to completely agree (5). A summary score was calculated by taking the average response across the items (Weiner et al., 2017).

Finance Survey

A finance survey was sent to the Key Contact at intervention schools during the second follow up period, to be completed by a member of the school finance team. This survey was completely anonymous and was to be completed for each staff member who delivered the intervention. Questions included staff member salary band, staff member full time equivalent working hours, staff member pension and national insurance contributions as a percentage of their annual salary, and any staff overheads.

A Service Information Schedule (SIS, Slead et al., 2004) for each intervention was also prepared by Anna Freud, which included data on the resources used for the intervention, including staff time, overheads, materials, and travel costs.

Survey response

Pupil Survey

The number of Wave 1 and Wave 3 pupils can be found in **Table 14**, **Table 15** and **Table 18**. Details of the Wave 1 and Wave 3 pupils who were removed during each survey period in each trial can be found in **Table 16**, **Table 17** and **Table 19**. The number of schools who participated in each survey period can be found in **Table 20** and **Table 21**.

Schools sometimes communicated reasons why individual pupils were unable to complete the survey at different time points. This list is by no means exhaustive, and in the majority of cases, no reason was given for non-completion, as this largely depended on the capacity of school staff and whether they were able to communicate this information to us. Because we do not have reasons for non-completion for most pupils, figures are not provided alongside these reasons, however, some reasons for non-completion included:

- Pupil opted out
- Pupil provided twice by school (duplicate)
- School provided wrong year group
- Left class before baseline surveys
- Left school before baseline surveys
- Followed link but did not assent
- Pupil assented but left all items blank
- Left class before first follow up
- Left school before first follow up
- Excluded/suspended from school
- SEN/behaviour/safeguarding related
- Non-attender
- Part-time attender
- Absent at the time of the surveys
- Long-term absent

- Left class before second follow up
- Left school before second follow up
- Pupils moved into Year 9 and moved to a different site
- Additional delivery group provided who were not involved
- Poor attendance
- Educated elsewhere
- Alternative provision
- No reason given

Other Surveys

For the staff level surveys at each time point and in each wave (staff and implementation surveys), **Table 22** to **Table 29** show the number of possible respondents (i.e., in the case of the staff and implementation surveys, the number of staff members provided to the research team as being involved in delivery), the number of responses in the cleaned dataset, in addition to the number of schools randomised, and the number of schools returning at least one survey.

School level survey response rates (current mental health provision and finance surveys) can be found in **Table 30** to **Table 33**, which contain the number of schools randomised to the intervention arm, and the number of schools returning the survey at each time point. Note that these tables do not distinguish between intervention schools that did and did not deliver the intervention. For details on intention to treat schools and schools that dropped out over the course of the trial, see Section: School drop out.

As a reminder, the implementation and finance surveys were only sent to schools who delivered an intervention: this means the completion rate tables for these surveys exclude usual practise schools, intention to treat schools (i.e., schools that still completed the surveys but did not deliver the intervention, despite being allocated), and schools that dropped out. There is also no finance survey for YAM schools – financial information regarding YAM was instead provided in the service information schedule.

Table 14: Wave 1 pupil completion rates across the trial (AWARE and INSPIRE primary)

	Baseline: Number of possible responde nts*	Baseline: Number of surveys complete d	Baseline: Completi on Rate %^c	First follow up: Number of possible responde nts*	First follow up: Number of surveys complete d	First follow up: Completi on Rate %^c	Second follow up: Number of possible responde nts*	Second follow up: Number of surveys complete d	Second follow up: Completi on Rate %^c
AWARE	5590	4811	86%	5589	4318	77%	5432	3964	73%
YAM	1874	1616	86%	1873	1328	71%	1799	1283	71%
The Guide	1823	1523	84%	1823	1440	79%	1790	1263	71%
Usual Practice	1893	1672	88%	1893	1550	82%	1843	1418	77%
INSPIRE primary schools	9744	8938	92%	9720	8629	89%	9605	7679	80%
Mindfulness-Based Exercises	2523	2296	91%	2518	2253	89%	2493	1979	79%
Relaxation Techniques	2554	2359	92%	2550	2270	89%	2531	1860	73%
SSW	2571	2356	92%	2567	2250	88%	2539	2013	79%
Usual Practice	2096	1927	92%	2085	1856	89%	2042	1827	89%

Table 15: Wave 1 pupil completion rates across the trial (INSPIRE secondary)

	Baseline: Number of possible responde nts*	Baseline: Number of surveys complete d	Baseline: Completi on Rate %^c	First follow up: Number of possible responde nts*	First follow up: Number of surveys complete d	First follow up: Completi on Rate %^c	Second follow up: Number of possible responde nts*	Second follow up: Number of surveys complete d	Second follow up: Completi on Rate %^c
INSPIRE secondary schools	6446	5539	86%	6367	4710	74%	6253	3739	60%
Mindfulness-Based Exercises	1503	1333	89%	1502	1221	81%	1501	852	57%
Relaxation Techniques	1559	1276	82%	1481	856	58%	1463	673	46%
SSW	1562	1370	88%	1561	1298	83%	1514	881	58%
Usual Practice	1823	1560	86%	1823	1335	73%	1775	1333	75%
Total (Wave 1)	21780	19288	89%	21676	17657	81%	21290	15382	72%

*All pupils were sent the survey except opt outs. ^aKeySurvey Export numbers refer to all pupils who opened the survey link. Some of these responses were removed during data cleaning e.g., if pupils had not provided consent, or had provided consent and then left all survey items blank. ^bFinal survey numbers refers to the number of pupil survey responses after data cleaning, that contributed towards the final dataset. ^cCompletion rate % is calculated from those who were sent the survey (i.e., excluding opt outs). ^dOpt outs at follow up also includes pupils removed due to leaving the school/class. ^eThe number of overall pupils for INSPIRE secondary schools reduced by 78 in the second follow up, as one school provided the wrong year group at baseline, so these pupils were removed.

Table 16: Pupils removed from each stage of the trial in Wave 1 (AWARE and INSPIRE Primary)

	Baseline Opt outs	Baseline Total Removed	First Follow-up Opt outs	First Follow-up Left School since T1	First Follow-up Left Class since T1	First Follow-up: Total Removed T2 (Cumulative)	Second Follow-up Opt outs	Second Follow-up: Left School since T2	Second Follow-up: Left Class since T2	Second Follow-up Total Removed T3 (Cumulative)
AWARE	51	51	51	1	0	52	73	135	1	209
YAM	18	18	18	1	0	19	37	54	1	92
The Guide	12	12	12	0	0	12	13	32	0	45
Usual Practice	21	21	21	0	0	21	22	49	0	71
INSPIRE primary schools	206	206	207	18	5	230	211	129	5	345
Mindfulness-Based Exercises	70	70	70	5	0	75	70	30	0	100
Relaxation Techniques	54	54	54	4	0	58	54	23	0	77
SSW	44	44	44	4	0	48	44	32	0	76
Usual Practice	38	38	38	6	5	49	42	45	5	92

Table 17: Pupils removed from each stage of the trial in Wave 1 (INSPIRE Secondary)

	Baseline Opt outs	Baseline Total Removed	First Follow-up Opt outs	First Follow-up Left School since T1	First Follow-up Left Class since T1	First Follow-up: Total Removed T2 (Cumulative)	Second Follow-up Opt outs	Second Follow-up: Left School since T2	Second Follow-up: Left Class since T2	Second Follow-up Total Removed T3 (Cumulative)
INSPIRE secondary schools	57	57	57	1	1	59	62	105	6	173
Mindfulness-Based Exercises	16	16	16	0	1	17	16	1	1	18
Relaxation Techniques	12	12	12	0	0	12	14	11	5	30
SSW	15	15	15	1	0	16	15	48	0	63
Usual Practice	14	14	14	0	0	14	17	45	0	62
Total (Wave 1)	314	314	315	20	6	341	346	369	12	727

Table 18: Wave 3 pupil completion rates across the trial

	Baseline Number of possible respondents*	Baseline Number of surveys completed	Baseline Completion Rate %^c	First Follow-up Number of possible respondents*	First Follow-up Number of surveys completed	First Follow-up Completion Rate %^c	Second Follow-up Number of possible respondents*	Second Follow-up Number of surveys completed	Second Follow-up Completion Rate %^c
AWARE	6709	5577	83%	6622	5090	77%	6426	4327	67%
YAM	2207	1772	80%	2200	1597	73%	2114	1339	63%
The Guide	2213	1868	84%	2174	1735	80%	2107	1395	66%
Usual Practice	2289	1937	85%	2248	1758	78%	2205	1593	72%
INSPIRE secondary schools	4406	3791	86%	4399	3226	73%	4317	2771	64%
Mindfulness-Based Exercises	1033	825	80%	1031	705	68%	1025	658	64%
Relaxation Techniques	912	803	88%	911	765	84%	896	649	72%
SSW	1296	1132	87%	1292	827	64%	1240	694	56%
Usual Practice	1165	1031	88%	1165	929	80%	1156	770	67%
Total (Wave 3)	11115	9368	84%	11021	8317	75%	10743	7099	66%

*All pupils were sent the survey except opt outs. ^aKey Survey Export numbers refer to all pupils who opened the survey link. Some of these responses were removed during data cleaning e.g., if pupils had not provided consent, or had provided consent and then left all survey items blank. ^b Final survey numbers refers to the number of pupil survey responses after data cleaning, that contributed towards the final dataset. ^cCompletion rate % is calculated from those who were sent the survey (i.e., excluding opt outs). ^dOpt outs at follow up also includes pupils removed due to leaving the school/class.

Table 19: Pupils removed from each stage of the trial in Wave 3

	Baseline Opt outs	Baseline Total Removed	First Follow-up Opt outs	First Follow-up Left School since T1	First Follow-up Left Class since T1	First Follow-up Total Removed T2 (Cumulative)	Second Follow-up Opt outs	Second Follow-up Left School since T2	Second Follow-up Left Class Since T2	Second Follow-up Total Removed T3 (Cumulative)
AWARE	32	32	46	30	43	119	57	202	56	315
YAM	11	11	16	2	0	18	17	77	10	104
The Guide	10	10	18	23	8	49	27	78	11	116
Usual Practice	11	11	12	5	35	52	13	47	35	95
INSPIRE secondary schools	29	29	30	6	0	36	33	78	7	118
Mindfulness-Based Exercises	4	4	4	2	0	6	4	8	0	12
Relaxation Techniques	15	15	15	1	0	16	15	16	0	31
SSW	2	2	3	3	0	6	6	45	7	58
Usual Practice	8	8	8	0	0	8	8	9	0	17
Total (Wave 3)	61	61	76	36	43	155	90	280	63	433

Table 20: Responsive schools during each survey period for Wave 1 and Wave 3 (AWARE and INSPIRE Primary)

	Wave 1 Number of schools	Wave 1 N Baseline	Wave 1 N first follow up	Wave 1 N Second follow up	Wave 3 Number of schools	Wave 3 N Baseline	Wave 3 N first follow up	Wave 3 N Second follow up
AWARE	71	71	68	64	82	82	79	75
YAM	24	24	21	21	27	27	25	25
The Guide	23	23	23	20	27	27	27	24
Usual Practice	24	24	24	23	28	28	27	26
INSPIRE primary schools	145	145	141	132	N/A	N/A	N/A	N/A
Mindfuln ess	37	37	36	33	N/A	N/A	N/A	N/A
Relaxati on	36	36	36	31	N/A	N/A	N/A	N/A
SSW	36	36	35	33	N/A	N/A	N/A	N/A
Usual Practice	36	36	34	35	N/A	N/A	N/A	N/A

Table 21: Responsive schools during each survey period for Wave 1 and Wave 3 (INSPIRE Secondary)

	Wave 1 Number of schools	Wave 1 N Baseline	Wave 1 N first follow up	Wave 1 N Second follow up	Wave 3 Number of schools	Wave 3 N Baseline	Wave 3 N first follow up	Wave 3 N Second follow up
INSPIRE seconda ry schools	41	41	36	32	27	27	25	24
Mindfuln ess- Based Exercise s	10	10	10	8	6	6	5	5
Relaxati on Techniqu es	10	10	7	6	6	6	6	6
SSW	10	10	10	8	8	8	7	7
Usual Practice	11	11	9	10	7	7	7	6
Total	257	257	245	228	109	109	104	99

Staff Surveys – Completion Rates

Table 22: Baseline staff survey completion rates for Wave 1

	Number of possible respondents	Number of surveys in final dataset	Completion Rate	Number of Schools	Schools with at least one survey	School completion rate
AWARE	215	169	79%	71	64	90%
YAM	78	63	81%	24	23	96%
The Guide	67	51	76%	23	20	87%
Usual Practise	70	55	79%	24	21	88%
INSPIRE (primary schools)	408	379	93%	145	143	99%
Mindfulness-Based Exercises	106	97	92%	37	36	97%
Relaxation Techniques	103	99	96%	36	36	100%
SSW	105	98	93%	36	35	97%
Usual Practise	94	85	90%	36	36	100%
INSPIRE (secondary schools)	212	161	76%	41	39	95%
Mindfulness-Based Exercises	58	36	62%	10	9	90%
Relaxation Techniques	45	35	78%	10	9	90%
SSW	53	44	83%	10	10	100%
Usual Practise	56	46	82%	11	11	100%
Total	835	709	85%	257	246	96%

Table 23: First follow up staff survey completion rates for Wave 1

	Number of possible respondents	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of Schools with at least one survey	School completion rate
AWARE	202	157	78%	71	67	94%
YAM	74	51	69%	24	22	92%
The Guide	58	48	83%	23	22	96%
Usual Practise	70	58	83%	24	23	96%
INSPIRE (primary schools)	385	327	85%	145	140	97%
Mindfulness-Based Exercises	101	90	89%	37	36	97%
Relaxation Techniques	101	82	81%	36	34	94%
SSW	93	83	89%	36	35	97%
Usual Practise	90	72	80%	36	35	97%
INSPIRE (secondary schools)	194	135	70%	41	37	90%
Mindfulness-Based Exercises	53	42	79%	10	10	100%
Relaxation Techniques	40	19	48%	10	7	70%
SSW	45	42	93%	10	10	100%
Usual Practise	56	32	57%	11	10	91%
Total	781	619	79%	257	244	95%

Table 24: Second follow up staff survey completion rates for Wave 1

	Number of possible respondents	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of Schools with at least one survey	School completion rate
AWARE	192	122	64%	71	59	83%
YAM	72	46	64%	24	21	88%
The Guide	51	34	67%	23	19	83%
Usual Practise	69	42	61%	24	19	79%
INSPIRE (primary schools)	352	254	72%	145	124	86%
Mindfulness-Based Exercises	93	69	74%	37	34	92%
Relaxation Techniques	88	57	65%	36	27	75%
SSW	84	65	77%	36	32	89%
Usual Practise	87	63	72%	36	31	86%
INSPIRE (secondary schools)	166	92	55%	41	33	80%
Mindfulness-Based Exercises	45	19	42%	10	7	70%
Relaxation Techniques	32	13	41%	10	7	70%
SSW	35	25	71%	10	9	90%
Usual Practise	54	35	65%	11	10	91%
Total	710	468	66%	257	216	84%

Table 25: Baseline staff survey completion rates for Wave 3

	Number of possible respondents ^a	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of Schools with at least one survey	School completion rate
AWARE	307	193	63%	82	72	88%
YAM	104	62	60%	27	24	89%
The Guide	116	74	64%	27	23	85%
Usual Practise	87	57	66%	28	25	89%
INSPIRE	203	142	70%	27	27	100%
Mindfulness-Based Exercises	55	37	67%	6	6	100%
Relaxation Techniques	37	24	65%	6	6	100%
SSW	74	50	68%	8	8	100%
Usual Practise	37	31	84%	7	7	100%
Total	510	335	66%	109	99	91%

^aNumber of possible respondents here includes staff members who we were later told were no longer delivering/had left the school/ were no longer involved.

Table 26: First follow up staff survey completion rates for Wave 3

	Number of possible respondents ^a	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of Schools with at least one survey	School completion rate
AWARE	285	194	68%	82	76	93%
YAM	111	60	54%	27	24	89%
The Guide	94	71	76%	27	26	96%
Usual Practise	80	63	79%	28	26	93%
INSPIRE	148	112	76%	27	25	93%
Mindfulness-Based Exercises	40	31	78%	6	5	83%
Relaxation Techniques	33	29	88%	6	6	100%
SSW	38	25	66%	8	7	88%
Usual Practise	37	27	73%	7	7	100%
Total	433	306	71%	109	101	93%

^a Number of possible respondents does not include staff members who we were told did not deliver/ had left the school.

Table 27: Second follow up staff survey completion rates for Wave 3

	Number of possible respondents ^a	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of Schools with at least one survey	School completion rate
AWARE	261	63	24%	82	39	48%
YAM	103	20	19%	27	12	44%
The Guide	80	23	29%	27	14	52%
Usual Practise	78	20	26%	28	13	46%
INSPIRE	128	38	30%	27	19	70%
Mindfulness-Based Exercises	35	9	26%	6	5	83%
Relaxation Techniques	28	14	50%	6	6	100%
SSW	32	6	19%	8	4	50%
Usual Practise	33	9	27%	7	4	57%
Total	389	101	26%	109	58	53%

^a Number of possible respondents does not include staff members who we were told did not deliver/had left the school.

Implementation Surveys – completion rates

Table 28: Implementation survey completion rates for Wave 1

	Number of possible respondents	Number of surveys completed	Completion Rate	Number of schools that were meant to complete Implementation surveys	Number of Schools with at least one survey	School completion rate
AWARE	81	66	81%	40	38	95%
YAM	26	20	77%	18	17	94%
The Guide	55	46	84%	22	21	95%
INSPIRE (primary schools)	293	259	88%	108	107	99%
Mindfulness-Based Exercises	101	86	85%	37	37	100%
Relaxation Techniques	97	89	92%	36	35	97%
SSW	95	84	88%	35	35	100%
INSPIRE (secondary schools)	630	112	18%	27	26	96%
Mindfulness-Based Exercises	55	48	87%	10	10	100%
Relaxation Techniques	27	23	85%	7	7	100%
SSW	46	41	89%	10	9	90%
Total	502	437	87%	175	171	98%

Table 29: Implementation survey completion rates for Wave 3

	Number of possible respondents	Number of surveys completed	Completion Rate	Number of schools that were meant to complete Implementation surveys	Number of Schools with at least one survey	School completion rate
AWARE	115	96	83%	49	48	98%
YAM	24	24	100%	22	22	100%
The Guide	91	72	79%	27	26	96%
INSPIRE (secondary schools)	97	80	82%	19	17	89%
Mindfulness-Based Exercises	37	30	81%	6	5	83%
Relaxation Techniques	33	27	82%	6	6	100%
SSW	27	23	85%	7	6	86%
Total	212	176	83%	68	65	96%

Finance Surveys – completion rates

Table 30: Finance survey completion rates for Wave 1

	Number of schools that were meant to complete Finance surveys	Number of Surveys	Completion rate
AWARE	22	14	64%
The Guide	22	14	64%
INSPIRE (primary schools)	108	92	85%
Mindfulness-Based Exercises	37	32	86%
Relaxation Techniques	36	32	89%
SSW	35	28	80%
INSPIRE (secondary schools)	27	22	81%
Mindfulness-Based Exercises	10	8	80%
Relaxation Techniques	7	5	71%
SSW	10	9	90%
Total	157	128	82%

Table 31: Finance survey completion rates for Wave 3

	Number of schools that were meant to complete Implementation surveys	Number of Surveys	Completion rate
AWARE	27	19	70%
The Guide	27	19	70%
INSPIRE (secondary schools)	19	14	74%
Mindfulness-Based Exercises	6	3	50%
Relaxation Techniques	6	6	100%
SSW	7	5	71%
Total	46	33	72%

Current Mental Health Provision Survey – completion rates

Table 32: Baseline current mental health provision survey completion rates

	Wave 1 Number of Schools	Wave 1 Number of Surveys	Wave 1 Completion rate	Wave 3 Number of Schools	Wave 3 Number of Surveys	Wave 3 Completion rate
AWARE	71	55	77%	82	75	91%
YAM	24	21	88%	27	25	93%
The Guide	23	18	78%	27	25	93%
Usual Practise	24	16	67%	28	25	89%
INSPIRE (primary schools)	145	136	94%	N/A	N/A	N/A
Mindfulness-Based Exercises	37	34	92%	N/A	N/A	N/A
Relaxation Techniques	36	35	97%	N/A	N/A	N/A
SSW	36	34	94%	N/A	N/A	N/A
Usual Practise	36	33	92%	N/A	N/A	N/A
INSPIRE (secondary schools)	41	28	68%	27	27	100%
Mindfulness-Based Exercises	10	8	80%	6	6	100%
Relaxation Techniques	10	5	50%	6	6	100%
SSW	10	6	60%	8	8	100%
Usual Practise	11	9	82%	7	7	100%
Total	257	219	85%	109	102	94%

Table 33: Second follow up current mental health provision survey completion rates

	Wave 1 Number of Schools	Wave 1 Number of Surveys	Wave 1 Completion rate	Wave 3 Number of Schools	Wave 3 Number of Surveys	Wave 3 Completion rate
AWARE	71	60	85%	82	31	38%
YAM	24	20	83%	27	12	44%
The Guide	23	17	74%	27	10	37%
Usual Practise	24	23	96%	28	9	32%
INSPIRE (primary schools)	145	132	91%	N/A	N/A	N/A
Mindfulness-Based Exercises	37	34	92%	N/A	N/A	N/A
Relaxation Techniques	36	33	92%	N/A	N/A	N/A
SSW	36	31	86%	N/A	N/A	N/A
Usual Practise	36	34	94%	N/A	N/A	N/A
INSPIRE (secondary schools)	41	33	80%	27	14	52%
Mindfulness-Based Exercises	10	8	80%	6	1	17%
Relaxation Techniques	10	7	70%	6	4	67%
SSW	10	8	80%	8	6	75%
Usual Practise	11	10	91%	7	3	43%
Total	257	225	88%	109	45	41%

School drop out

Over the course of the trial, some schools informed the project team that they were experiencing difficulty with different phases of the project. As a result, a number of schools either withdrew from intervention delivery but remained in the trial and completed the surveys (known as Intention to Treat (ITT) schools) or fully withdrew from the programme. Analyses of the Education for Wellbeing trial have not discriminated these schools from the schools who remained fully engaged, as the basis for analysis was intention to treat, i.e., anyone who was randomised was analysed (see main impact papers). For this reason, the aforementioned completion rates have not defined the number of ITT and drop out schools. However, schools that became ITT or fully withdrew from the programme after randomisation are detailed below. Further, as can be seen in Section: Survey response, some schools remained in the programme, but did not contribute any survey responses during one of the survey periods (e.g., a school remained engaged in the programme, but were unable to return any pupil surveys during the first follow up, however they returned surveys during the second follow up). The numbers below only reflect schools who **fully** withdrew from the programme (see **Table 34** and **Table 35** for Wave 1 and Wave 3 post-randomisation withdrawals, respectively).

Table 34: Wave 1 post-randomisation withdrawals

	N Randomised	N dropped out after randomisation	N dropped out during second follow up	Total Drop out
AWARE				
YAM	24	2	1	3
The Guide	23	0	2	2
Usual Practise	24	0	1	1
INSPIRE primary schools				
Mindfulness-Based Exercises	37	0	4	4
Relaxation Techniques	36	0	4	4
SSW	36	1	2	3
Usual Practise	36	0	1	1
INSPIRE secondary Schools				
Mindfulness-Based Exercises	10	0	2	2
Relaxation Techniques	10	2	2	4
SSW	10	0	2	2
Usual Practise	11	1	0	1
Total	257	6	21	27

NB. Numbers in this table include 1 school allocated to Relaxation Techniques and 1 school allocated to Guide who did not delivered the intervention.

Table 35: Wave 3 post-randomisation withdrawals

	N Randomised	N dropped out after randomisation	N dropped out during second follow up	Total Drop out
AWARE				
YAM	27	2	0	2
The Guide	27	0	3	3
Usual Practise	28	0	1	1
INSPIRE secondary Schools				
Mindfulness-Based Exercises	6	1	0	1
Relaxation Techniques	6	0	0	1
SSW	8	1	0	1
Usual Practise	7	0	1	1
Total	109	4	5	10

NB. Table 32 includes 1 school allocated to The Guide, 2 schools allocated to YAM, 1 school allocated to Mindfulness-Based Exercises and 1 school allocated to SSW that did not implement the intervention.

As previously mentioned, some schools faced delivery related challenges during the trial, meaning they were unable to deliver the intervention they were allocated to, but they were happy to remain engaged in the trial by completing the surveys (ITT schools). Details of the number of ITT schools for each intervention can be found in **Table 36**. Note that some ITT schools did eventually withdraw from the trial (i.e., they did not return any surveys during the second follow up).

Table 36: Intention to Treat schools in Wave 1 and Wave 3

	Wave 1	Wave 3
AWARE		
YAM	6	5
The Guide	1	1
INSPIRE primary schools		
Mindfulness-Based Exercises	0	N/A
Relaxation Techniques	0	N/A
SSW	0	N/A
INSPIRE secondary Schools		
Mindfulness-Based Exercises	0	1
Relaxation Techniques	3	0
SSW	0	2

School engagement

Each school that completed AWARE or INSPIRE and met all the project requirements received the following in recognition of the time and effort given:

1. A payment of £1,000, paid in two instalments of £300 and £700 respectively;
2. Free mental health training for school staff, including for the usual practice schools at the end of each wave;
3. A tailored report on the mental health of pupils at their school;
4. A thank you letter from the Department for Education; and
5. A certificate of participation for being part of the Education for Wellbeing trial.

The research team attempted to maximise school engagement throughout. As well as frequent communication with the schools, the team offered to visit schools to facilitate with completing the surveys and additional benefits were provided for schools that completed the surveys. This included receipt of chocolates and age-appropriate educational books about mental health and wellbeing. Further reading on the Education for Wellbeing team attempts to engage schools can be found in March et al. (2022).

School reports

For each wave, schools were sent a bespoke report based on pupil data collected during the 9-12 month follow up period (meaning schools only received one if they completed this round of pupil surveys). These bespoke reports were intended to give feedback on the key measures collected as part of the pupil surveys. Results were presented by year group, and responses were compared with that of pupils in the same year group from other Education for Wellbeing schools participating in that wave. Comparisons were high level and did not account for differences in school or pupil contexts and were intended solely to give an overview of the strengths and challenges experienced by participating pupils. The report provided a key for comparison, which designated areas as either challenging across participating pupils, not discernibly different from other pupils in the same year group, or a strength across participating pupils in that year group. In cases where pupil numbers were too small for a comparison, a note to say that a larger number of responses were needed for meaningful comparisons were included instead.

These reports were produced on a school level only, and individual responses were not available. Reports were produced by members of the Anna Freud informatics team, who received an anonymised dataset from the data manager, and independently checked by members of the research team at the University of Manchester.

Data cleaning

The general data cleaning procedure was as follows: first, the data manager exported the raw data from the survey platform. Second, the responses were checked and passwords that were used to enter the survey, but no assent (in the case of the pupil surveys) or consent (all other surveys) was given were removed from the dataset, as were responses where all survey items were blank. The raw data was then cleaned according to the codebook for the relevant survey (this included recoding any measures and calculating summary scores). A random 1% of the data was independently cleaned by a second member of the research team and compared with the cleaned dataset for accuracy checks. Finally, survey responses were matched to the correct school ID, intervention, and trial.

Staff members completing the implementation survey were assigned a delivery group code, made up of their surname and the class name for the class they delivered to. This was to enable the research team to match the implementation survey responses with the pupil data. Staff members who delivered to more than one group were assigned multiple delivery group codes and asked to enter the correct delivery group code for the class they were answering the survey about.

Delivery groups were also used to create unique class IDs for the pupil data. As some schools may have the same class names (e.g., Class 9a), the delivery group combined with the school ID was used to create the class ID which consisted of the school ID, followed by a letter (e.g., School 1 would have class 1a, 1b, and 1c). In cases where the delivery group was dependent on allocation (for example the same pupils would be grouped in one way if they were allocated to YAM, and another way if they were allocated to The Guide) in schools who were ultimately allocated to maintain usual practise, the groupings that corresponded to form groups, rather than curriculum classes, were selected, following discussions with the trial team.

Pupils also had a random pupil ID in addition to their password. Once survey responses had been matched up across time points, the password was deleted and the only identifier in the final dataset was the random pupil ID. In some instances, the research team were informed that pupils had used another pupil's password to complete the survey. Although rare, in these cases, such responses were detected and removed from the dataset. Similarly, there were some cases where schools had provided some pupils twice, meaning these pupils were assigned multiple passwords to complete the survey with. This was detected upon data cleaning and meant that some pupils had completed the same survey twice. Where this was the case, it was agreed by members of the team that the second survey response was to be deleted. In cases where these pupils used different passwords and each time point, the data manager matched these cases up and ensured the random pupil ID was consistent.

Two pupil datasets were prepared: a long format (where each pupil ID occurs multiple times, once for each survey time point), and a wide format (where each pupil ID occurs only once, with multiple variables for each survey item with the suffix _T1, _T2, or _T3 to denote timepoint). The wide format dataset was used in all analyses.

Accounting for non-response

Due to the use of variables that were only available in the SRS, the imputation needed to be conducted within the SRS. As the software originally planned for the imputation procedure was not available in the SRS (BLIMP, Enders et al., 2018), the imputation was conducted in Stata 16, which required some changes to the approach. We specified the imputation model as a fully conditional model, predicting continuous variables using predictive mean matching and categorical variables using (ordinal) logit regressions. Included were all primary and secondary variables of each trial from. All included scales were used as scores, apart from the CHU9D for which we used the individual items (and health-state values were calculated after the imputation). All schools were entered into the model. We imputed each trial individually, running the imputations separately for each trial arm, and we imputed separate datasets for the short-term (T1 and T2) and the longer term (T1 and T3) analyses, entering variables from both time points into the imputation. Given the limited capability of Stata to impute multilevel data, the schools were treated as stratification variables to model the data as clustered survey data (-svyset-). The procedure used 500 burn-in iterations and we imputed 20 datasets.

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Appendix

Wave 2 Tables

Table 37: Breakdown of the recruitment process for Wave 2

	EOIs completed	Schools sent Memorandum of Understanding	Schools returned Memorandum of Understanding	Schools returned pupil lists	Schools randomised
AWARE	441 across AWARE and INSPIRE	209	126	92	86
INSPIRE Secondary Schools	441 across AWARE and INSPIRE	91	80	36	35
INSPIRE primary schools	41	41	34	28	26
Total	482	341	240	156	147

Table 38: Breakdown of Wave 2 pupils sent to the NPD for matching

	Overall	Sent to NPD	% of Overall
AWARE	6955	6837	98.30%
YAM	2278	2181	95.74%
The Guide	2401	2386	99.38%
Usual Practice	2276	2270	99.74%
INSPIRE primary	1978	1955	98.84%
Mindfulness-Based Exercises	365	360	98.63%
Relaxation Techniques	599	594	99.17%
SSW	492	481	97.76%
Usual Practice	522	520	99.62%
INSPIRE Secondary	6037	5859	97.05%
Mindfulness-Based Exercises	1645	1643	99.88%
Relaxation Techniques	1436	1261	87.81%
SSW	1455	1454	99.93%
Usual Practice	1501	1501	100.00%
Total (whole Wave 2)	14970	14651	97.87%

Reasons for not being sent include: parental opt out, left school before randomisation, left class before randomisation.

Table 39: NPD matching for Wave 2

	N not matched (%)	N matched (%)
AWARE	211 (3%)	6744 (97%)
INSPIRE Primary	45 (2.3%)	1933 (97.7%)
INSPIRE Secondary	44 (0.7%)	5993 (99.3%)

Table 40: Pupil completion rates at baseline (Wave 2)

	Number of possible respondents	Number of surveys completed	Completion Rate
AWARE	6955	5950	85.55%
YAM	2278	1904	83.58%
The Guide	2401	2059	85.76%
Usual Practise	2276	1987	87.30%
INSPIRE (primary schools)	1978	1837	92.87%
Mindfulness-Based Exercises	365	339	92.88%
Relaxation Techniques	599	541	90.32%
SSW	492	470	95.53%
Usual Practise	522	487	93.30%
INSPIRE (secondary schools)	6037	5386	89.22%
Mindfulness-Based Exercises	1645	1412	85.84%
Relaxation Techniques	1436	1388	96.66%
SSW	1455	1271	87.35%
Usual Practise	1501	1365	90.94%
Total	14970	13173	88.00%

Table 41: Student completion rates at second follow up (Wave 2)

	Number of possible respondents	Number of surveys completed	Completion Rate
AWARE	6831	3519	51.52%
YAM	2181	1028	47.13%
The Guide	2380	1113	46.76%
Usual Practise	2270	1378	60.70%
INSPIRE (primary schools)	1955	1164	59.54%
Mindfulness-Based Exercises	360	159	44.17%
Relaxation Techniques	594	317	53.37%
SSW	481	366	76.09%
Usual Practise	520	322	61.92%
INSPIRE (secondary schools)	5859	2193	37.43%
Mindfulness-Based Exercises	1643	487	29.64%
Relaxation Techniques	1261	399	31.64%
SSW	1454	389	26.75%
Usual Practise	1501	918	61.16%
Total	14645	6876	46.95%

Reasons for drop in possible respondents include those who left the school or class, those who opted out etc (roughly the same reasons as Wave 1 and Wave 3).

Table 42: Responsive schools during each survey period for Wave 2

	Number of schools	N Baseline	N Second follow up
AWARE	86	86	69
YAM	28	28	20
The Guide	30	30	24
Usual Practice	28	28	25
INSPIRE primary schools	26	26	20
Mindfulness-Based Exercises	6	6	4
Relaxation Techniques	7	7	5
SSW	7	7	6
Usual Practice	6	6	5
INSPIRE secondary schools	35	35	20
Mindfulness-Based Exercises	10	10	6
Relaxation Techniques	9	9	3
SSW	8	8	5
Usual Practice	8	8	6
Total	147	147	109

Note: there was no first follow up for Wave 2 due to covid-19

Staff Surveys - Completion Rates (Wave 2)

Table 43: Baseline staff survey completion rates for Wave 2

	Number of possible respondents	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of schools with at least one survey	School completion rate
AWARE	300	228	76%	86	82	95%
YAM	78	62	79%	28	26	93%
The Guide	125	90	72%	30	29	97%
Usual Practise	97	76	78%	28	27	96%
INSPIRE (primary schools)	108	81	75%	27	26	96%
Mindfulness-Based Exercises	24	19	79%	6	6	100%
Relaxation Techniques	28	18	64%	7	7	100%
SSW	34	24	71%	8	7	88%
Usual Practise	22	20	91%	6	6	100%
INSPIRE (secondary schools)	243	179	74%	34	34	100%
Mindfulness-Based Exercises	78	48	62%	10	10	100%
Relaxation Techniques	66	49	74%	9	9	100%
SSW	40	31	78%	7	7	100%
Usual Practise	59	51	86%	8	8	100%
Total	651	488	75%	147	142	97%

For Wave 2 there was no first follow up due to Covid-19.

Table 44: Second follow up staff survey completion rates for Wave 2

	Number of possible respondents	Number of surveys in final dataset	Completion Rate	Number of Schools	Number of Schools with at least one survey	School completion rate
AWARE	272	98	36%	83	55	66%
YAM	73	24	33%	26	15	58%
The Guide	104	42	40%	29	22	76%
Usual Practise	95	32	34%	28	18	64%
INSPIRE (primary schools)	95	25	26%	27	18	67%
Mindfulness-Based Exercises	16	6	38%	6	4	67%
Relaxation Techniques	27	8	30%	7	4	57%
SSW	30	5	17%	8	5	63%
Usual Practise	22	6	27%	6	5	83%
INSPIRE (secondary schools)	190	52	27%	32	23	72%
Mindfulness-Based Exercises	57	13	23%	10	7	70%
Relaxation Techniques	50	12	24%	8	6	75%
SSW	32	8	25%	7	4	57%
Usual Practise	51	19	37%	7	6	86%
Total	557	175	31%	142	96	68%

Implementation Surveys – completion rates

Table 45: Implementation survey completion rates for Wave 2

	Number of possible respondents	Number of surveys completed	Completion Rate	Number of schools that were meant to complete Implementation surveys	Number of Schools with at least one survey	School completion rate
AWARE	133	93	70%	53	50	94%
YAM	35	26	74%	24	22	92%
The Guide	98	67	68%	29	28	97%
INSPIRE (primary schools)	55	38	69%	19	18	95%
Mindfulness-Based Exercises	15	12	80%	6	6	100%
Relaxation Techniques	19	11	58%	6	6	100%
SSW	21	15	71%	7	6	86%
INSPIRE (secondary schools)	134	90	67%	25	25	100%
Mindfulness-Based Exercises	51	38	75%	9	9	100%
Relaxation Techniques	48	31	65%	8	8	100%
SSW	35	21	60%	8	8	100%
Total	322	221	69%	97	93	96%

Finance Surveys – completion rates

Table 46: Finance survey completion rates for Wave 2

	Number of schools that were meant to complete Implementation surveys	Number of Schools with at least one survey	School completion rate
AWARE	29	12	41%
The Guide	29	12	41%
INSPIRE (primary schools)	19	8	42%
Mindfulness-Based Exercises	6	2	33%
Relaxation Techniques	6	2	33%
SSW	7	4	57%
INSPIRE (secondary schools)	25	8	32%
Mindfulness-Based Exercises	9	4	44%
Relaxation Techniques	8	2	25%
SSW	8	2	25%
Total	73	28	38%

Current Mental Health Provision Survey – completion rates

Table 47: Baseline current mental health provision survey completion rates Wave 2

	Number of Schools	Number of Surveys	Completion rate
AWARE	86	78	91%
YAM	28	23	82%
The Guide	30	26	87%
Usual Practise	28	29	104%
INSPIRE (primary schools)	26	25	96%
Mindfulness-Based Exercises	6	6	100%
Relaxation Techniques	7	6	86%
SSW	7	7	100%
Usual Practise	6	6	100%
INSPIRE (secondary schools)	35	33	94%
Mindfulness-Based Exercises	10	8	80%
Relaxation Techniques	9	9	100%
SSW	8	8	100%
Usual Practise	8	8	100%
Total	147	136	93%

Table 48: Second follow up current mental health provision survey completion rates Wave 2

	Number of Schools	Number of Surveys	Completion rate
AWARE	83	41	49%
YAM	26	15	58%
The Guide	29	11	38%
Usual Practise	28	15	54%
INSPIRE (primary schools)	26	11	42%
Mindfulness-Based Exercises	6	2	33%
Relaxation Techniques	7	1	14%
SSW	7	6	86%
Usual Practise	6	2	33%
INSPIRE (secondary schools)	33	14	42%
Mindfulness-Based Exercises	9	3	33%
Relaxation Techniques	8	3	38%
SSW	8	2	25%
Usual Practise	8	6	75%
Total	142	66	46%

Table 49: Wave 2 post-randomisation withdrawals

	N Randomised	N dropped out after randomisation	N dropped out during second follow up	Total Drop out
AWARE	86	1	10	11
YAM	28	1	5	6
The Guide	30	0	3	3
Usual Practise	28	0	2	2
INSPIRE primary schools	26	0	3	3
Mindfulness-Based Exercises	6	0	1	1
Relaxation Techniques	7	0	1	1
SSW	7	0	1	1
Usual Practise	6	0	0	0
INSPIRE secondary schools	35	1	6	7
Mindfulness-Based Exercises	10	0	1	1
Relaxation Techniques	9	1	2	3
SSW	8	0	2	2
Usual Practise	8	0	1	1
Total	147	2	19	21

NB Table 44 includes 1 school allocated to The Guide, 1 school allocated to YAM, and 1 primary school allocated to Relaxation techniques that did not implement the intervention.

Table 50: Intention to Treat schools in Wave 2

	Wave 2
AWARE	4
YAM	3
The Guide	1
INSPIRE primary schools	1
Mindfulness-Based Exercises	0
Relaxation Techniques	1
SSW	0
INSPIRE secondary Schools	1
Mindfulness-Based Exercises	1
Relaxation Techniques	0
SSW	0
Total	6

NB Table 47 includes 1 school allocated to The Guide, 1 school allocated to YAM, and 1 primary school allocated to Relaxation techniques that did not return any surveys at follow up.

Qualitative topic guides

The topic guides included below are included as examples. The others are available on request.

Focus group schedule – Children and young people (pupils) – YAM

Intro:

[Focus group facilitator introduces themselves.]

I have a few questions that I'd like to ask you about your experiences of taking part in YAM. There are no right or wrong answers and you don't have to answer anything that you don't want to. Please don't say anything that you would feel uncomfortable saying in front of others. We would like to hear what everyone has to say, so it will be really helpful if everyone can try not to talk over each other or interrupt anyone. After our discussion,

you can talk to other people about what we said, but please do not tell them the name of the person who said it, or the names of any people that they were talking about. Everything that we talk about today is private or confidential between you and my research team unless I'm worried that any harm or danger is going to come to you or to anyone else, in which case then I would need to speak to my supervisor, whose name is Jess, and [name of school safeguarding officer], but I would tell you if I was worried in this way first. Thank you so much for your help with this.

[Facilitator then asks the pupils to introduce themselves and then hands out the information sheets, asks everyone to read them (or go through the information sheet if students prefer), and then hands out the assent forms, explains what they say, and asks the pupils to sign them.]

I'm going to turn on my audio recorder now.

Key areas to explore:

- Experiences of and opinions on the intervention including: (1) What happened; (2) Likes/dislikes; (3) Helpful/unhelpful factors
- Suggestions for improvements that could be made to the intervention/activities/resources/tools
- Perceptions of impact on themselves (including things learned/things doing differently now, and application of learning inside and outside school), on the school, and on their friends
- Experiences of and opinions on the survey completion

Questions:

1. What kinds of activities have you been doing in the lessons? What are they? What do they involve? [E.g. role plays, dilemma cards, discussions]
2. Have you ever done anything like this at your school before? What was it? What was your opinion on it?

Possible prompts:

- Have you ever had any lessons or taken part in any activities at your school around mental health and wellbeing? What did they involve? What was your opinion on them?
- What support is there at your school to help people with their mental health and wellbeing?

3. What was it like having the lessons taught by someone outside of your school?

Possible prompts:

- What difference do you think this made (if any)?
- What would it have been like if these lessons were taught by a teacher that you knew?
- Pros and cons?

4. What do you like about the lessons/activities? Why?

5. What difference (if any) do you think that the lessons/activities have made for you?

Possible prompts:

- Your friends and other pupils in your class?
- Your year group?
- Your school?
- What kinds of things have you learnt (if anything) after taking part in the lessons/activities? Do you use what you have learnt inside and outside school? How?
- What kinds of things will you do/are you doing differently (if anything) after taking part in the lessons/activities? Why?

6. What have you found helpful about the lessons/activities? Why?

7. What do you not like about the lessons/activities? Why? Have there been any parts of the lessons/activities that you have found more difficult? What/why?

8. Has there been anything that you have found unhelpful about the lessons/activities? What/why?

9. Is there anything that you would like to be different or that you think could be improved about the lessons/activities? What?

Possible prompts:

- Changes to lesson format?
- Changes to specific activities?

- Changes to specific topics?
- Is there anything else that you would have liked to learn about/thought should have been covered?
- What could make the lessons/activities even better?

10. Would you recommend the lessons/activities to other schools/people your age?
Why/why not?

If no:

- What would need to change before you recommended them?

Conclusion:

Thank you very much again for have this discussion with me today; it's been so helpful to speak to you. The aim of these discussions is to find out how students experience mental health and wellbeing lessons like YAM and to ask for their views and opinions. Do you have any questions for me now that we've finished? Just to remind you, as I said at the start, you can talk to other people about what we said today, but please do not tell them the name of the person who said it, or the names of any people that they were talking about.

Notes for focus group facilitator:

- Could use phrases such as, "Can you tell me more?" or "Would you give me an example?" to obtain additional information
- Phrases like: "What does everyone else think?" "Does anyone think something different?", can be useful to encourage discussion
- To curb a dominant participant, the following phrase is helpful: "There are a few people who wish to add to this point, we will come back to that idea if we have time", and to encourage a quiet participant: "Do you have anything you would like to add to on this?"
- Affirmative responses, such as "That's a very good point!", "Exactly!" or "Correct!" may introduce bias to participants' responses or discourage others from voicing an alternative view
- Try and use 'what' or 'how' questions (which tend to be easier and more concrete to answer) instead of 'why' and close ended yes/no questions

Interview schedule – STAFF (THE GUIDE - DELIVERER, SLT, OR CLASS TEACHER)

Intro: “Thank you so much for doing this interview with me. I have a few questions that I’d like to ask you about your experiences of The Guide. If you don’t want to answer a question then just tell me and we can skip it. We will write up what we find from all of our interviews and we will send you a copy of our findings. Everything that you and I talk about today is private or confidential unless I’m worried that any harm or danger is going to come to you or to anyone else, in which case then I would need to speak to my supervisor and [name of school safeguarding officer], but I would tell you if I was worried in this way first. You are welcome to stop the interview at any time. I’m going to turn on my audio recorder now”

Key areas to explore:

- Experiences of intervention implementation (including what has gone well/less well; barriers and facilitators to implementation; students’ engagement)
- Opinions on the intervention in terms of: (1) Training; (2) Content (including the manual/lesson plans/resources/activities/tools); (3) Structure
- Any adaptations made to the intervention and why
- Suggestions for improvements that could be made to the: (1) Intervention/activities; (2) Resources/manual; (3) Training
- Perceptions of impact on the school, staff, and students

1. Can you tell me about your role at your school?

2. What is your role in relation to The Guide?

Possible prompts:

- How did you get involved?
- Whose decision was your involvement?

3. What were the reasons behind your school’s decision to take part in the Education for Wellbeing Programme?

Possible prompts:

- Whose decision was it? Were you involved at all?
- How did you feel when your school was allocated to The Guide as opposed to YAM or practice as usual?

- Did you have a preference on which intervention you would have liked/not liked your school to have been allocated? What/why? Would this have affected whether your school wanted to stay involved in the programme?
4. How does The Guide fit with/replace/build on what was already being implemented in your school in relation to mental health and wellbeing?

Possible prompts:

- What are the needs within your school that you hope The Guide will address?
 - What was being implemented in your school in relation to mental health and wellbeing prior to The Guide? Is this still happening while The Guide is being implemented? Why/why not?
 - Has anything new and additional been implemented in your school in relation to mental health and wellbeing since The Guide began? What/why?
5. **Deliverer only:** Can you tell me about your experiences of implementing The Guide so far?

Possible prompts:

- How long have you been implementing The Guide for?
 - How often do you teach The Guide?
 - Is it just the three Year 9 classes that are receiving The Guide at your school? Why/why not? How did you select/decide who would be receiving the intervention?
 - What role do the SLT have in the implementation of The Guide at your school? [E.g. what support do the SLT provide?]
 - What is your opinion on The Guide? [E.g. Any preferences around different sessions or resources?]
 - What has gone well? Why?
 - What has gone less well? Why?
6. **Deliverer only:** I would really like to hear your opinions on the intervention training and resources.

Training prompts:

- Did you attend the training?

- If yes:
 - What did you think of the content?
 - How did you find receiving the training around delivering the intervention?
 - Is there any additional training or help that you would have liked to have received? What/why?
 - Were you required to cascade the training to other colleagues? If so, how did you do this?
- If no:
 - Who cascaded the training to you?
 - How did they do this?
 - How did you find this? [E.g. Useful/not useful?]

Resources prompts: [E.g. PPT slides, worksheets, mini mags, videos and animations, box breathing exercise, signposting and support poster]

- How have you found using the intervention manual/lesson plans/resources?
- How did you find the manualised approach?
- How has your school adapted the lesson plans/resources? Why? Who in your school adapted the lesson plans/resources?
- How much preparation have you needed to be able to deliver the lessons?
- Did you use the teacher study and support documents? How? Why/why not?
- Have you been able to cover all of the intervention content in the allotted time? Why/why not?

7. **Deliverer only:** What, if anything, would you like to be different or do you think could be improved about the:

- Training?
- Intervention/activities?
- Resources/manual/lesson plans?
- Would you have liked any additional support around delivery? What/why? [E.g. from the Implementation Team and/or from the school]

8. Has there been anything that has made implementing The Guide more difficult in your school? What/why?

Possible prompts:

- What challenges have you experienced in relation to implementing The Guide? How would you mitigate these challenges?
- School-level factors?
- Student-related factors?
- Training related-factors?
- Intervention material-related factors?

9. Has there been anything that has made implementing The Guide easier in your school? What/why?

Possible prompts:

- What factors do you think have facilitated implementing The Guide?
- School-level factors?
- Student-related factors?
- Training related-factors?
- Intervention material-related factors?

10. How have your students found taking part in The Guide?

Possible prompts:

- How have your students found the lessons/resources? [E.g. PPT slides, worksheets and discussions, mini-mags, videos and animations, box breathing exercise, signposting and support poster]
- Are there aspects of The Guide that your students have particularly liked/not liked? What/why?
- Are there aspects of The Guide that you have found to be particularly useful or helpful for your students? What/why?
- Are there aspects of The Guide that you have not found to be appropriate for your students? What/why?

- Are there aspects of The Guide that you have not found to be useful for your students? What/why?

11. What factors do you think have affected your students' engagement with The Guide?

Possible prompts:

- How engaged have your students been with the lessons? Did this change over the course of The Guide? How/why?
- Are some students more responsive to the intervention (or particular aspects) than others? How/why?

12. What difference (if any) do you think that The Guide has made in your school? Why?

Possible prompts:

- For your students?
- Have you noticed any changes in your students' knowledge, attitudes and behaviours around mental health? What? Why/why not?
- Have you (or your colleagues) had to provide any support for young people following The Guide lessons? Can you tell me what happened and how you found doing this?
- Has the intervention (or particular aspects) made more difference for some students than others? Which students? How/why?
- For staff?
- For the school environment?

13. How likely do you think it is that your school will continue implementing the Guide lessons after this academic year? Why/why not?

Possible prompts:

- What format will this take? [E.g. exactly the same format?]
- Will the intervention be delivered to other/additional classes and year groups? Which/why?
- Will the intervention be delivered by additional staff members? Which? What training will these staff members receive?

14. Would you recommend The Guide to other schools? Why/why not?

- If no:
 - What would need to change before you recommended them?

15. What advice would you give another school seeking to implement The Guide?

16. Is there anything else that I haven't asked about or that you wanted to mention before we finish the interview?

Conclusion: "Thank you very much again for doing this interview with me today; it's been so helpful to speak to you. The aim of these interviews is to find out how staff and students experience the interventions and to ask for their views and opinions. Do you have any questions for me now that we've finished the interview?"

Focus group schedule – Children and young people (pupils) – Relaxation and Mindfulness

Intro:

[Focus group facilitator introduces themselves.]

I have a few questions that I'd like to ask you about your experiences of taking part in [Relaxation or Mindfulness]. There are no right or wrong answers and you don't have to answer anything that you don't want to. Please don't say anything that you would feel uncomfortable saying in front of others. We would like to hear what everyone has to say, so it will be really helpful if everyone can try not to talk over each other or interrupt anyone. After our discussion, you can talk to other people about what we said, but please do not tell them the name of the person who said it, or the names of any people that they were talking about. Everything that we talk about today is private or confidential between you and my research team unless I'm worried that any harm or danger is going to come to you or to anyone else, in which case then I would need to speak to my supervisor, whose name is Jess, and [name of school safeguarding officer], but I would tell you if I was worried in this way first. Thank you so much for your help with this.

[Facilitator then asks the pupils to introduce themselves and then hands out the information sheets, asks everyone to read them (or go through the information sheet if students prefer), and then hands out the assent forms, explains what they say, and asks the pupils to sign them.]

I'm going to turn on my audio recorder now.

Key areas to explore:

- Experiences of and opinions on the intervention including: (1) What happened; (2) Likes/dislikes; (3) Helpful/unhelpful factors
- Suggestions for improvements that could be made to the intervention/activities/resources/tools
- Perceptions of impact on themselves (including things learned/things doing differently now, and application of learning inside and outside school), on the school, and on their friends
- Experiences of and opinions on the survey completion

Questions:

11. What kinds of activities have you been doing? Can you tell me about the [mindfulness or relaxation] techniques that you have been practising? What are they? What do they involve?

[Mindfulness possible prompts: e.g. breathing exercises, being aware of thoughts/feelings, paying attention to the way your body feels, noticing things around you, imagining places/picturing things in your head]

[Relaxation possible prompts: e.g. deep breathing exercises, imagining things whilst breathing, exercises where you tense your muscles, moving your body while breathing in and out]

12. Have you ever done anything like this at your school before? What was it? What was your opinion on it?

Possible prompts:

- Have you ever had any lessons or taken part in any activities at your school around mental health and wellbeing? What did they involve? What was your opinion on them?
- What support is there at your school to help people with their mental health and wellbeing?

13. What do you like about the [mindfulness or relaxation] activities? Why?

14. What difference (if any) do you think that the activities have made for you?

Possible prompts:

- Your friends and other pupils in your class?
- Your year group?
- Your school?
- What kinds of things have you learnt (if anything) after taking part in the activities? Do you use what you have learnt inside and outside school? How?
- What kinds of things will you do/are you doing differently (if anything) after taking part in the activities? Why?

15. What have you found helpful about the activities? Why?

16. What do you not like about the activities? Why? Were there any parts of the lessons/activities that you found more difficult? What/why?

17. Has there been anything that you have found unhelpful about the activities?
What/why?

18. Is there anything that you would like to be different or that you think could be improved about the activities? What?

Possible prompts:

- Are there any specific activities that you would like to change?
- Is there anything else that you would have liked to learn about/thought should have been covered?
- What could make the activities even better?

19. Would you recommend the activities to other schools/people your age? Why/why not?

- If no:
 - What would need to change before you recommended them?

20. If you stopped doing the [mindfulness or relaxation] activities in your lessons, would you continue doing them in your own time anyway? Why/why not?

Possible prompts:

- In school?
- Out of school?
- In which situations?
- What activities/techniques would you use? Why?

Conclusion:

Thank you very much again for have this discussion with me today; it's been so helpful to speak to you. The aim of these discussions is to find out how students experience mental health and wellbeing lessons like [Relaxation or Mindfulness] and to ask for their views and opinions. Do you have any questions for me now that we've finished? Just to remind you, as I said at the start, you can talk to other people about what we said today, but please do not tell them the name of the person who said it, or the names of any people that they were talking about.

Notes for focus group facilitator:

- Could use phrases such as, “Can you tell me more?” or “Would you give me an example?” to obtain additional information
- Phrases like: “What does everyone else think?” “Does anyone think something different?”, can be useful to encourage discussion
- To curb a dominant participant, the following phrase is helpful: “There are a few people who wish to add to this point, we will come back to that idea if we have time”, and to encourage a quiet participant: “Do you have anything you would like to add to on this?”
- Affirmative responses, such as “That’s a very good point!”, “Exactly!” or “Correct!” may introduce bias to participants’ responses or discourage others from voicing an alternative view
- Try and use ‘what’ or ‘how’ questions (which tend to be easier and more concrete to answer) instead of ‘why’ and close ended yes/no questions

Interview schedule – STAFF (SSW - DELIVERER, SLT, OR CLASS TEACHER)

Intro: “Thank you so much for doing this interview with me. I have a few questions that I’d like to ask you about your experiences of SSW. If you don’t want to answer a question then just tell me and we can skip it. We will write up what we find from all of our interviews and we will send you a copy of our findings. Everything that you and I talk about today is private or confidential unless I’m worried that any harm or danger is going to come to you or to anyone else, in which case then I would need to speak to my supervisor and [name of school safeguarding officer], but I would tell you if I was worried in this way first. You are welcome to stop the interview at any time. I’m going to turn on my audio recorder now”

Key areas to explore:

- Experiences of intervention implementation (including what has gone well/less well; barriers and facilitators to implementation; students’ engagement)
- Opinions on the intervention in terms of: (1) Training; (2) Content (including the manual/lesson plans/resources/activities/tools); (3) Structure
- Any adaptations made to the intervention and why
- Suggestions for improvements that could be made to the: (1) Intervention/activities; (2) Resources/manual; (3) Training
- Perceptions of impact on the school, staff, and students

17. Can you tell me about your role at your school?

18. What is your role in relation to the SSW lessons?

Possible prompts:

- How did you get involved?
- Whose decision was your involvement?

19. What were the reasons behind your school's decision to take part in the Education for Wellbeing Programme?

Possible prompts:

- Whose decision was it? Were you involved at all?
- How did you feel when your school was allocated to SSW as opposed to relaxation, mindfulness, or practice as usual?
- Did you have a preference on which intervention you would have liked/not liked your school to have been allocated? What/why? Would this have affected whether your school wanted to stay involved in the programme?

20. How does SSW fit with/replace/build on what was already being implemented in your school in relation to mental health and wellbeing?

Possible prompts:

- What are the needs within your school that you hope SSW will address?
- What was being implemented in your school in relation to mental health and wellbeing prior to SSW? Is this still happening while SSW is being implemented? Why/why not?
- Has anything new and additional been implemented in your school in relation to mental health and wellbeing since SSW began? What/why?

21. **Deliverer only:** Can you tell me about your experiences of implementing the SSW lessons so far?

Possible prompts:

- How long have you been implementing the SSW lessons for?
- How often do you teach the SSW lessons?

- Is it just the three Year 7 and three Year 8 classes that are receiving SSW at your school? Why/why not? How did you select/decide who would be receiving the intervention?
- What role do the SLT have in the implementation of SSW at your school? [E.g. what support do the SLT provide?]
- What is your opinion on SSW? [E.g. Any preferences around different sessions or resources?]
- What has gone well? Why?
- What has gone less well? Why?

22. **Deliverer only:** I would really like to hear your opinions on the intervention training and resources.

Training prompts:

- Did you attend the training?
- If yes:
 - What did you think of the content?
 - How did you find receiving the training around delivering the intervention?
 - Is there any additional training or help that you would have liked to have received? What/why?
 - Were you required to cascade the training to other colleagues? If so, how did you do this?
- If no:
 - Who cascaded the training to you?
 - How did they do this?
 - How did you find this? [E.g. Useful/not useful?]

Resources prompts: [E.g. mental health animation, body illustration worksheet (early warning signs), safe space visualisation, 'big hand' safety network worksheet, 'what if?' scenarios, safety continuum]

- How have you found using the intervention manual/lesson plans/resources?
- How did you find the manualised approach?

- How has your school adapted the lesson plans/resources? Why? Who in your school adapted the lesson plans/resources?
- How much preparation have you needed to be able to deliver the lessons?
- Have you been able to cover all of the intervention content in the allotted time? Why/why not?

23. **Deliverer only:** What, if anything, would you like to be different or do you think could be improved about the:

- Training?
- Intervention/activities?
- Resources/manual/lesson plans?
- Would you have liked any additional support around delivery? What/why? [E.g. from the Implementation Team and/or from the school]

24. Has there been anything that has made implementing the SSW lessons more difficult in your school? What/why?

Possible prompts:

- What challenges have you experienced in relation to implementing the SSW lessons? How would you mitigate these challenges?
- School-level factors?
- Student-related factors?
- Training related-factors?
- Intervention material-related factors?

25. Has there been anything that has made implementing the SSW lessons easier in your school? What/why?

Possible prompts:

- What factors do you think have facilitated implementing SSW?
- School-level factors?
- Student related factors?

- Training related-factors?
- Intervention material-related factors?

26. How have your students found taking part in the SSW lessons?

Possible prompts:

- How have your students found the lessons/resources? [E.g. mental health animation, body illustration worksheet (early warning signs), safe space visualisation, 'big hand' safety network worksheet, 'what if?' scenarios, safety continuum]
- Are there aspects of the SSW lessons that your students have particularly liked/not liked? What/why?
- Are there aspects of the SSW lessons that you have found to be particularly useful or helpful for your students? What/why?
- Are there aspects of the SSW lessons that you have not found to be useful for your students? What/why?
- Are there aspects of the SSW lessons that you have not found to be appropriate for your students? What/why?

27. What factors do you think have affected your students' engagement with the SSW lessons?

Possible prompts:

- How engaged have your students been with the lessons? Did this change over the course of the SSW lessons? How/why?
- Are some students more responsive to the intervention (or particular aspects) than others? How/why?

28. What difference (if any) do you think that the SSW lessons have made in your school? Why?

Possible prompts:

- For your students?
- Have you noticed any changes in your students' knowledge, attitudes and behaviours around mental health and wellbeing? What? Why/why not?

- Have you (or your colleagues) had to provide any support for students following the SSW lessons? Can you tell me what happened and how you found doing this?
- Has the intervention (or particular aspects) made more difference for some students than others? Which students? How/why?
- For staff?
- For the school environment?

29. How likely do you think it is that your school will continue implementing the SSW lessons after this academic year? Why/why not?

Possible prompts:

- What format will this take? [E.g. exactly the same format?]
- Will the intervention be delivered to other/additional classes and year groups? Which/why?
- Will the intervention be delivered by additional staff members? Which? What training will these staff members receive?

30. Would you recommend the SSW lessons to other schools? Why/why not?

- If no:
 - What would need to change before you recommended them?

31. What advice would you give another school seeking to implement the SSW lessons?

32. Is there anything else that I haven't asked about or that you wanted to mention before we finish the interview?

Conclusion: "Thank you very much again for doing this interview with me today; it's been so helpful to speak to you. The aim of these interviews is to find out how staff and students experience the interventions and to ask for their views and opinions. Do you have any questions for me now that we've finished the interview?"

Measures

Education for Wellbeing – Secondary School Pupil Survey

Instructions: We would like to know what thoughts about life you have had during the past several weeks. Think about how you spend each day and night and then think about how your life has been during most of this time. Here are some questions that ask you to indicate your satisfaction with your overall life. Click on the words next to each statement that indicate the extent to which you agree or disagree with each statement. It is important to know what you REALLY think, so please answer the questions the way you really think, not how you should think. This is NOT a test. There are NO right or wrong answers.

Questions:

My life is going well.

My life is just right.

I would like to change many things in my life.

I wish I had a different kind of life.

I have a good life.

I have what I want in life.

My life is better than most kids.

Response options: Strongly disagree / Moderately disagree / Mildly disagree / Mildly agree / Moderately agree / Strongly agree

Instructions: This question is about how you might have been feeling or acting *recently*. For each question, please check how much you have felt or acted this way *in the past two weeks*. If a sentence was not true about you, click NOT TRUE. If a sentence was only sometimes true, click SOMETIMES. If a sentence was true about you most of the time, click TRUE.

Questions:

I felt miserable or unhappy.

I didn't enjoy anything at all.

I felt so tired I just sat around and did nothing.

I was very restless.

I felt I was no good anymore.

I cried a lot.

I found it hard to think properly or concentrate.

I hated myself.

I was a bad person.

I felt lonely.

I thought nobody really loved me.

I thought I could never be as good as other kids.

I did everything wrong.

Response options: Not true / Sometimes / True

Instructions: This is a question which is going to ask you how you feel. There are no right or wrong answers. You should just pick the answer which is best for you.

Questions:

I get very angry.

I lose my temper.

I hit out when I am angry.

I do things to hurt people.

I am calm.

I break things on purpose.

Response options: Never / Sometimes / Always

Instructions: Since the beginning of the last school year, have you seen someone because of worries about your thoughts, feelings or behaviour?

Questions:

Someone at school: A teacher.

Someone else in your school: A teaching assistant/someone else.

Someone at school: A school nurse.

Doctor in a hospital.

Doctor not in a hospital.

Some who checks in on you/or your family (social worker).

Someone else. If someone else, please describe: [open text box]

Response options: About once per day / About once per week / About once per month / Less than once a month / Once / Not at all

Since the beginning of the last school year, have you gotten help from any of the following because of worries about your thoughts, feelings or behaviours (tick as many as apply):

- Family member
- Friend
- Information online or in books
- Other trusted adult

Since the beginning of the last school year, have you stayed in hospital overnight because of worries about your thoughts, feelings or behaviour?

- No
- Yes*

*If you answered yes, how many days: [open text box]

Since the beginning of the last school year, have you taken any pills or medicine every day to help with your thoughts, feelings or behaviour?

No

Yes

Instructions: Please select the option that shows how likely it is that you would seek help from each of these people if you were experiencing difficulties with your thoughts, feelings and behaviour during the next 4 weeks.

Questions:

Friend (not related to you)

Parent

Other relative/family member

Mental health professional (e.g., school counsellor, psychologist, psychiatrist)

Phone help line (e.g., Samaritans, Childline)

Family doctor/GP

Teacher (year advisor, classroom teacher)

Someone else not listed above (if No, leave blank) if someone else, please describe: [open text box]

I would not seek help from anyone

Response options:

Extremely unlikely / Between extremely unlikely and unlikely / Unlikely / Between unlikely and likely / Likely / Between likely and extremely likely / Extremely likely

Instructions: For each of the following statements select True, False, or Do Not Know:

People who have mental illness can at the same time have mental health

Most everyday stress is toxic and should be avoided

The symptoms of mental illness are thought to be caused by disturbances in the usual functioning of the brain

Most people who have a mental illness get well and stay well with treatment

Treatment of mental disorders has three purposes including, relieving symptoms, restoring functioning, and promoting recovery

One important job of the brain is to help the person adapt to their environment

Depression is usually caused by an event such as breaking up with a person you are dating, having a fight with your best friend or not getting enough likes on a very important social media post you made

People who have a mental disorder will not be able to be successful in their chosen field of work (such as: being a politician; being an astronaut; being an author or composer)

Instructions: How confident would you feel in helping someone you know and care about who is experiencing difficulty with their thoughts, feelings and behaviour?

Response options: Not at all confident / A little bit confident / Moderately confident / Quite a bit confident / Extremely confident

Instructions: Please read every statement carefully and click on the answer that fits you best.

At school, there is an adult who...

Questions:

... really cares about me

... tells me when I do a good job

... listens to me when I have something to say

... believes that I will be a success

Response options:

Never 1 / 2 / 3 / 4 / Always 5

Instructions: This section of the survey is designed to find out about your attitudes towards the statements. For each of the following statements please click on the one that you feel best describes your attitude toward the statement.

Questions:

It is easy to tell when someone has a mental illness because they usually act in a strange or bizarre way

A mentally ill person should not be able to vote in an election

Most people who have a mental illness are dangerous and violent

Most people with a mental illness can have a good job and a successful and fulfilling life

I would be willing to have a person with a mental illness at my school

I would be happy to have a person with a mental illness become a close friend

Mental illness is usually a consequence of bad parenting or poor family environment

People who are mentally ill do not get better

Response options:

Strongly Disagree / Disagree / Disagree a little / Not sure / Agree a little / Agree / Strongly Agree

Instructions: The next questions ask how you are feeling *today*. For each question, read all the choices and decide which one is most like you *today*. Only click on one for each question.

Question: Worried

Response options:

I don't feel worried today / I feel a little bit worried today / I feel a bit worried today / I feel quite worried today / I feel very worried today

Question: Sad

Response options:

I don't feel sad today / I feel a little bit sad today / I feel a bit sad today / I feel quite sad today / I feel very sad today

Question: Pain

Response options: I don't have any pain today / I have a little bit of pain today / I have a bit of pain today / I have quite a lot of pain today / I have a lot of pain today

Question: Tired

Response options: I don't feel tired today / I feel a little bit tired today / I feel a bit tired today / I feel quite tired today / I feel very tired today

Question: Annoyed

Response options: I don't feel annoyed today / I feel a little bit annoyed today / I feel a bit annoyed today / I feel quite annoyed today / I feel very annoyed today

Question: School work/homework (such as reading, writing and doing lessons)

Response options: I have no problems with my schoolwork/homework today / I have a few problems with my schoolwork/homework today / I have some problems with my schoolwork/homework today / I have many problems with my schoolwork/homework today / I can't do my schoolwork/homework today

Question: Sleep

Response options: Last night I had no problems sleeping / Last night I had a few problems sleeping / Last night I had some problems sleeping / Last night I had many problems sleeping / Last night I couldn't sleep at all

Question: Daily Routine (things like eating, having a bath/shower, getting dressed)

Response options: I have no problems with my daily routine today / I have a few problems with my daily routine today / I have some problems with my daily routine today / I have many problems with my daily routine today / I can't do my daily routine today

Question: Able to join activities (things like playing with your friends, doing sports, joining in things)

Response options: I can join in with any activities today / I can join in with most activities today / I can join in with some activities today / I can join in with a few activities today / I can join in with no activities today

Instructions: For each of statements 1–6 below, respond by selecting one option. Mental health problems here refer, for example, to conditions for which an individual would be seen by healthcare staff.

Questions:

Most people with mental health problems want to have paid employment

If a friend had a mental health problem, I know what advice to give them to get professional help

Medication can be an effective treatment for people with mental health problems

Psychotherapy (e.g. counselling or talking therapy) can be an effective treatment for people with mental health problems

People with severe mental health problems can fully recover

Most people with mental health problems go to a healthcare professional to get help

Response options: Agree strongly / Agree slightly / Neither agree nor disagree / Disagree slightly / Disagree strongly / Don't know

Instructions: The following questions ask about your experiences and views in relation to people who have mental health problems (for example, people seen by healthcare staff). For each of statements 1-4 below, respond by selecting one option. Mental health problems here refer, for example, to conditions for which an individual would be seen by healthcare staff.

Questions:

In the future, I would be willing to live with someone with a mental health problem

In the future, I would be willing to work with someone with a mental health problem

In the future, I would be willing to live nearby to someone with a mental health problem

In the future, I would be willing to continue a relationship with a friend who developed a mental health problem

Response options: Agree strongly / Agree slightly / Neither agree nor disagree / Disagree slightly / Disagree strongly / Don't know

Education for Wellbeing Programme - Staff Survey

Instructions: How would you rate your awareness of each of the following?

Questions:

The range of mental health issues that children and youth experience during the school years

The risk factors and causes of student mental health issues

The types of treatments available to help students with mental health issues (e.g. counselling)

The local community services for treating students with mental health issues (e.g. do you know who to call?)

The steps necessary to access local community services for mental health issues

Response options: Not at all aware / Between not at all aware and somewhat aware / Somewhat aware / Between somewhat aware and very aware / Very aware

Instructions: How would you rate your knowledge of each of the following?

Questions:

About the signs and symptoms of student mental health issues

About appropriate actions to take to support student mental health at school

About legislation related to mental health issues (confidentiality, consent to treatment, etc.)

About school system services and resources for helping students with mental health issues

Response options: Not knowledgeable / between not knowledgeable and somewhat knowledgeable / Somewhat knowledgeable / between somewhat knowledgeable and very knowledgeable / Very knowledgeable

Instructions: How would you rate your comfort with each of the following?

Questions:

Talking with students about mental health

Talking with parents about their child's mental health

Providing support to students with mental health issues

Accessing school and system services for students with mental health issues

Response options: Not comfortable / Somewhat comfortable / Very comfortable

Instructions: Below are 7 attributes of mental health literacy. Please rate the importance of each attribute for your pupils.

Questions:

Ability to recognise specific disorders

Knowledge of how to seek information

Knowledge of risk factors

Knowledge of causes of mental illness

Knowledge of self-treatment

Knowledge of professional help available

Attitudes that promote recognition or appropriate help seeking behaviour

Response options: Not at all important / between not at all important and somewhat important / Somewhat important / between somewhat important and very important / Very important

Instructions: Below are 4 attributes of mental health literacy. Please rate the importance of each attribute for your pupils.

Questions:

Understanding how to obtain and maintain positive mental health

Understanding mental disorders and their treatments

Decreasing stigma related to mental disorders

Enhancing help-seeking efficacy (knowing when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities)

Response options: Not at all important / between not at all important and somewhat important / Somewhat important / between somewhat important and very important / Very important

Instructions: For each of the following statements select True, False, or Do Not Know:

Questions:

Useful interventions for adolescent mental disorders include BOTH psychological and pharmacological treatment

Mental distress can occur in someone who has a mental disorder

Stigma against the mentally ill is uncommon in the UK

The stresses of being a teenager are a major factor leading to adolescent suicide

Diet, exercise and establishing a regular sleep cycle are all effective treatments for mental disorders in teenagers

Mental health difficulties affect around 1 in 4 individuals

A psychiatrist is a medical doctor who specializes in treating people who have a mental illness

Mental disorders are psychological problems that are often caused by poor nutrition

Response options: True / False / Do not know

Current Mental Health Provision Survey

Please identify your gender

- Male
- Female
- Transgender
- Prefer not to say

Please identify your ethnic group

White

- British
- Irish
- *Other

Mixed

- White & Black Caribbean
- White & Black African
- *Other

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- *Other

Black or Black British

- Caribbean
- African
- *Other

Other ethnic group

- Chinese
- Gypsy or Traveller
- *Other
- Prefer not to specify my ethnic group

*Other ethnic group (please specify)

What role(s) do you hold within your school?

- Head teacher
- Deputy head teacher
- Assistant head teacher
- Senior manager
- SENCO/Inclusion manager
- PSHE coordinator
- Learning mentor
- Senior teacher
- Head of Key Stage
- Head of year
- Teacher
- Teaching assistant
- School nurse
- Other

Staffing and Training

The next section asks about the staff in your school who work to support the mental health of your pupils.

Firstly, does your school have a designated lead for mental health?

- Yes
- No

Is this mental health lead a member of the senior leadership team?

- Yes
- No

What is this mental health lead responsible for?

- Supporting individual pupils
- Teaching pupils about mental health and wellbeing
- Training staff
- Liaising with specialist mental health services
- Coordinating and developing mental health provision in the school
- None of these

Which, if any, members of staff in your school are offered training about how to support pupils' mental health and wellbeing?

- All staff
- All teaching staff
- Staff with specific responsibility for mental health
- No staff are offered training
- Other

Instructions: Please identify, in the last two years, what staff training your school has offered relating to pupils' mental health and wellbeing and who provided/delivered the training?

Questions:

Knowledge and recognition:

Understanding the range of mental health difficulties that children and youth experience during the school years

Signs and symptoms of student mental health difficulties

How to identify mental health needs among pupils and recognise specific mental health difficulties

Risk factors and causes of student mental health difficulties

The types of interventions available to help students with mental health difficulties

Legislation related to young peoples' mental health difficulties (confidentiality, consent to treatment, etc.)

Supporting students with mental health difficulties:

Understanding school systems and resources for students with mental health difficulties

Understanding local community services for students with mental health difficulties

Understanding appropriate referral actions and steps to accessing local community services

Mental health first aid

Promotion of mental health:

Stigma awareness and promoting stigma reduction

Knowledge of how to obtain and maintain mental health

None

Response options: Provided by a member of staff within the school (e.g. mental health lead, SENCO) / Provided by a higher education institution (e.g. University) / Provided by local NHS Child and Adolescent Mental Health Services (CAMHS) / Provided by a voluntary organisation / Provided by an independent contractor / Provided by local authority / Online course (e.g. MindEd)

Universal School Provision

Instructions: The next set of questions asks whether you use any of these approaches and activities in your school. Please identify, in the last two years, the activities and approaches that have been used in your school and indicate who has delivered/provided these activities.

Questions:

Promotion of mental health and wellbeing integrated into the school day

Provision of information or signposting to online advice or external support organisations

A worry box/drop-ins for advice and signposting

Activities to reduce the stigma of mental health in the school

An ethos and environment that promotes mutual care and concern including a respect for diversity

Opportunities for pupils to be involved in decisions on wellbeing provision

Peer- mentoring/support

Learning about mental health in the curriculum (e.g. PSHE lessons)

Sessions on particular issues (e.g. body image, eating disorders, self-harm)

Skills sessions (e.g. coping skills, problem-solving, mindfulness)

None

Response options: Provided by a member of school staff with designated responsibility (e.g. mental health lead, SENCO) / Provided by a member of school staff (e.g. teachers, teaching assistants) / Provided by a higher education institution (e.g. University) / Provided by local NHS Child and Adolescent Mental Health Services (CAMHS) / Provided by a voluntary organisation / Provided by an independent contractor / Provided by local authority

Is there anything else that your school does that is particularly important in promoting positive mental health amongst pupils? [open text box]

Some schools and institutions try to engage parents and caregivers in promoting positive mental health and wellbeing among pupils. Please indicate which of the following take place in your school.

- Sharing information about the school's mental health plan and provision

- Provision of written information and advice about supporting pupils' mental health
 - Face-to-face sessions for parents/caregivers about children and young people's mental health
 - One-to-one support (e.g. counselling) for parents/caregivers
 - Interventions for pupils that include parents/caregivers
 - None of these
 - Other
-
-

Identifying mental health needs among pupils

The next section of the questionnaire is about how your school identifies mental health needs among pupils.

How does your school identify individual pupils who may have particular mental health needs?

- Universal screening of all pupils to identify those in need
 - Targeted screening
 - Assessment of mental health needs alongside SEN or other similar assessments
 - Ad hoc identification based on judgement or concerns of individual members of staff
 - Use of administrative data collected for other purposes (e.g. on attendance or academic attainment)
 - Use of information from external agencies, for example Local Authority teams or previous schools
 - School does not seek to identify individual pupils who may have particular mental health needs
 - Other
-
-

Targeted support for individual pupils

Instructions: The next section of the questionnaire is about the provision that your school offers to individual pupils with particular mental health needs. This does not include external services that pupils might be referred to. Please identify, in the last two years, the activities and approaches that have been used in your school and indicate who has delivered/provided these activities.

Questions:

Counselling

Cognitive Behavioural Therapy (CBT)

One-to-one support for specific issues, such as drug misuse or eating disorders

Skills sessions (e.g. coping skills, problem-solving, mindfulness)

Themed support group (e.g. eating disorders, anxiety)

Anger management group

Peer-led support

Nurture groups

Support programmes for specific groups of pupils (e.g. looked after or adopted children, LGBTQ pupils, pupils with special educational needs or disabilities, victims of bullying)

None

Response options: Provided by a member of school staff with designated responsibility (e.g. mental health lead, SENCO) / Provided by a member of school staff (e.g. teachers, teaching assistants) / Provided by a higher education institution (e.g. University) / Provided by local NHS Child and Adolescent Mental Health Services (CAMHS) / Provided by a voluntary organisation / Provided by an independent contractor / Provided by local authority

Please summarise any other support that your school offers pupils with particular mental health needs. [open text box]

Barriers and enablers to MH provision

Instructions: How significant are the following potential barriers to providing effective mental health support within your school?

Questions:

Lack of information about locally available support for mental health issues

Poor communication between different agencies

Lack of national policy for mental health in schools

Low priority afforded to mental health within the school inspection regime

Negative attitudes towards mental health amongst staff in my school

Lack of capacity within my school (e.g. time, availability, training)

Recruitment and retention difficulties with specialist staff in my school

Lack of capacity amongst NHS Child and Adolescent Mental Health Services (CAMHS)

*Other

Response options: Very significant / Quite significant / Not very significant / Not at all significant / Don't know

*Other significant barriers (please specify) [open text box]

In May 2021, the Department for Education launched a grant to allow schools and colleges to fund training for their senior mental health lead to equip them with the knowledge and skills to develop their setting's holistic approach to mental health and wellbeing. This training grant is different from our Education for Wellbeing programme, consisting of the AWARE and INSPIRE projects.

Before now, were you aware of the new Department for Education training grant for senior mental health leads?

- Yes
- No
- Don't know

Has your school applied for this grant to fund training for your senior lead for mental health?

- Yes, already completed training
- Yes, booked on training that will be completed by 31st of March 2023
- Yes, booked on training that will be completed by 1st January 2024
- No, but intend to
- No, and do not plan to
- Don't know

In 2018, NHS England and the Department for Education introduced new Mental Health Support Teams (MHSTs) working with schools and colleges to offer early intervention mental health and wellbeing services to pupils and students. Where MHSTs are in operation, they may have a different name locally. This programme is different from our Education for Wellbeing programme, consisting of the AWARE and INSPIRE projects.

Before now, were you aware of the new NHS/Department for Education Mental Health Support Team programme?

- Yes
- No
- Don't know

Are you currently working with a MHST? Or one in development?

- Yes, currently working with one and receive lots of support
- Yes, currently working with one and receive some support
- No, but this is in development
- No
- Don't know

Education for Wellbeing - Financial Information Survey

Information on overheads

Instructions: You will only have to provide this information once, using average values for all staff members. If possible, please provide information on overheads for members of staff at your school in the following table.

Questions:

Running expenses (e.g. building / grounds maintenance and improvement, water, sewage and energy, learning and ICT resources, examination fees, administrative and catering supplies, agency supply teaching staff, loan interest, community focused extended school staff and associated costs)

Expenditure on school staff / other employee costs (e.g. administrative / clerical staff, catering staff, indirect employee expenses, staff development and training, supply teacher and staff related insurance)

Response:

Percentage of overall expenditure on staff [open text box]

Please feel free to break these down further if you have this information available [open text box]

Information on staff delivering Mindfulness

Instructions: Please provide the following information for each member of staff who has delivered Mindfulness in your school.

Regarding the first member of staff:

Job role

- School nurse
- Educational psychologist
- Pastoral care service
- Form / class teacher/ tutor
- SENDCO
- Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
- Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)

- Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a second member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the second member of staff who has delivered Mindfulness within the school

Job role

- School nurse
 - Educational psychologist
 - Pastoral care service
 - Form / class teacher/ tutor
 - SENDCO
 - Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
 - Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
 - Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a third member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the third member of staff who has delivered Mindfulness within the school

Job role

- School nurse
 - Educational psychologist
 - Pastoral care service
 - Form / class teacher/ tutor
 - SENDCO
 - Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
 - Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
 - Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a fourth member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the fourth member of staff who has delivered Mindfulness within the school

Job role

- School nurse
 - Educational psychologist
 - Pastoral care service
 - Form / class teacher/ tutor
 - SENDCO
 - Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
 - Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
 - Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a fifth member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the fifth member of staff who has delivered Mindfulness within the school

Job role

- School nurse
 - Educational psychologist
 - Pastoral care service
 - Form / class teacher/ tutor
 - SENDCO
 - Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
 - Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
 - Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a sixth member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the sixth member of staff who has delivered Mindfulness within the school

Job role

- School nurse
 - Educational psychologist
 - Pastoral care service
 - Form / class teacher/ tutor
 - SENDCO
 - Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
 - Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
 - Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a seventh member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the seventh member of staff who has delivered Mindfulness within the school

Job role

- School nurse
 - Educational psychologist
 - Pastoral care service
 - Form / class teacher/ tutor
 - SENDCO
 - Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
 - Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
 - Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a eighth member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the eighth member of staff who has delivered Mindfulness within the school

Job role

- School nurse
- Educational psychologist
- Pastoral care service
- Form / class teacher/ tutor
- SENDCO
- Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
- Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)
- Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
- Deputy / assistant head-teacher
- Head-teacher
- Chaplain

Other

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Did the key contact provide you with a ninth member of staff who delivered Mindfulness?

- Yes
- No

Please provide the following information for the ninth member of staff who has delivered Mindfulness within the school

Job role

- School nurse
- Educational psychologist
- Pastoral care service
- Form / class teacher/ tutor
- SENDCO
- Support staff at school (e.g. learning / behavioural support assistant, mentor, pastoral care coordinator)
- Senior support staff at school (e.g. pastoral / student services manager, educational welfare officer, community coordinator)

- Middle management at school (e.g. head of year / house, upper / lower school, inclusion manager, achievement manager)
 - Deputy / assistant head-teacher
 - Head-teacher
 - Chaplain
 - Other
-
-

Salary band

Please select one

FTE working hours (between 0-100%)

Employer National Insurance (average % of salary)

Employer pension contribution (average % of salary)

Intervention Implementation Survey – Mindfulness-Based Exercises

Instructions: This survey is about how you delivered Mindfulness. We are not judging individual performance, and your responses will be treated in the strictest confidentiality. Please read each statement carefully and provide an answer. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. Thank you for your cooperation.

PART 1

SECTION A

Before you begin, we would like to ask a few general questions.

Please specify your gender:

- Male
- Female
- Non-binary
- Transgender
- Prefer not to say
- Other

Number of years in profession

Please select one

Did you attend an in-person Mindfulness training course delivered by the Anna Freud Centre in London, Birmingham, Exeter, York or Liverpool?

- Yes
- No

Did you attend the online training course for Mindfulness on 9th December?

- Yes
- No

Were you trained within school by another member of staff who did attend the training?

- Yes
- No

Did you watch a recording of the training in your own time?

- Yes
- No

On average, how much time did you spend preparing before you delivered one of the intervention sessions (hours and minutes)? [open text box]

Would you say this is more / less than / the same amount of time you have to spend preparing for other lessons?

- More time
- Same amount of time
- Less time

Did you spend any extra time with students (answering questions, discussing problems, helping them in other ways) as a result of the intervention sessions?

- Yes
- No

How much extra time did you spend on this, approximately (hours and minutes per week)? [open text box]

SECTION B

Instructions: We would like to ask you a few things about how you feel about teaching Mindfulness.

Questions:

I was interested in Mindfulness

I felt enthusiastic delivering Mindfulness

I felt prepared to deliver Mindfulness

I felt able to clearly explain key activities to young people when delivering Mindfulness

I felt able to respond to the needs of young people during Mindfulness activities

I tried to engage pupils with Mindfulness

Response options: Not at all / Somewhat / Moderately / Mostly / Completely

Instructions: Please rate the extent to which you think Mindfulness is acceptable:

Questions:

Mindfulness meets my approval

Mindfulness is appealing to me

I like Mindfulness

I welcome Mindfulness

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

Instructions: Please rate the extent to which you think Mindfulness is appropriate:

Questions:

Mindfulness seems fitting

Mindfulness seems suitable

Mindfulness seems applicable

Mindfulness seems like a good match

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

Instructions: Please rate the extent to which you think Mindfulness is feasible:

Questions:

Mindfulness seems implementable

Mindfulness seems possible

Mindfulness seems doable

Mindfulness seems easy to use

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

PART 2

SECTION A

Please specify how many delivery groups you have taught:

- 1
- 2
- 3
- 4
- 5
- 6

DELIVERY GROUP 1

For the following questions, please think about your first Mindfulness delivery group.

Please specify the delivery group code for your first delivery group (this is not the name of the class but the unique delivery group identification code provided in the survey email):

First Delivery Group Code

Were you always the staff member delivering Mindfulness to this class (i.e. I did not share my group with another member of staff)?

- Yes
- No

What proportion of the intervention did you deliver to this class?

Percentage

Approximately when did delivery of Mindfulness start with this class:

Select date

Is Mindfulness still being delivered to this class?

- Yes
- No

When did delivery of Mindfulness stop to this class:

Select date

Approximately how many times per week did you deliver Mindfulness?

- 1
- 2
- 3
- 4
- 5
- 6+

How long did an average Mindfulness session last (in minutes) with this class?

Please select one ...

Did you make use of any of the additional resources (e.g. apps, videos) outlined in the manual?

- Yes
- No

What percentage of your class were present, on average, during Mindfulness sessions?
Consider withdrawal for additional support etc.

Response options:

≤30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Instructions: For the following questions, please indicate the extent to which you agree that your pupils:

Questions:

Actively participated in Mindfulness (e.g. initiate and elaborate on discussion topics)

Engaged with Mindfulness (e.g. completed activities with interest)

Were interested in Mindfulness (e.g. asking/reminding you about it)

Enjoyed Mindfulness (e.g. discussed the intervention positively)

Were enthusiastic about Mindfulness (e.g. looked forward to doing it)

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

Did you display the "Do You Need Support" signposting poster?

Yes

No

SECTION B

This section is about the different parts of Mindfulness that you delivered.

Did you teach the five minute mindful breathing exercises for the first week?

(e.g. basic mindful breathing, understanding and working with thoughts/feelings, negative judgement and acceptance, mindfulness in daily life)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the body" mindfulness based activities?

(e.g. balancing, notice your feet, body scan)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the mind" mindfulness based activities?

(e.g. thoughts in the sky, attitudes of gratitude, sitting still)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the world" mindfulness based activities?

(e.g. five senses, notice that sound, colour spotting)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

SECTION C

In this section we would like you to think about the changes you have made when teaching Mindfulness

Did you make any changes to any of the activities?

- Yes
- No

Please provide a brief example: [open text box]

Questions:

I made these changes for logistical reasons (e.g. time constraints)

I made these changes because of professional judgements (e.g. judgement of suitability for specific class)

I made these changes in advance of teaching Mindfulness (e.g. in anticipation of problems)

I made these changes while teaching Mindfulness (i.e. in response to problems arising)

Response options: Never / Rarely / Sometimes / Most of the time / Always

DELIVERY GROUP 2

For the following questions, please think about your second Mindfulness delivery group.

Please specify the delivery group code for your second delivery group (this is not the name of the class but the unique delivery group identification code provided in the survey email):

Second Delivery Group Code

Were you always the staff member delivering Mindfulness to this class (i.e. I did not share my group with another member of staff)?

- Yes
- No

What proportion of the intervention did you deliver to this class?

Percentage

Approximately when did delivery of Mindfulness start with this class:

Select date

Is Mindfulness still being delivered to this class?

- Yes
- No

When did delivery of Mindfulness stop to this class:

Select date

Approximately how many times per week did you deliver Mindfulness?

- 1
- 2
- 3
- 4
- 5
- 6+

How long did an average Mindfulness session last (in minutes) with this class?

Please select one ...

Did you make use of any of the additional resources (e.g. apps, videos) outlined in the manual?

- Yes
- No

What percentage of your class were present, on average, during Mindfulness sessions?
Consider withdrawal for additional support etc.

Response options:

≤30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Instructions: For the following questions, please indicate the extent to which you agree that your pupils:

Questions:

Actively participated in Mindfulness (e.g. initiate and elaborate on discussion topics)

Engaged with Mindfulness (e.g. completed activities with interest)

Were interested in Mindfulness (e.g. asking/reminding you about it)

Enjoyed Mindfulness (e.g. discussed the intervention positively)

Were enthusiastic about Mindfulness (e.g. looked forward to doing it)

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

Did you display the "Do You Need Support" signposting poster?

Yes

No

SECTION B

This section is about the different parts of Mindfulness that you delivered.

Did you teach the five minute mindful breathing exercises for the first week?

(e.g. basic mindful breathing, understanding and working with thoughts/feelings, negative judgement and acceptance, mindfulness in daily life)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the body" mindfulness based activities?

(e.g. balancing, notice your feet, body scan)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the mind" mindfulness based activities?

(e.g. thoughts in the sky, attitudes of gratitude, sitting still)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the world" mindfulness based activities?

(e.g. five senses, notice that sound, colour spotting)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

SECTION C

In this section we would like you to think about the changes you have made when teaching Mindfulness

Did you make any changes to any of the activities?

- Yes
- No

Please provide a brief example: [open text box]

Questions:

I made these changes for logistical reasons (e.g. time constraints)

I made these changes because of professional judgements (e.g. judgement of suitability for specific class)

I made these changes in advance of teaching Mindfulness (e.g. in anticipation of problems)

I made these changes while teaching Mindfulness (i.e. in response to problems arising)

Response options: Never / Rarely / Sometimes / Most of the time / Always

DELIVERY GROUP 3

For the following questions, please think about your third Mindfulness delivery group.

Please specify the delivery group code for your third delivery group (this is not the name of the class but the unique delivery group identification code provided in the survey email):

Third Delivery Group Code

Were you always the staff member delivering Mindfulness to this class (i.e. I did not share my group with another member of staff)?

- Yes
- No

What proportion of the intervention did you deliver to this class?

Percentage

Approximately when did delivery of Mindfulness start with this class:

Select date

Is Mindfulness still being delivered to this class?

- Yes
- No

When did delivery of Mindfulness stop to this class:

Select date

Approximately how many times per week did you deliver Mindfulness?

- 1
- 2
- 3
- 4
- 5
- 6+

How long did an average Mindfulness session last (in minutes) with this class?

Please select one ...

Did you make use of any of the additional resources (e.g. apps, videos) outlined in the manual?

- Yes
- No

What percentage of your class were present, on average, during Mindfulness sessions?
Consider withdrawal for additional support etc.

≤30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Instructions: For the following questions, please indicate the extent to which you agree that your pupils:

Questions:

Actively participated in Mindfulness (e.g. initiate and elaborate on discussion topics)

Engaged with Mindfulness (e.g. completed activities with interest)

Were interested in Mindfulness (e.g. asking/reminding you about it)

Enjoyed Mindfulness (e.g. discussed the intervention positively)

Were enthusiastic about Mindfulness (e.g. looked forward to doing it)

Response options: Completely disagree / Disagree / Neither agree nor agree / Agree / Completely agree

Did you display the "Do You Need Support" signposting poster?

Yes

No

SECTION B

This section is about the different parts of Mindfulness that you delivered.

Did you teach the five minute mindful breathing exercises for the first week?

(e.g. basic mindful breathing, understanding and working with thoughts/feelings, negative judgement and acceptance, mindfulness in daily life)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the body" mindfulness based activities?

(e.g. balancing, notice your feet, body scan)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the mind" mindfulness based activities?

(e.g. thoughts in the sky, attitudes of gratitude, sitting still)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the world" mindfulness based activities?

(e.g. five senses, notice that sound, colour spotting)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

SECTION C

In this section we would like you to think about the changes you have made when teaching Mindfulness

Did you make any changes to any of the activities?

- Yes
- No

Please provide a brief example: [open text box]

Questions:

I made these changes for logistical reasons (e.g. time constraints)

I made these changes because of professional judgements (e.g. judgement of suitability for specific class)

I made these changes in advance of teaching Mindfulness (e.g. in anticipation of problems)

I made these changes while teaching Mindfulness (i.e. in response to problems arising)

Response options: Never / Rarely / Sometimes / Most of the time / Always

DELIVERY GROUP 4

For the following questions, please think about your fourth Mindfulness delivery group.

Please specify the delivery group code for your first delivery group (this is not the name of the class but the unique delivery group identification code provided in the survey email):

Fourth Delivery Group Code

Were you always the staff member delivering Mindfulness to this class (i.e. I did not share my group with another member of staff)?

- Yes
- No

What proportion of the intervention did you deliver to this class?

Percentage

Approximately when did delivery of Mindfulness start with this class:

Select date

Is Mindfulness still being delivered to this class?

- Yes
- No

When did delivery of Mindfulness stop to this class:

Select date

Approximately how many times per week did you deliver Mindfulness?

- 1
- 2
- 3
- 4
- 5
- 6+

How long did an average Mindfulness session last (in minutes) with this class?

Please select one ...

Did you make use of any of the additional resources (e.g. apps, videos) outlined in the manual?

- Yes
- No

What percentage of your class were present, on average, during Mindfulness sessions?
Consider withdrawal for additional support etc.

≤30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Instructions: For the following questions, please indicate the extent to which you agree that your pupils:

Questions:

Actively participated in Mindfulness (e.g. initiate and elaborate on discussion topics)

Engaged with Mindfulness (e.g. completed activities with interest)

Were interested in Mindfulness (e.g. asking/reminding you about it)

Enjoyed Mindfulness (e.g. discussed the intervention positively)

Were enthusiastic about Mindfulness (e.g. looked forward to doing it)

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

Did you display the "Do You Need Support" signposting poster?

Yes

No

SECTION B

This section is about the different parts of Mindfulness that you delivered.

Did you teach the five minute mindful breathing exercises for the first week?

(e.g. basic mindful breathing, understanding and working with thoughts/feelings, negative judgement and acceptance, mindfulness in daily life)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the body" mindfulness based activities?

(e.g. balancing, notice your feet, body scan)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the mind" mindfulness based activities?

(e.g. thoughts in the sky, attitudes of gratitude, sitting still)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the world" mindfulness based activities?

(e.g. five senses, notice that sound, colour spotting)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

SECTION C

In this section we would like you to think about the changes you have made when teaching Mindfulness

Did you make any changes to any of the activities?

- Yes
- No

Please provide a brief example: [open text box]

Questions:

I made these changes for logistical reasons (e.g. time constraints)

I made these changes because of professional judgements (e.g. judgement of suitability for specific class)

I made these changes in advance of teaching Mindfulness (e.g. in anticipation of problems)

I made these changes while teaching Mindfulness (i.e. in response to problems arising)

Response options: Never / Rarely / Sometimes / Most of the time / Always

DELIVERY GROUP 5

For the following questions, please think about your fifth *Mindfulness* delivery group.

Please specify the delivery group code for your first delivery group (this is not the name of the class but the unique delivery group identification code provided in the survey email):

Fifth Delivery Group Code

Were you always the staff member delivering Mindfulness to this class (i.e. I did not share my group with another member of staff)?

- Yes
- No

What proportion of the intervention did you deliver to this class?

Percentage

Approximately when did delivery of Mindfulness start with this class:

Select date

Is Mindfulness still being delivered to this class?

- Yes
- No

When did delivery of Mindfulness stop to this class:

Select date

Approximately how many times per week did you deliver Mindfulness?

- 1
- 2
- 3
- 4
- 5
- 6+

How long did an average Mindfulness session last (in minutes) with this class?

Please select one ...

Did you make use of any of the additional resources (e.g. apps, videos) outlined in the manual?

- Yes
- No

What percentage of your class were present, on average, during Mindfulness sessions?
Consider withdrawal for additional support etc.

≤30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Instructions: For the following questions, please indicate the extent to which you agree that your pupils:

Questions:

Actively participated in Mindfulness (e.g. initiate and elaborate on discussion topics)

Engaged with Mindfulness (e.g. completed activities with interest)

Were interested in Mindfulness (e.g. asking/reminding you about it)

Enjoyed Mindfulness (e.g. discussed the intervention positively)

Were enthusiastic about Mindfulness (e.g. looked forward to doing it)

Response options: Completely disagree / Disagree / Neither agree nor agree / Agree / Completely agree

Did you display the "Do You Need Support" signposting poster?

Yes

No

SECTION B

This section is about the different parts of Mindfulness that you delivered.

Did you teach the five minute mindful breathing exercises for the first week?

(e.g. basic mindful breathing, understanding and working with thoughts/feelings, negative judgement and acceptance, mindfulness in daily life)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the body" mindfulness based activities?

(e.g. balancing, notice your feet, body scan)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the mind" mindfulness based activities?

(e.g. thoughts in the sky, attitudes of gratitude, sitting still)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the world" mindfulness based activities?

(e.g. five senses, notice that sound, colour spotting)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

SECTION C

In this section we would like you to think about the changes you have made when teaching Mindfulness

Did you make any changes to any of the activities?

- Yes
- No

Please provide a brief example: [open text box]

Questions:

I made these changes for logistical reasons (e.g. time constraints)

I made these changes because of professional judgements (e.g. judgement of suitability for specific class)

I made these changes in advance of teaching Mindfulness (e.g. in anticipation of problems)

I made these changes while teaching Mindfulness (i.e. in response to problems arising)

Response options: Never / Rarely / Sometimes / Most of the time / Always

DELIVERY GROUP 6

For the following questions, please think about your sixth Mindfulness delivery group.

Please specify the delivery group code for your first delivery group (this is not the name of the class but the unique delivery group identification code provided in the survey email):

Sixth Delivery Group Code

Were you always the staff member delivering Mindfulness to this class (i.e. I did not share my group with another member of staff)?

- Yes
- No

What proportion of the intervention did you deliver to this class?

Percentage

Approximately when did delivery of Mindfulness start with this class:

Select date

Is Mindfulness still being delivered to this class?

- Yes
- No

When did delivery of Mindfulness stop to this class:

Select date

Approximately how many times per week did you deliver Mindfulness?

- 1
- 2
- 3
- 4
- 5
- 6+

How long did an average Mindfulness session last (in minutes) with this class?

Please select one ...

Did you make use of any of the additional resources (e.g. apps, videos) outlined in the manual?

- Yes
- No

What percentage of your class were present, on average, during Mindfulness sessions?
Consider withdrawal for additional support etc.

≤30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

Instructions: For the following questions, please indicate the extent to which you agree that your pupils:

Questions:

Actively participated in Mindfulness (e.g. initiate and elaborate on discussion topics)

Engaged with Mindfulness (e.g. completed activities with interest)

Were interested in Mindfulness (e.g. asking/reminding you about it)

Enjoyed Mindfulness (e.g. discussed the intervention positively)

Were enthusiastic about Mindfulness (e.g. looked forward to doing it)

Response options: Completely disagree / Disagree / Neither agree nor disagree / Agree / Completely agree

Did you display the "Do You Need Support" signposting poster?

- Yes
- No

SECTION B

This section is about the different parts of Mindfulness that you delivered.

Did you teach the five minute mindful breathing exercises for the first week?

(e.g. basic mindful breathing, understanding and working with thoughts/feelings, negative judgement and acceptance, mindfulness in daily life)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the body" mindfulness based activities?

(e.g. balancing, notice your feet, body scan)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the mind" mindfulness based activities?

(e.g. thoughts in the sky, attitudes of gratitude, sitting still)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

Did you teach any of "the world" mindfulness based activities?

(e.g. five senses, notice that sound, colour spotting)

- Yes
- No

Please indicate the extent to which you followed the guidance in the manual in terms of the:

- structure (e.g. following the scripts)
- content (e.g. covering all points within an activity)

Percentage

SECTION C

In this section we would like you to think about the changes you have made when teaching Mindfulness

Did you make any changes to any of the activities?

- Yes
- No

Please provide a brief example: [open text box]

Questions:

I made these changes for logistical reasons (e.g. time constraints)

I made these changes because of professional judgements (e.g. judgement of suitability for specific class)

I made these changes in advance of teaching Mindfulness (e.g. in anticipation of problems)

I made these changes while teaching Mindfulness (i.e. in response to problems arising)

Response options: Never / Rarely / Sometimes / Most of the time/ Always

Sustainability Survey – Mindfulness

This is a survey about whether you have delivered or are planning to deliver the Anna Freud Mindfulness programme again this academic year. There are no right or wrong answers and your responses will be treated with the strictest confidentiality. We are just interested to find out what your school is doing now the formal implementation period is over.

Before you begin, we would like to ask you a few general questions.

What role(s) do you hold within your school? (Tick as many as apply)

- Head teacher
- Deputy head teacher
- Assistant head teacher
- Senior manager (other)
- SENCO/Inclusion manager
- PSHE coordinator
- Learning mentor
- Senior teacher
- Head of Key Stage
- Head of year
- Teacher
- Teaching assistant
- School nurse
- Other (please specify)

Approximately how long have you been working in this field (in years)?

Please select one ...

What best describes your gender?

- Female
 - Male
 - Prefer not to say
 - Prefer to self-describe
-
-

How old are you?

Please select one ...

The next section is about your school's delivery of the Anna Freud Mindfulness programme.

Part 1: about your delivery of the Anna Freud Mindfulness programme

Are you still delivering the Anna Freud Mindfulness programme since the delivery phase ended at the end of March 2023:

- Yes, as recommended (every day for 5 minutes).
- I deliver activities from the Anna Freud Mindfulness programme (booklet/specified apps) most days.
- I deliver some of the activities from the Anna Freud Mindfulness programme (booklet/specified apps) on some days.
- No, not at all.

Please provide further details: [open text box]

Who have you delivered Mindfulness to since the delivery phase ended at the end of March 2023 (tick all that apply):

- Reception
- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13

Part 2: your future delivery of the Anna Freud Mindfulness programme

Do you plan to deliver the Anna Freud Mindfulness programme in the remaining terms of this academic year?

- Yes, as recommended (every day for 5 minutes).
- I deliver activities from the Anna Freud Mindfulness programme (booklet/specified apps) most days.
- I deliver some of the activities from the Anna Freud Mindfulness programme (booklet/specified apps) on some days.
- No, not at all.

Please provide further details: [open text box]

Who will you deliver the Anna Freud Mindfulness programme to this academic year (tick all that apply):

- Reception
- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13

Part 3: about the Anna Freud Mindfulness programme in your school

Have you been required to deliver training or pass on the Anna Freud Mindfulness programme resources to other staff members:

- Yes
- No

Please provide further details (e.g. year groups, staff members): [open text box]

Is the Anna Freud Mindfulness programme being delivered elsewhere in your school by another member of staff?

- Yes
- No

Who is the Anna Freud Mindfulness programme being delivered to by other members of staff in your school (tick all that apply):

Reception

- Reception
- Year 1
- Year 2
- Year 3
- Year 4
- Year 5
- Year 6
- Year 7
- Year 8
- Year 9
- Year 10
- Year 11
- Year 12
- Year 13

Instructions: The next section is about different components of sustainability, or long term success, of educational initiatives. Please select the appropriate response for each item.

Questions:

In the last six months I have discussed with friends or colleagues specific examples of where improvements have been made at my school.

In the last six months, I have advocated for the introduction of a new initiative at my school.

In the last six months, I have discussed positive coping strategies with professional colleagues.

Response options: No / Uncertain / Yes / N/A

Instructions: For the following questions, please focus on the Anna Freud Mindfulness programme that was undertaken at your school (part of the Education for Wellbeing trial).

Questions:

The Anna Freud Mindfulness programme worked well at our school.

The Anna Freud Mindfulness programme has a long-term future at our school.

Response options: No / Uncertain / Yes / Don't know

Instructions: For the following questions, please focus on the Anna Freud Mindfulness programme that was undertaken at your school (part of the Education for Wellbeing trial).

Questions:

I openly expressed my support for the selection of the Mindfulness programme.

I have read one or more of the Mindfulness programme planning documents.

I was supported by school leader(s) to implement the Mindfulness programme.

I discussed with professional colleagues the external pressures that might have influenced the Mindfulness programme.

I have recommended the Mindfulness programme to other professional colleagues.

I was actively involved in making pedagogical decisions about how best to implement the Mindfulness programme.

I had undertaken sufficient professional education to enable me to roll-out the Mindfulness programme.

I had productive discussions with team members about the Mindfulness programme.

I had enough funding to implement my parts of the Mindfulness programme.

I had access to enough staff to support my implementation of the Mindfulness programme.

I found that there was sufficient time during my work with students to fit in the Mindfulness programme.

I received feedback about how the Mindfulness programme was being implemented.

I looked at feedback about the outcomes of the Mindfulness programme for my own students.

I made adaptations to the Mindfulness programme as a result of feedback.

I discussed with professional colleagues how processes at our school had improved as a result of the Mindfulness programme.

I discussed with professional colleagues how professional relationships at my school had improved as a result of the Mindfulness programme.

Response options: No / Uncertain / Yes / N/A

Instructions: Schools are complex systems with ever-changing events and situations. Thinking about your school overall...

Question:

As challenges emerge they are met with insightful thinking at our school.

Response options:

1 (Very Strongly Disagree)

2

3

4

5 (Neutral)

6

7

8

9 (very strongly agree)

Don't know

N/A

Please comment or provide an example of how your school has evolved over the last 12 months.

- I wish to comment.
- I don't have anything to add.

Please provide your comment and/or example: [open text box]



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