



LJMU Research Online

Stapley, E, Hayes, D, March, A, Mansfield, R, Burrell, K, Ashworth, E, Moltrecht, B, Stallard, P, Thompson, A and Deighton, J

A qualitative study of English school children's experiences of two brief, universal, classroom-based mental health and wellbeing interventions: Mindfulness and Relaxation

<https://researchonline.ljmu.ac.uk/id/eprint/27178/>

Article

Citation (please note it is advisable to refer to the publisher's version if you intend to cite from this work)

Stapley, E, Hayes, D, March, A, Mansfield, R, Burrell, K, Ashworth, E ORCID logoORCID: <https://orcid.org/0000-0002-5279-4514>, Moltrecht, B, Stallard, P, Thompson, A and Deighton, J A qualitative study of English school children's experiences of two brief. universal. classroom-based mental

LJMU has developed **LJMU Research Online** for users to access the research output of the University more effectively. Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Users may download and/or print one copy of any article(s) in LJMU Research Online to facilitate their private study or for non-commercial research. You may not engage in further distribution of the material or use it for any profit-making activities or any commercial gain.

The version presented here may differ from the published version or from the version of the record. Please see the repository URL above for details on accessing the published version and note that access may require a subscription.

For more information please contact researchonline@ljmu.ac.uk

<http://researchonline.ljmu.ac.uk/>



A Qualitative Study of English School Children's Experiences of Two Brief, Universal, Classroom-Based Mental Health and Wellbeing Interventions: Mindfulness and Relaxation

Emily Stapley¹ · Daniel Hayes^{1,2} · Anna March^{1,3} · Rosie Mansfield⁴ · Kim Burrell¹ · Emma Ashworth⁵ · Bettina Moltrecht^{1,4} · Paul Stallard⁶ · Abigail Thompson¹ · Jessica Deighton¹

Received: 17 February 2025 / Accepted: 1 September 2025
© The Author(s) 2025

Abstract

There is growing interest in how mindfulness and relaxation, taught in a school setting, can help children to manage their mental health and wellbeing. However, to date there has been a paucity of qualitative research seeking to explore children's experiences of these interventions. Focus groups were conducted with 65 students (aged 8 to 12) across seven schools participating in a randomised controlled trial in England in 2019. Participants had received either a brief Mindfulness-Based Exercises or Relaxation Techniques intervention, delivered by school staff on a universal (whole-class) basis. The data were analysed using thematic analysis. Participants across both interventions cited the importance of having a quiet, calming atmosphere within the classroom to facilitate delivery, as well as the need for variation in activities. Many participants described the interventions as having a positive impact. However, some felt that the interventions could also induce feelings of annoyance, stress, and physical discomfort. The interventions differed in terms of some of the mechanisms behind positive impact identified by participants, with Relaxation Techniques reported as taking difficult feelings away and Mindfulness-Based Exercises described as enabling difficult feelings to be let go. The findings have implications for future intervention delivery in a school context. The findings identify how and why these interventions can work from children's perspectives (e.g., through reducing difficult feelings), as well as what can undermine positive impact (e.g., finding activities boring).

Keywords Mindfulness · Relaxation · School · Qualitative · Mental health · Wellbeing

✉ Emily Stapley
emily.stapley@annafreud.org

- ¹ Evidence Based Practice Unit (EBPU), Anna Freud Centre and University College London (UCL), 4-8 Rodney Street, London N1 9JH, UK
- ² Social Biobehavioural Group, University College London (UCL), 1-19 Torrington Place, London WC1E 7HB, UK
- ³ University of Exeter Medical School, St Luke's Campus, Heavitree Road, Exeter EX1 2LU, UK
- ⁴ Centre for Longitudinal Studies, University College London (UCL), 55 Gordon Square, London WC1H 0NR, UK
- ⁵ School of Psychology, Faculty of Health, Liverpool John Moores University, Byrom Street, Liverpool L3 3AF, UK
- ⁶ Department of Health, University of Bath, Wessex House 6.10, Bath BA2 7AY, UK

Recent estimates suggest that 20.3% of children and young people (CYP) aged 8 to 16 in England have a probable mental disorder, with prevalence increasing as age increases (Newlove et al., 2023). The most common types of mental health difficulties are emotional disorders, such as anxiety and depression (Sadler et al., 2018). UK government policy has cited schools as key sites for the delivery of support to promote mental health and wellbeing in CYP (Department for Education, 2021). A key advantage of universally delivered school-based support, such as the delivery of interventions to whole school classes or year groups, is that support can be relatively easily provided to a large number of CYP at once (van Loon et al., 2020). There is growing interest in how mindfulness and relaxation interventions, implemented in a school setting, can help CYP to manage their mental health and wellbeing (e.g., Fulambarkar et al., 2023; Kraag et al., 2006; Volanen et al., 2020).

Mindfulness involves the individual focusing their attention in a specific way, bringing awareness to thoughts and experiences (e.g., senses or bodily reactions) of the present moment (Bishop et al., 2004; Jain et al., 2007). The individual is encouraged to observe these experiences in a non-judgmental stance, and to notice and accept them as they arise rather than actively trying to change them (Bishop et al., 2004; Jain et al., 2007). Emotion regulation has been proposed as a key mechanism behind the relationship between mindfulness and mental health and wellbeing (Grecucci et al., 2015). For example, the individual positively reframes their emotional experience (i.e., cognitive reappraisal) and regards it as impermanent and separate from the self (i.e., emotional detachment; Grecucci et al., 2015). By contrast, relaxation is an intentional process that the individual engages in to relax physically and mentally (Ashton, 2015; Jain et al., 2007). Relaxation focuses on using techniques, such as deep breathing and muscle relaxation, to actively change a person's state by releasing tension, reducing arousal, and helping to change one's physiological response to a stressful situation (Hoffman et al., 1982).

Existing findings relating to the efficacy of school-based mindfulness and relaxation interventions present a mixed picture. To date, fewer studies have been conducted to examine the impact of relaxation interventions, as compared to mindfulness. Recent reviews of the efficacy of school-based mindfulness and relaxation interventions have identified tentative evidence for a positive impact on CYP anxiety or stress levels, whilst also highlighting limitations in study quality (e.g., Caldwell et al., 2019; Fulambarkar et al., 2023). A recent large-scale, UK-based, randomised controlled trial (RCT) of school-based, universally delivered mindfulness training reported that it had no greater impact on CYP mental health and wellbeing outcomes than teaching as usual (My Resilience in Adolescence [MYRIAD] Trial; Kuyken et al., 2022). Teaching as usual was current social emotional learning (SEL) implementation in secondary schools (Kuyken et al., 2022). The study also found that for CYP with higher levels of mental health difficulties, outcomes were worse after taking part in the intervention (Montero-Marin et al., 2022). In general, the considerable heterogeneity evident in school-based models of mindfulness and relaxation interventions, such as in terms of their length, intensity, activities, and facilitator, has made it hard to synthesise results across studies (e.g., Ashton, 2015; Fulambarkar et al., 2023). There is a need for research to further unpick what might account for variability in findings across studies, including what works, how, and why for CYP from their perspectives. Qualitative studies lend themselves to answering such questions.

Thus far, however, qualitative research on CYP experiences of school-based mindfulness and relaxation

interventions has been relatively scant (Cooke et al., 2020; Hutchinson et al., 2018). Moreover, only one study has explored CYP experiences of a lighter touch (3 to 12 min per week) classroom-based intervention (Costello & Lawler, 2014). This is despite light-touch interventions perhaps being more feasible for busy schools to deliver (Hayes et al., 2019). Themes arising across qualitative studies have shown that CYP use mindfulness to control or reduce their feelings of anger, worry, or sadness, through calming down, regulating their emotions, and distracting or detaching themselves from their feelings (Bannirchelvam et al., 2017; Costello & Lawler, 2014; Hutchinson et al., 2018). However, negative outcomes have also been reported, including distress (feeling restless, anxious, stressed, or worried) and boredom (Miller et al., 2023; Montero-Marin et al., 2023). In terms of relaxation, studies have found that secondary school students report improvements in their relationships, stress, muscular aches, and concentration (Atkins & Hayes, 2019). Primary school students use the strategies that they have learned to feel relaxed and calm, and to cope with stress (Taylor & Orlick, 2004).

Qualitative studies can provide rich, in-depth data on intervention recipients' perceptions of impact, as well as on perceived barriers and facilitators to intervention delivery and impact. Participant responsiveness (i.e., CYP engagement) is a key moderator of intervention outcomes, thus it is crucial to establish the perceived social validity (e.g., acceptability and utility) of an intervention to ensure its success (Humphrey et al., 2016). Furthermore, identifying and addressing potential barriers from the perspective of recipients is vital to increasing the long-term sustainability of an intervention (March et al., 2022). Ultimately, however, there has been a paucity of qualitative research in this area, including specifically within an English school context. Therefore, the aim of this study was to qualitatively explore the experiences of CYP in England of taking part in either Mindfulness-Based Exercises or Relaxation Techniques. The interventions were delivered on a universal (whole-class) basis and were comparable in terms of their brief length and dosage.

Methods

Setting for the Study

The current study analysed qualitative data from focus groups with CYP participating in a RCT in England: INSPIRE (INterventions in Schools for Promoting Well-being: Research in Education; Hayes et al., 2019). The INSPIRE trial, running from 2018 to 2024, formed part of the Department for Education funded Education for

Wellbeing (EfW) programme. It sought to evaluate the efficacy (compared to a control or usual practice group) of three school-based, universally delivered mental health and wellbeing interventions, which were developed and piloted in an earlier feasibility study (see Hayes et al., 2019, for further details). Participating schools were randomised by the Kings Clinical Trials Unit (KCTU) to one of four conditions: Mindfulness-Based Exercises, Relaxation Techniques, Strategies for Safety and Wellbeing (SSW), and Usual Practice (control). Impact findings from the trial have been published elsewhere (see Deighton et al., 2025a, 2025b), as have qualitative findings relating to school staff members' experiences of implementing the interventions (see Stapley et al., 2025a).

Participants in the current study were recruited from Wave 1 (2018 to 2019) INSPIRE schools and had participated in either Mindfulness-Based Exercises or Relaxation Techniques. Thirty-seven primary schools (2,523 students) and 10 secondary schools (1,498 students) were randomised to deliver Mindfulness-Based Exercises in Wave 1, and 36 primary schools (2,554 students) and 10 secondary schools (1,480 students) were randomised to deliver Relaxation Techniques. SSW had a different structure and focus - it was a weekly, curriculum-based, mental health literacy programme - and so qualitative findings relating to this intervention have been reported elsewhere (see Stapley et al., 2025b). Mindfulness-Based Exercises and Relaxation Techniques were delivered by school staff (such as class teachers) to students in selected classes in Years 4, 5, 7, and 8, for around five minutes every day, from January to April in 2019. School staff had received a half-day training session in late 2018 in either Mindfulness-Based Exercises or Relaxation Techniques led by the EfW intervention development team. The EfW intervention development team consisted of professionals with school setting and clinical expertise.

School staff received either a primary or secondary school version of the Mindfulness-Based Exercises or Relaxation Techniques booklet, created by the EfW intervention development team. The booklets included instructions for how to deliver a range of different exercises. For Mindfulness-Based Exercises, this included mindful breathing exercises, physical activities (e.g., balancing exercises), imagination-based exercises, mindful colouring, and sensory activities (e.g., mindful eating). For Relaxation Techniques, this included deep breathing exercises (e.g., pretending to blow out candles on a birthday cake) and muscle relaxation exercises (e.g., squeezing an imaginary ball of slime or stretching up to catch a balloon). The mindfulness-based exercises were designed to increase awareness and acceptance of thoughts and feelings. The relaxation techniques were intended to provide methods to change and reduce difficult feelings. School staff in each condition had the freedom to

choose which intervention-specific activities they used with their classes each day.

Participants

When school staff attended the intervention training session, they were invited to express interest in becoming a qualitative case study school. Eight schools were then selected by the EfW evaluation team to achieve equal representation across interventions and to achieve variation in terms of a range of contextual factors, including type of school, location, and level of current mental health support provided and perceived barriers to providing support (as measured using the trial's usual provision survey; see Hayes et al., 2019). The final sample consisted of six primary schools (three delivering Relaxation Techniques and three delivering Mindfulness-Based Exercises) and one secondary school (delivering Mindfulness-Based Exercises). Focus group data from a middle school delivering Relaxation Techniques were not included in the current study because students' parents or carers were not available to provide informed consent for participation on the day of data collection at this school. All were co-educational, mainstream, state-funded schools. Two schools were situated in a rural location and five were situated in an urban location across England.

Students in classes receiving Mindfulness-Based Exercises or Relaxation Techniques were invited by school staff to express interest in taking part in focus groups with the EfW evaluation team to discuss their experiences. Of the students who expressed interest, school staff were asked by the EfW evaluation team to select up to 10 students with a range of views on the intervention. Across the seven schools, 14 focus groups (two per school; $N=65$ students) were conducted. Focus group size across the schools ranged from three to six students, with an average of five students per focus group. Eight focus groups were conducted with 35 students (59% female, 41% male) who were receiving Mindfulness-Based Exercises. Students' ages ranged from 8 years, 8 months to 12 years, 6 months ($M=10.14$, $SD=1.27$). Age data were missing for two students and gender data were missing for one student. Six focus groups were conducted with 30 students (50% female, 50% male) who were receiving Relaxation Techniques. Students' ages ranged from 8 years, 7 months to 10 years, 7 months ($M=9.25$, $SD=0.66$). Across both interventions, 45 participants (71.4%) self-reported their ethnicity as White, seven (11.1%) as Asian, six (9.5%) as Mixed White and Asian, and five (7.9%) as Black or Mixed Black background. Ethnicity data were missing for two participants.

Ethical Considerations

Research ethics approval was granted by the University College London (UCL) Research Ethics Committee (6735/009 and 6735/014). All participants were asked to read an age-appropriate study information sheet and then provide their informed assent on a written form to take part in the focus groups. As all participants were under the age of 16, all participants' parents or carers were also asked to read a study information sheet and provide informed consent for their child. Study information sheets informed participants that their participation was voluntary, they could withdraw at any time, and the content of the focus groups would be kept confidential (the only exception to this being for safeguarding concerns), with identifying details in transcripts disguised (e.g., names of people and places removed).

Data Collection

The focus groups were conducted by members of the EfW evaluation team (either one or two per focus group), all of whom were postgraduate psychologists. The team received a half-day training session in semi-structured qualitative data collection by the qualitative research lead (ES). All focus groups were conducted during mid to late delivery of the interventions and took place in a private room at participants' schools. The focus groups were semi-structured. This meant that although the facilitator guided the conversation, it was led by participants in terms of the issues that they wanted to raise in relation to the key topic areas. The focus group topic guide explored three key topic areas: experiences of and opinions on the intervention (including likes and dislikes, helpful and unhelpful factors); suggestions for improvements; and perceptions of impact on themselves, their friends, and the school. All focus groups were audio-recorded and transcribed verbatim. They ranged in length from 15 to 44 min. The mean focus group length for Mindfulness-Based Exercises was 24.07 min ($SD=6.63$) and for Relaxation Techniques was 31.28 min ($SD=8.64$). Demographic data were self-reported by students.

Data Analysis

Stage One

A 'top-down' or deductive approach was initially taken to qualitative data analysis. Using the NVivo 12 qualitative data analysis software (Lumivero, 2017), the key topic areas explored through the focus group topic guide were used as categories to systematically code or assign relevant transcript extracts to. Categories included: aspects liked or found helpful, aspects disliked or found unhelpful,

suggestions for improvement, and perceptions of impact. The categories were divided between and assigned to different team members (ES, DH, AM, RM, EA, and KB). As a check on the reliability of the coding process, the lead author (ES) reviewed all transcript extracts coded to each category by each team member, discussing with and then refining each team member's coding as necessary to ensure that all relevant data was coded within each category. To provide further assurance of the credibility and trustworthiness of our analysis process, we drew on the American Psychological Association (APA, 2024) standards for reporting on qualitative research across Stages One and Two.

Stage Two

A 'bottom-up' or inductive approach was then taken to analysis, drawing on Braun and Clarke's (2020) six-phase approach to reflexive thematic analysis. Data familiarisation (Phase 1) had been achieved through the first step in our analysis process. In NVivo, each team member then applied codes (labels) to the transcript extracts within their assigned category, which described their content (Phase 2 – systematic data coding), and grouped similar codes into themes, or "*patterns of shared meaning*" (Braun & Clarke, 2020, p. 331) (Phase 3 – generating initial themes). During Phase 4 (developing and reviewing themes), (ES) reviewed and refined all team members' coding and themes, to ensure that they accurately represented all transcript extracts within each category and together sufficiently captured the content of the entire dataset. All team members also met during this process to discuss the themes and check that the themes were grounded in the data. (ES) finalised the names and definitions of the themes and the second author (DH) reviewed (ES)' list of themes as an additional check on the theme names and their representativeness of the dataset (Phase 5 – refining, defining, and naming themes). (ES) led on the writing of the report (Phase 6), with refinement as needed by the wider team.

Results

This section presents the main themes derived from the dataset in terms of students' perceptions of impact of the brief Mindfulness-Based Exercises or Relaxation Techniques interventions that they participated in, the mechanisms behind impact, factors that facilitated delivery, barriers to delivery, and suggestions for improvement. Figure 1 also illustrates the barriers and facilitators, mechanisms, and outcomes from students' perspectives across both interventions.

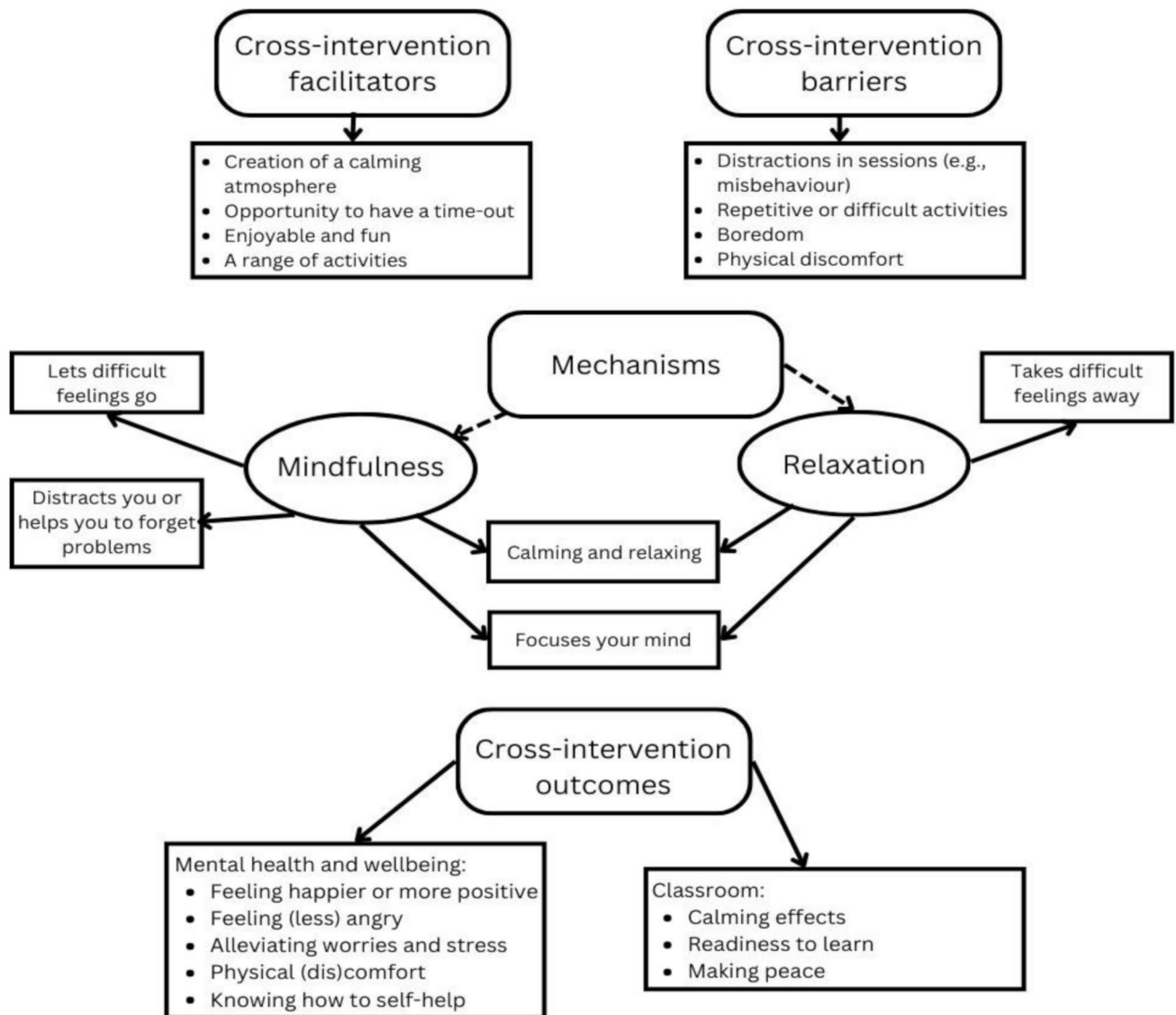


Fig. 1 Visualisation Summarising Qualitative Findings

Perceived Barriers and Facilitators To the Delivery and Impact of Mindfulness-Based Exercises and Relaxation Techniques

The following barriers and facilitators to delivery and impact were identified by participants across both interventions.

A Calming Atmosphere

Participants in five (out of six) relaxation and seven (out of eight) mindfulness focus groups indicated that a quiet, calming atmosphere, free from distraction from noises outside or classmates misbehaving, and a space where you could sit, stand, or move comfortably, were important facilitators

to the delivery of both Mindfulness-Based Exercises and Relaxation Techniques.

Sometimes I find it difficult to concentrate because there's a building outside right next to our [classroom] so you've got all of those noises, then you've got people coming in and out of the classroom, then you've got people like messing around with their breathing, making it really loud. (Mindfulness - School 4/Focus Group 2)

An Opportunity To Have a Time-Out

The majority of participants in all relaxation and mindfulness focus groups felt that after lunch or breaktime, and

before lessons began, were appropriate times for the intervention to take place. This was because, from participants' perspectives, the interventions gave them a time-out or a chance to calm down after playing, running, or arguing with their friends. This was helpful in focusing their minds ready for their subsequent lessons: *"We come from lunch and we're, like, all so excited and we've been running a lot and playing games, and we do this to calm ourselves to get ready for our studies again"* (Mindfulness - School 2/Focus Group 2).

The Importance of Variation

Participants in four relaxation and six mindfulness focus groups described enjoying the activities or finding them fun. However, for participants in five relaxation and five mindfulness focus groups, despite taking part in a range of activities, a key area of suggested improvement was the need for their teacher to include more variation in activities, as repeating the same activities regularly over time could become boring: *"There's another thing that people don't really like, is that you do the same one over and over again. You just want to do like new ones"* (Relaxation - School 1/Focus Group 1). For example, participants suggested that their class could have a vote each day on which activities to do, that the intervention booklet could be expanded to include more options, or that they could make up their own versions of activities.

Perceived Impact (and Mechanisms) of Mindfulness-Based Exercises and Relaxation Techniques on Mental Health and Wellbeing

The following themes illustrate participants' perceptions of the impact of the interventions on their mental health and wellbeing, as well as the mechanisms behind impact. Similarities and differences across the interventions are highlighted throughout.

Feeling Happier or More Positive

Participants in five relaxation focus groups described feeling happier or less sad as a result of engaging in breathing exercises to calm down and relax, either during the relaxation sessions at school or in their own time (such as following a family bereavement). While participants in six mindfulness focus groups also described feeling happier or less sad, the mechanisms behind this differed. Participants similarly referred to Mindfulness-Based Exercises as helping them to calm down and relax, but also described how they enabled them to forget their problems and think more positively: *"Sometimes when I get upset, like and if I do mindfulness, it*

helps me because then it helps me forget about it more. And then I can just have a new start" (Mindfulness - School 5/Focus Group 1).

Feeling (Less) Angry

Participants in five relaxation focus groups talked about feeling less angry after engaging in Relaxation Techniques. Principally, the breathing exercises helped participants to calm down and relax and took their angry feelings away. Likewise, participants in seven mindfulness focus groups described the positive effects that Mindfulness-Based Exercises had on their anger levels, as they helped them to feel calm and relaxed, and distracted them from their anger: *"If you're angry or something in break or upset or something, when you go in and you do it, it's going to, it's going to, it's going to take all the feelings away and it's going to relax you"* (Relaxation - School 6/Focus Group 2).

However, there were also participants (in five relaxation and two mindfulness focus groups) who felt that the activities had not always helped them or their classmates to feel less angry. Indeed, participants felt that sometimes the activities could induce feelings of annoyance, anger, or frustration. Reasons for this included disliking the repetitive nature of the sessions (echoing the importance of variation theme highlighted above) and finding some of the activities (such as the physically active mindfulness activities) difficult to do: *"[Say] we did bubble breathing today but then we do it tomorrow and then we do it the next day, it's going to get quite [repetitive] and quite annoying. So, it wouldn't really be calming"* (Relaxation - School 1/Focus Group 2).

Alleviating Worries and Stress

Participants in five relaxation focus groups described how Relaxation Techniques (primarily the breathing exercises) could help them when they were feeling nervous or stressed, through enabling them to calm down and relax. By contrast, participants in seven mindfulness focus groups described a range of ways in which the Mindfulness-Based Exercises (such as breathing or mindful colouring) could alleviate their worries and help them when they were feeling stressed, anxious, or nervous. This included enabling them to calm down and relax, but also distracting them from their worries, and helping them to forget or let their worries go: *"[It] just makes me calmer, just all-round calmer, so I don't go home worrying about homework and stuff because I've done mindfulness"* (Mindfulness - School 4/Focus Group 2).

However, in two relaxation focus groups and one mindfulness focus group, there were also participants who described how sometimes the activities (such as the belly

breathing relaxation exercise or mindful colouring) could actually make them feel stressed or worried: *"I've just thought of another reason why I don't really enjoy mindful colouring. I get stressed a bit when I got out the lines or there are some gaps"* (Mindfulness - School 4/Focus Group 1).

Physical (Dis)comfort

Participants in all relaxation and all mindfulness focus groups spoke about the benefits of the Mindfulness-Based Exercises and Relaxation Techniques for their physical wellbeing. Such benefits included cooling down after running around at breaktime, feeling less physically "hyper" or energetic, and feeling mentally more awake. Mindfulness focus group participants spoke about being able to regulate their breathing and heart rate, such as through the breathing exercises. Relaxation focus group participants had also found the muscle relaxation exercises helpful for physical ailments, such as stiff muscles, and some school-related tasks, such as writing: *"Sometimes the handwriting just gets neater, because we're more relaxed when we're doing it"* (Relaxation – School 3/Focus Group 1).

However, in six mindfulness and four relaxation focus groups, there were also participants who felt that the breathing exercises and the exercises involving physical activity or stretching could sometimes be physically uncomfortable and could make them feel tired or short of breath: *"The one that I don't really like is the heartbeat exercise because after we've done it, we jump up and down for a minute and I just get really tired"* (Mindfulness – School 5/Focus Group 2).

Knowing How To Self-Help

In all relaxation and mindfulness focus groups were participants who had already used, or intended to use, the techniques and activities outside of the school sessions to calm themselves down, not retaliate to others, or to feel better in the face of problems. This included situations where they may be feeling angry, upset, stressed, or worried, such as when playing sport, or in relation to difficulties with their families (such as arguments with siblings), friends, or schoolwork. Mindfulness focus group participants also spoke about how Mindfulness-Based Exercises could help with their sleep, such as through clearing their mind of thoughts or worries.

Before I go to bed I do it and it's helped me. It helps with my sleep and stuff. What do you think it is specifically about it that helps with your sleep? It clears my thoughts and my worries. (Mindfulness - School 4/Focus Group 1)

However, in all relaxation and six mindfulness focus groups, there were some participants who acknowledged that they, or their classmates, did not always like doing the activities, did not always find them helpful, and would not necessarily use them outside of the sessions. Reasons for this included feeling bored doing the activities, not seeing the need for it or not understanding the purpose of the activities, and seeing the activities as useful for other people (such as people who need help with their emotions), but not necessarily for themselves.

When I first started, I really didn't like it because I just found it boring. But now I like it because I know why we're doing it. Because at the start, the teacher didn't tell us why, and she never has. (Relaxation - School 3/Focus Group 2)

Perceived Impact (and Mechanisms) of Mindfulness-Based Exercises and Relaxation Techniques on the Classroom

The following themes illustrate participants' perceptions of the impact of the interventions on the classroom, as well as the mechanisms behind impact. Similarities and differences across the interventions are highlighted throughout.

Calming Effects

Participants in four relaxation and five mindfulness focus groups commented that the classroom environment was now quieter in general as a result of the interventions. According to participants, this was because the intervention sessions themselves were usually silent and because the activities had a calming effect on the class: *"We like do the relaxation and then we have a better afternoon. Like not everyone's talking and it's quieter and you feel, you go home like feeling happy that it's been calm, not just really noisy and stuff"* (Relaxation - School 1/Focus Group 2).

Participants in five relaxation and six mindfulness focus groups felt that they and/or their classmates were better behaved following the relaxation or mindfulness sessions. This was thought to be due to the calming effect of the activities, which helped participants to get rid of excess physical energy after breaktime, meaning that the classroom was then less chaotic during lessons.

Say we've just been out and playing a lot, [it gets you] back into the learning zone because it's all relaxing, we're relaxing and just lets you let go of all the energy, basically, and lets you get into the learning so you're ready. (Mindfulness - School 2/Focus Group 1)

However, participants in four relaxation and four mindfulness focus groups also described instances of their classmates misbehaving and not engaging in sessions. This could be annoying and distracting for people who did want to engage. Participants in one relaxation focus group felt that everyone closing their eyes during the sessions could fuel such misbehaviour.

If we have to close our eyes on loads of them, people think it's an opportunity to mess around. And the teacher actually does do it, so she has to close her eyes [...] because that gets the class to do it. (Relaxation - School 3/Focus Group 2)

Readiness To Learn

Participants in all relaxation focus groups alluded to the positive effects that the Relaxation techniques had on their learning. They were described as having a calming effect on both them and the noise levels in the classroom, which in turn helped participants to feel more ready for and focused on their lessons, particularly after breaktime. Moreover, by feeling calmer, participants felt more able to concentrate and listen to the teacher, and thus worked harder in lessons. The positive effects of the breathing exercises in particular on participants' stress levels helped with this: *"It helps us like when we do our work so if we're like stressed and we like breathe, it makes us really concentrated on what we're doing"* (Relaxation - School 6/Focus Group 1).

Similarly, participants in seven mindfulness focus groups described how the Mindfulness-Based exercises helped them to feel more ready to learn and more able to focus or concentrate in lessons after breaktime. This was because the classroom was quieter and participants felt calmer and more relaxed, but also because participants were able to let go of any difficult or distracting feelings (such as stress or anger), as the exercises took their mind off and helped them to forget about their problems: *"I feel like when I do it, I forget loads of things I'm worried about, like any test that's coming up. And once we've done it, I feel really relaxed and I can get on with what I'm doing"* (Mindfulness - School 7/Focus Group 2).

However, in two mindfulness focus groups, there were also participants who commented that Mindfulness-Based exercises did not always help with their schoolwork when the exercises made them feel tired. Moreover, in one relaxation focus group, participants felt that doing the techniques could waste valuable lesson time.

Making Peace

According to participants in two relaxation and six mindfulness focus groups, the positive impact on peer relationships that the interventions had was also contributing to a calmer atmosphere in the classroom. Participants described being more able to calm down and make peace after arguments with friends, such as through engaging in breathing relaxation exercises after arguments, or through forgetting about the causes of arguments during the mindfulness sessions: *"It's all about staying in that moment. Not thinking about what happened at playtime"* (Mindfulness - School 7/Focus Group 1).

Mindfulness focus group participants also described how in general they felt that their class had stopped having so many arguments and had been working together more or listening to each other more, since the introduction of mindfulness. However, there were also participants (in two mindfulness focus groups and one relaxation focus group) who did not feel that the sessions had a positive (or any) impact on peer relationships. For example, when an argument during breaktime was particularly bad, mindfulness following breaktime did not always help to calm the situation down: *"They don't really get over it, sometimes, even if you do mindfulness. I know that because I think I've seen some do that and they don't really get calm"* (Mindfulness - School 7/Focus Group 1).

Discussion

In terms of perceived barriers and facilitators to delivery and impact, participants across both brief interventions referred to the importance of having a quiet, calming atmosphere within the classroom. Distractions during intervention sessions, such as students misbehaving, could undermine this. Likewise, previous qualitative research has found that CYP identify noise as being an impediment to their mindfulness practice in school (Hutchinson et al., 2018). Participants in our study liked that the timing of the mindfulness or relaxation sessions (usually after lunch or breaktime) gave them a chance to relax or calm down before lessons began. Yet, while participants enjoyed taking part in both interventions, they also highlighted the need for variation in activities, as repetition of activities could become boring. Given the freedom that school staff had in the INSPIRE trial to choose which specific Mindfulness-Based Exercises or Relaxation Techniques they used with their classes each day, this could highlight the need for school staff to feel empowered to deliver a range of activities. This reflects findings from a meta-analysis of studies of school-based mindfulness interventions, which showed that effects on CYP mental health

and wellbeing were larger when interventions consisted of a combination of different activities (Carsley et al., 2018).

Many participants described feeling happier, more positive, and less angry or stressed. While reduced anger and stress were not expected outcomes of the INSPIRE trial, this finding echoes previous qualitative research in this area, which has likewise found that CYP report positive effects of mindfulness and relaxation practices on their levels of anger, stress, or sadness (e.g., Atkins & Hayes, 2019; Costello & Lawler, 2014; Montero-Marín et al., 2023). However, at the same time, some participants in our study mentioned that the interventions had not always helped. This included feeling that the activities could actually induce feelings of annoyance, frustration, or stress, such as when activities were difficult or repetitive. Ease of strategies has similarly been identified as a facilitator to the effective delivery of a school-based mindfulness intervention from CYP perspectives in previous research (Hutchinson et al., 2018). Previous research has also found that not all students report that practicing mindfulness or relaxation effectively reduces their anxiety (e.g., Atkins & Hayes, 2019; Costello & Lawlor, 2014; Fulambarkar et al., 2023), and can be associated with feelings of distress, as well as increased awareness of thoughts perceived as troubling (Miller et al., 2023; Montero-Marín et al., 2023).

Nonetheless, many participants in our study also spoke about the positive impact of the interventions on the classroom, in terms of their learning, peer relationships, and behaviour. Previous qualitative studies of school-based mindfulness and relaxation interventions have likewise found that students describe experiencing a positive relational impact, as well as using the techniques that they have learned to focus in lessons and to calm down before or during exams (e.g., Atkins & Hayes, 2019; Tharaldsen, 2012). Perhaps reflecting this, research has also demonstrated the positive effects of universally delivered school-based mindfulness interventions on students' school grades (Bakosh et al., 2016), and relaxation interventions on students' short-term memory (Hashim & Zainol, 2015), and ability to concentrate (Norlander et al., 2005).

As the intervention sessions in our study typically took place after participants had been running around at break-time, the effects on their physical wellbeing may have been particularly pronounced. Indeed, references to the positive impact of both Mindfulness-Based Exercises and Relaxation Techniques on physical wellbeing, such as reducing excess energy, were common across all focus groups in our study. This echoes previous qualitative studies of CYP experiences of relaxation (Atkins & Hayes, 2019; Taylor & Orlick, 2004). Energy changes were also reported by CYP participating in the qualitative arm of the recent UK-based MYRIAD trial of school-based mindfulness

training, though with CYP more frequently reporting negative changes, such as increased weariness (Montero-Marín et al., 2023). Indeed, there were participants across both Mindfulness-Based Exercises and Relaxation Techniques in our study who felt that the activities could in fact make them feel tired or physically uncomfortable, although such effects were referenced to a lesser extent than positive changes to their physical wellbeing.

The perceived mechanisms behind impact appeared to differ depending on whether participants had received Mindfulness-Based Exercises or Relaxation Techniques. For participants in Relaxation Techniques, the exercises made them feel calm and relaxed, focused their minds, and took their difficult feelings away. On the other hand, for participants in Mindfulness-Based Exercises, the exercises similarly made them feel calm and relaxed and focused their minds, but also distracted them from or helped them to forget their problems and enabled them to let go of difficult feelings. Previous qualitative research has similarly highlighted the ability to regulate emotions (e.g., calming down, reducing difficult feelings) as being a key process that students identify learning strategies for and achieving as a result of engaging in mindfulness or relaxation interventions (e.g., Hutchinson et al., 2018; Montero-Marín et al., 2023; Taylor & Orlick, 2004). However, it has been proposed that conceptions of Mindfulness-Based Exercises by CYP as a distraction may be 'misconceptions', given that the intended purpose of mindfulness is acceptance and awareness, not avoidance (Bannichelvam et al., 2017).

Further reflecting the experiences of participants in our study, students in previous qualitative studies have also described using, or planning to use, intervention techniques and exercises in situations outside of the intervention sessions when they may be feeling angry or stressed (e.g., Taylor & Orlick, 2004; Tharaldsen, 2012). It has been found that the amount of mindfulness practice outside of school that students report engaging in is significantly positively associated with their levels of psychological wellbeing (Huppert & Johnson, 2010). However, not all participants in our study liked the activities and some felt that they would not use them outside of the intervention sessions. Indeed, similar findings have been reported in previous research (Bannichelvam et al., 2017; Montero-Marín et al., 2023). Reasons for this given by participants included not understanding why they were doing the activities nor what the purpose was. This could suggest that it is important for future delivery of similar school-based mental health and wellbeing interventions to include a psychoeducation component, whereby students are clearly informed about the intended purpose of the intervention, including the scientific rationale behind it.

Strengths and Limitations

Our study has compared students' experiences of Mindfulness-Based Exercises and Relaxation Techniques, both comparable interventions in terms of their brief length and dosage. The latter is important in light of the variability in intervention models that have been evaluated in previous studies, thus making it difficult to compare across interventions. However, the transferability of our findings to other populations may be limited. This is because our sample included only one secondary school. Thus, the results of our study primarily reflect the experiences of primary school students (age 8 to 10) in England. Moreover, our school sample was self-selected, and our student sample was both self-selected and teacher-selected, thus our findings may have a bias towards reflecting more positive experiences of both the delivery and receipt of the interventions. Nonetheless, our findings illustrate both the positive and negative elements of these interventions from participants' perspectives and are comparable to those of other qualitative studies, which have evaluated different types of mindfulness and relaxation interventions in primary and secondary school settings.

A team and consensus-building approach to qualitative data analysis was taken to enhance analytical rigour (Levitt et al., 2018), which involved team members discussing and conducting sense checks on each other's analysis throughout the process. This approach aimed to ensure that themes were sufficiently grounded in and representative of the dataset, and provided a check on any possible unconscious bias, such as towards the presumed efficacy of either intervention, which could have affected the analysis. An additional process for enhancing the integrity of the analysis could have involved discussion with participants about the themes derived from the dataset by the evaluation team (Levitt et al., 2018). Such member checks were not possible within our study timeframe, but future research in this area could potentially use our thematic framework as a starting point to further explore CYP experiences of Mindfulness-Based Exercises and Relaxation Techniques and examine the degree to which other CYP perceive the themes as reflecting (or not) their experiences.

Conclusions

Our study provides qualitative evidence of CYP experiences of receiving either Mindfulness-Based Exercises or Relaxation Techniques, delivered on a brief, universal basis in schools in England. To improve and inform future delivery, there is a need for qualitative research to identify the active ingredients of such interventions from the perspectives of

recipients in different cultural contexts. This includes what works well, what works less well, how, why, and what the benefits are. We found that many CYP in our study described their perceptions of the positive impact of the brief interventions on their mental health and wellbeing, and on the classroom. Although some also felt that the activities could unhelpfully induce feelings of annoyance, stress, or physical discomfort. While similar in terms of perceived impact or outcomes, the interventions appeared to differ in terms of the mechanisms behind impact identified by participants, with Relaxation Techniques reported as taking difficult feelings away and Mindfulness-Based Exercises described as distracting or helping one to forget problems and let difficult feelings go. Future qualitative research could usefully further explore CYP perceptions of the mechanisms behind the impact of Mindfulness-Based Exercises or Relaxation Techniques and, in doing so, shed further light on the similarities and differences between these interventions.

Acknowledgements An earlier version of this paper has been published as a preprint on the Open Science Framework (OSF) (Stapley et al., 2025c) and as a report for the Department for Education (Stapley et al., 2025d). We would like to thank all schools, pupils, and parents/carers who engaged with or participated in the programme. We would also like to thank the advisory group members, members of the data monitoring and ethics committee, and members of the trial steering committee.

Author Contributions Study conception and design were performed by Emily Stapley, Daniel Hayes, Anna March, and Jessica Deighton. Material preparation, data collection, and analysis were performed by Emily Stapley, Daniel Hayes, Anna March, Rosie Mansfield, Kim Burrell, and Emma Ashworth. The first draft of the manuscript was written by Emily Stapley and Daniel Hayes. Bettina Moltrecht, Paul Stallard, and Abigail Thompson also contributed to the writing of the manuscript. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

Funding This research was commissioned and funded by the UK Department for Education (DfE). The commissioner and funder of the study had no role in data collection, data analysis, data interpretation or writing of the report. DfE selected the interventions to be trialled and chaired an advisory group of researchers and educators regarding the progress and quality of the research. Views expressed herein are those of the authors and not necessarily the views of the DfE.

Data Availability Access to data is restricted to the research team to comply with the study's research ethics approval. Materials (e.g., focus group topic guides) are available upon request to the corresponding author.

Declarations

Conflicts of Interest/Competing Interests The authors report there are no competing interests to declare.

Ethics Approvals All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964

Helsinki Declaration and its later amendments or comparable ethical standards. Research ethics approval was granted by the University College London (UCL) Research Ethics Committee (6735/009 and 6735/014).

Consent to Participate and for Publication As all participants were under the age of 16, informed consent was sought from participants' parents or carers and written assent was sought from participants themselves for them to take part and for the publication of their anonymised data.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- American Psychological Association (APA) (2024). *JARS-Qual | Table 1 Information Recommended for Inclusion in Manuscripts That Report Primary Qualitative Research*. Retrieved from <https://apastyle.apa.org/jars/qual-table-1.pdf>
- Ashton, R. (2015). Relaxation as an intervention to improve emotional and behavioural outcomes for children. *Open Journal of Educational Psychology*, 1, 1–17.
- Atkins, T., & Hayes, B. (2019). Evaluating the impact of an autogenic training relaxation intervention on levels of anxiety amongst adolescents in school. *Educational and Child Psychology*, 36(3), 33–51.
- Bakosh, L. S., Snow, R. M., Tobias, J. M., Houlihan, J. L., & Barbosa-Leiker, C. (2016). Maximizing mindful learning: mindful awareness intervention improves elementary school students' quarterly grades. *Mindfulness*, 7(1), 59–67. <https://doi.org/10.1007/s12671-015-0387-6>
- Bannichelvam, B., Bell, K. L., & Costello, S. (2017). A qualitative exploration of primary school students' experience and utilisation of mindfulness. *Contemporary School Psychology*, 21(4), 304–316. <https://doi.org/10.1007/s40688-017-0141-2>
- Braun, V., & Clarke, V. (2020). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18, 328–352.
- Caldwell, D. M., Davies, S. R., Hetrick, S. E., Palmer, J. C., Caro, P., López-López, J. A., Gunnell, D., Kidger, J., Thomas, J., French, C., Stockings, E., Campbell, R., & Welton, N. J. (2019). School-based interventions to prevent anxiety and depression in children and young people: A systematic review and network meta-analysis. *The Lancet Psychiatry*, 6(12), 1011–1020. [https://doi.org/10.1016/S2215-0366\(19\)30403-1](https://doi.org/10.1016/S2215-0366(19)30403-1)
- Carsley, D., Khoury, B., & Heath, N. L. (2018). Effectiveness of mindfulness interventions for mental health in schools: A comprehensive meta-analysis. *Mindfulness*, 9, 693–707.
- Cooke, E., Thorpe, K., Clarke, A., Houen, S., Oakes, C., & Staton, S. (2020). Lie in the grass, the soft grass: Relaxation accounts of young children attending childcare. *Children and Youth Services Review*, 109. <https://doi.org/10.1016/j.childyouth.2019.104722>
- Costello, E., & Lawler, M. (2014). An exploratory study of the effects of mindfulness on perceived levels of stress among school-children from lower socioeconomic backgrounds. *CRES/ENSEC*, 6(2), 21–39. www.um.edu.mt/cres/ijee
- Deighton, J., Hayes, D., Thompson, A., March, A., Thornton, E., Santos, J., ... Boehnke, J. R. (2025a). 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. [Preprint].
- Deighton, J., Thompson, A., Hayes, D., March, A., Thornton, E., Santos, J., ... Boehnke, J. R. (2025b). Promoting mental health and wellbeing in schools: Examining Mindfulness-Based Exercises, Relaxation Practices and Strategies for Safety and Wellbeing in English primary and secondary schools (INSPIRE): A multi-school, cluster randomised controlled trial. [Preprint].
- Department for Education (2021). *Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges*. Retrieved from <https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges> [August 2024].
- Fulambarkar, N., Seo, B., Testerman, A., Rees, M., Bausback, K., & Bunge, E. (2023). Meta-analysis on mindfulness-based interventions for adolescents' stress, depression, and anxiety in school settings: A cautionary Tale. *Child and Adolescent Mental Health*, 28(2), 307–317.
- Grecucci, A., Pappaianni, E., Siugzdaitė, R., Theuninck, A., & Job, R. (2015). Mindful emotion regulation: Exploring the neurocognitive mechanisms behind mindfulness. *Biomed Research International*, 670724. <https://doi.org/10.1155/2015/670724>
- Hashim, H. A., & Zainol, N. A. (2015). Changes in emotional distress, short term memory, and sustained attention following 6 and 12 sessions of progressive muscle relaxation training in 10–11 years old primary school children. *Psychology Health and Medicine*, 20(5), 623–628. <https://doi.org/10.1080/13548506.2014.1002851>
- Hayes, D., Moore, A., Stapley, E., Humphrey, N., Mansfield, R., Santos, J., Ashworth, E., ... 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), Article640. <https://doi.org/10.1186/s13063-019-3762-0>
- Hoffman, J. W., Benson, H., Arns, P. A., Stainbrook, G. L., Landsberg, G. L., Young, J. B., & Gill, A. (1982). Reduced sympathetic nervous system responsivity associated with the relaxation response. *Science*, 215(4529), 190–192.
- Humphrey, N., Lendrum, A., Ashworth, E., Frearson, K., Buck, R., & Kerr, K. (2016). Implementation and process evaluation (IPE) for interventions in education settings: An introductory handbook. *Education Endowment Foundation*, 1.
- Huppert, F. A., & Johnson, D. M. (2010). A controlled trial of mindfulness training in schools: The importance of practice for an impact on well-being. *Journal of Positive Psychology*, 5(4), 264–274. <https://doi.org/10.1080/17439761003794148>
- Hutchinson, J. K., Huws, J. C., & Dorjee, D. (2018). Exploring experiences of children in applying a school-based mindfulness programme to their lives. *Journal of Child and Family Studies*, 27(12), 3935–3951. <https://doi.org/10.1007/s10826-018-1221-2>
- Jain, S., Shapiro, S. L., Swanick, S., Roesch, S. C., Mills, P. J., Bell, I., & Schwartz, G. E. R. (2007). *A Randomized Controlled Trial of Mindfulness Meditation Versus Relaxation Training: Effects on Distress, Positive States of Mind, Rumination, and Distraction*. <https://academic.oup.com/abm/article-abstract/33/1/11/4569335>
- Kraag, G., Zeegers, M. P., Kok, G., Hosman, C., & Abu-Saad, H. H. (2006). School programs targeting stress management in children

- and adolescents: A meta-analysis. *Journal of School Psychology*, 44(6), 449–472. <https://doi.org/10.1016/j.jsp.2006.07.001>
- Kuyken, W., Ball, S., Crane, C., Ganguli, P., Jones, B., Montero-Marin, J., & MYRIAD Team. (2022). Effectiveness and cost-effectiveness of universal school-based mindfulness training compared with normal school provision in reducing risk of mental health problems and promoting well-being in adolescence: The MYRIAD cluster randomised controlled trial. *BMJ Ment Health*, 25(3), 99–109.
- Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal Article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *American Psychologist*, 73(1), 26–46. <https://doi.org/10.1037/amp0000151>
- Lumivero (2017). NVivo (Version 12). Retrieved from www.lumivero.com [November 2024].
- March, A., Stapley, E., Hayes, D., Town, R., & Deighton, J. (2022). Barriers and facilitators to sustaining school-based mental health and wellbeing interventions: A systematic review. *International Journal of Environmental Research and Public Health*, 19(6), 3587.
- Miller, E. J., Crane, C., Medlicott, E., Robson, J., & Taylor, L. (2023). Non-positive experiences encountered by students during participation in a mindfulness-informed school-based intervention. *School Mental Health*, 15(3), 851–872.
- Montero-Marin, J., Allwood, M., Ball, S., Crane, C., De Wilde, K., Hinze, V., & MYRIAD Team. (2022). School-based mindfulness training in early adolescence: What works, for whom and how in the MYRIAD trial? *BMJ Ment Health*, 25(3), 117–124.
- Montero-Marin, J., Hinze, V., Crane, C., Dalrymple, N., Kempnich, M. E., Lord, L., & Kuyken, W. (2023). Do adolescents like school-based mindfulness training? Predictors of mindfulness practice and responsiveness in the MYRIAD trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 62(11), 1256–1269.
- Newlove-Delgado, T., Marcheselli, F., Williams, T., Mandalia, D., Dennes, M., McManus, S., & Ford, T. (2023). *Mental Health of Children and Young People in England, 2023*. NHS England, Leeds. Retrieved from <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up> [August 2024].
- Norlander, T., Moås, L., & Archer, T. (2005). Noise and stress in primary and secondary school children: Noise reduction and increased concentration ability through a short but regular exercise and relaxation program. *School Effectiveness and School Improvement*, 16(1), 91–99. <https://doi.org/10.1080/092434505000114173>
- Sadler, K., Vizard, T., Ford, T., Marcheselli, F., Pearce, N., Mandalia, D., & McManus, S. (2018). *Mental Health of Children and Young People in England, 2017*. NHS Digital. Retrieved from <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017> [August 2024].
- Stapley, E., Hayes, D., March, A., Mansfield, R., Burrell, K., Ashworth, E., Moltrecht, B., Stallard, P., Thompson, A., & Deighton, J. (2025c). A qualitative study of English school children's experiences of two brief, universal, classroom-based mental health and wellbeing interventions: Mindfulness and Relaxation. [Preprint] Retrieved from OSF | Education for Wellbeing.
- Stapley, E., Knowles, C., Hayes, D., March, A., Mansfield, R., Burrell, K., ... Deighton, J. (2025d). Pupil Perspectives on Approaches to School Wellbeing Promotion: Experiences of Mindfulness-Based Exercises and Relaxation Techniques. Department for Education. Retrieved from Education for Wellbeing: Pupil perspectives on approaches to school wellbeing promotion [August 2025].
- Stapley, E. & Mansfield, R., March, A., Burrell, K., Ashworth, E., Deighton, J., & Hayes, D. (2025b). A qualitative investigation of children and young people's experiences of three universal classroom-based mental health literacy interventions in England. [Preprint] Retrieved from OSF | Education for Wellbeing.
- Stapley, E., March, A., Mansfield, R., Ashworth, E., Burrell, K., Thompson, A., Ravaccia, G., ... Hayes, D. (2025a). A qualitative study of school staff experiences of implementing five universal mental health interventions in England. [Preprint] Retrieved from OSF | Education for Wellbeing.
- Taylor, S., & Orlick, T. (2004). *An Analysis of a Children's Relaxation/Stress Control Skills Program in an Alternative Elementary School*. Retrieved from <https://www.researchgate.net/publication/268428521> [August 2024].
- Theraldsen, K. (2012). Mindful coping for adolescents: Beneficial or confusing. *Advances in School Mental Health Promotion*, 5(2), 105–124. <https://doi.org/10.1080/1754730X.2012.691814>
- van Loon, A. W. G., Creemers, H. E., Beumer, W. Y., Okorn, A., Vogelaar, S., Saab, N., Miers, A. C., Westenberg, P. M., & Asscher, J. J. (2020). Can schools reduce adolescent psychological stress?? A multilevel Meta-Analysis of the effectiveness of School-Based intervention programs. *Journal of Youth and Adolescence*, 49(6), 1127–1145. <https://doi.org/10.1007/s10964-020-01201-5>
- Volanen, S. M., Lassander, M., Hankonen, N., Santalahti, P., Hintsanen, M., Simonsen, N., & Suominen, S. (2020). Healthy learning mind-effectiveness of a mindfulness program on mental health compared to a relaxation program and teaching as usual in schools: A cluster-randomised controlled trial. *Journal of Affective Disorders*, 260, 660–669.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Dr Emily Stapley is a Senior Research Fellow based in the Evidence Based Practice Unit (EBPU; Anna Freud Centre and University College London). She has expertise in conducting qualitative and mixed methods research. Her research interests lie in exploring young people's and families' lived experiences of mental health difficulties, coping, and receiving social or professional support. Emily's current research often takes place within the context of evaluating school- and community-based preventive and early interventions for young people. She regularly leads on the qualitative research strands of multiple large-scale research projects.

Daniel Hayes is a Principal Research Fellow within the Social Biobehavioural Research Group at UCL. He is also Director of the Social Prescribing Youth Network and Deputy Director of the National Centre for Social Prescribing Data and Analysis. His research focuses on how we can enhance and improve child and youth mental health by drawing on social, cultural and community support (e.g. community engagement, arts & cultural activities and the role of schools in supporting mental health), as well as how these types of support can be integrated into mental health services (e.g. social prescribing).

Anna March is a Research Fellow based in the Children and Young People's Mental Health Research Collaboration (ChYMe) at the University of Exeter. She has expertise in conducting qualitative, realist and mixed methods research. Anna is interested in prevention and early intervention in the field of children and young people's mental health, both in school settings and the wider community. She is particularly interested in research approaches that acknowledge the complexity of introducing interventions to different contexts, as well as exploring ways to generate sustainable system change.

Dr Rosie Mansfield is a Senior Research Fellow in the Centre for Longitudinal Studies (CLS) at University College London and is the Co-lead for CLS' Mental Health Research Theme. Her main research interests include life course mental health and wellbeing, social isolation and loneliness, and school-based mental health provision. She is currently investigating the association between social isolation, loneliness, and wellbeing across the life course and between five successive British birth cohort studies. The project is funded by the ESRC as part of their Secondary Data Analysis Initiative. Combining her interests in mental health and education, Rosie completed her PhD at the Institute of Education, University of Manchester.

Kim Burrell is a researcher based in the Evidence Based Practice Unit (EBPU; Anna Freud Centre and University College London). She works in multiple roles across research and evaluation projects, specialising in qualitative research, research project management and participatory approaches. Her current research focus is school based mental health and wellbeing interventions and young people's experience of adolescence. Previous projects have included the National Autism Trainer Programme funded by Public Health England, Education for Wellbeing funded by the Department for Education and the National Lottery Community Fund's 'HeadStart' programme.

Dr Emma Ashworth is a Chartered Psychologist and Reader in Child & Adolescent Mental Health at Liverpool John Moores University. Emma's research focuses on prevention, promotion, and early intervention, examining the factors that can predict and prevent the development of mental health difficulties in young people. Emma's research interests include school-based interventions, special educational needs and disabilities (SEND), and suicide prevention. She has expertise in the implementation and evaluation of school-based mental health prevention and promotion programmes nationally and internationally, having been involved in multiple large randomised controlled trials in both primary and secondary schools.

Dr Bettina Moltrecht is a mental health researcher based at the University College London (UCL) and the Anna Freud National Centre for Children and Families in the UK. Bettina combines a strong clinical, tech and research background in her work. At Anna Freud (AF) Bettina has led on the development of a new online intervention for families living with parental mental illness and is currently co-investigator on the clinical randomised control trial "ERiC" to investigate the impact of mentalization-based treatment on emotion regulation and mental health. Bettina completed her PhD at the Evidence-based Practice Unit, a cross collaboration between UCL & AF, to investigate the role of emotion regulation in the development and treatment of mental health difficulties. Prior to coming to the UK, Bettina worked as a clinical psychologist (CBT&DBT) across in- and outpatient settings in Germany.

Paul Stallard is Professor of Child and Family Mental Health at the University of Bath. His research has focused on the development and evaluation of evidence based mental health interventions for children and adolescents. He has been involved in a number of trials evaluating the effectiveness of school based mental health programmes.

Dr Abigail Thompson is a Trials Manager at Anna Freud. Abigail completed her PhD at the Institute of Psychiatry, Psychology & Neuroscience at King's College London. She regularly manages large-scale research programmes. She was Trial Manager on the Department for Education funded Education for Wellbeing trial and is currently Project Manager on the UKPRP-funded Kailo project, which aims to improve adolescent mental health in disadvantaged communities.

Jessica Deighton is Director of the Applied Research and Evaluation Division at Anna Freud, Director of the Evidence Based Practice Unit and Professor in Child Mental Health and Wellbeing at UCL. Her expertise focuses on the evaluation of programmes to support children's mental wellbeing, factors that promote resilience and the interplay between mental wellbeing and educational outcomes.