ORIGINAL RESEARCH

A Qualitative Study of School Staff Experiences of Implementing Five Universal Mental Health Interventions in England

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Abstract

Schools are well-placed to implement mental health interventions to large groups of children and young people. This study aimed to explore school staff perceptions of barriers and facilitators to the implementation and potential impact of five universal mental health interventions.Qualitative data collection (primarily semi-structured interviews) with 60 members of school staff (including class teachers, senior leadership team members, and pastoral support leads) was conducted across 20 primary and secondary schools in England in 2019. As part of two randomised controlled trials, schools were randomised to deliver one of five universal, classroom-based mental health interventions: The Guide, Youth Aware of Mental Health (YAM), Strategies for Safety and Wellbeing (SSW), Relaxation Techniques, and Mindfulness-Based Exercises. Data analysis drew on a reflexive thematic analysis approach.Facilitators identified by school staff across the five interventions were: seeing the benefits; fit with school context; ease of implementation; consistency and security; and taking responsive action. Barriers or challenges identified across the five interventions were: not always seeing the benefits; varying engagement; differences of opinion, knowledge, and experience; and struggles with time and space.The findings suggest that to enable the impactful implementation of school-based, universal mental health interventions, school staff need to be consulted about what would work best within their individual schools, to ensure that interventions can meet the needs and preferences of different school environments and students.

Keywords School-based mental health interventions · Universal prevention · Implementation barriers and facilitators · Teacher perceptions · Qualitative study

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Mental health difficulties in children and young people (CYP) in the UK are increasing, with one in five now meeting criteria for a probable mental disorder (Newlove-Delgado et al., 2023). There is a strong case for interventions seeking to promote good mental health and wellbeing in CYP, and prevent mental health difficulties from developing, especially given the detrimental impact that such difficulties can have on current and long-term functioning (Colizzi et al., 2020). Schools have been widely proposed as a suitable location for promotive intervention delivery due to the potential to reach large numbers of CYP in one place and the supportive, trusting relationships that school staff may already have with CYP (Clarke et al., 2021; O'Connor et al., 2018).

School-based promotive interventions are often universal - delivered on a whole-school or whole-class basis (Clarke et al., 2021). They can be curriculum-based or practice-based. For example, mental health literacy (MHL)

programmes are a type of curriculum-based intervention, with a focus on educating and providing CYP with information through a series of lessons to enhance their knowledge and understanding of mental health, stigma reduction, and help-seeking (Amado-Rodríguez et al., 2022; Clarke et al., 2021). Other school-based mental health interventions rely less on imparting information and focus more on facilitation of a certain practice. For example, mindfulness programmes are a type of practice-based intervention, with a focus on facilitating emotion regulation through acceptance of the present moment, cognitive reappraisal, and detachment (Grecucci et al., 2015). Relaxation programmes are another example of a practice-based intervention, with a focus on using breathing and muscle relaxation techniques to reduce stress (Luberto et al., 2020).

Reviews of the literature examining the efficacy of school-based mental health interventions have identified mixed findings (Mackenzie & Williams, 2018). For example, MHL interventions have been found to improve mental health knowledge, but not stigma reduction or help-seeking behaviour (Amado-Rodríguez et al., 2022), and mindfulness interventions have been found to have a significant positive impact on stress, but not depression or anxiety (Fulambarkar et al., 2023). Intervention effectiveness appears to be related to characteristics of intervention implementation, including who delivers it (e.g., Carsley et al., 2018; Weare & Nind, 2011). Universal promotive interventions are often delivered by teachers, with research suggesting that teachers' levels of intervention-specific training and knowledge are important variables to consider (e.g., Carsley et al., 2018; Clarke et al., 2021). Nonetheless, regardless as of who delivers, the way that school staff perceive the implementation of an intervention is likely to be integral, as school staff must facilitate and enable intervention delivery within their settings.

Qualitative studies are well placed to explore the views and experiences of school staff regarding the implementation of mental health interventions. However, recent reviews have only identified small numbers of existing qualitative studies in this area (Goodwin et al., 2021; Thomson et al., 2023). There is a need to address this gap in existing research as qualitative studies can illuminate unintended consequences of interventions. For instance, in a qualitative evaluation of a MHL intervention in the UK, school staff described the emotional impact on themselves that they had experienced as a result of students sharing their own emotional experiences (Punukollu et al., 2020). Qualitative studies can also provide valuable feedback from school staff perspectives about the structure, format, or content of interventions to inform intervention development, improvement, and implementation (e.g., Eisman et al., 2022; Mansfield et al., 2021; Neill et al., 2022). For example, school staff in one

UK-based qualitative study reported that the universal cognitive behavioural therapy (CBT) programme that they were delivering included too much content for the time allocated (Skryabina et al., 2016). Understanding how interventions can be delivered in a way that is manageable and feasible within the limitations and challenges of a teacher's role is critical, especially given that staff engagement in interventions is linked to intervention sustainability (March et al., 2022).

Another key way in which qualitative studies can inform the development and roll-out of school-based mental health interventions is by exploring school staff perspectives on the barriers and facilitators to intervention delivery and implementation. Factors cited by school staff that facilitate intervention implementation include support from school senior leaders (e.g., Hudson et al., 2020; Wilde et al., 2019), adaptability of the intervention to their school context (Eisman et al., 2022), and staff buy-in, which in turn can be influenced by staff perceptions of the necessity of the intervention at their school and staff perceptions of the degree to which the intervention actually meets students' needs (e.g., Baweja et al., 2016; Eisman et al., 2022). By contrast, staff turnover, burdensome intervention content, and difficulties making space in the school timetable can undermine intervention implementation from school staff perspectives (e.g., Dariotis et al., 2017; Eisman et al., 2022; Wilde et al., 2019). A review of qualitative studies in this area also identified that teachers can hold conflicting views about their role in supporting student mental health, and that they frequently identify lack of time and adequate training as barriers to mental health programme implementation (Goodwin et al., 2021). This can lead to reluctance to deliver intervention content, particularly in the context of competing pressures due to the need for teachers to also deliver the academic curriculum (Marinucci et al., 2023).

Despite the utility of qualitative studies for this research area, in general, there have been relatively few qualitative studies conducted to explore school staff perspectives in a universal mental health intervention context, particularly looking across different types of interventions, including both curriculum-based and practice-based interventions. Thus, this study aimed to examine school staff experiences of implementing five universal mental health interventions in England: three curriculum-based, MHL interventions (The Guide, Youth Aware of Mental Health, and Strategies for Safety and Wellbeing), and two brief, practice-focused interventions (Mindfulness-Based Exercises and Relaxation Techniques). In particular, this study focused on exploring school staff perceptions of barriers and facilitators to the implementation and potential impact of these five interventions.

Methods

The Education for Wellbeing Programme

The Department for Education funded Education for Wellbeing (EfW) programme in England ran from 2018 to 2024 and consisted of two randomised controlled trials (RCT): AWARE (Approaches for Wellbeing and Mental Health Literacy: Research in Education; Authors 2019a) and INSPIRE (INterventions in Schools for Promoting Wellbeing: Research in Education; Authors 2019b). The present study uses qualitative data collected from school staff participating in the trials. The aim of EfW was to examine, compared to a control group, the efficacy of five school-based, universally delivered interventions (see Authors 2019a, 2019b, for further details about the design of EfW). The interventions delivered through INSPIRE were Mindfulness-Based Exercises, Relaxation Techniques, and Strategies for Safety and Wellbeing (SSW). The interventions delivered through AWARE were Youth Aware of Mental Health (YAM) and The Mental Health and High School Curriculum Guide (The Guide). Schools decided which trial they were able to take part in and then were randomly allocated by the [trials unit] to deliver one of the interventions or usual practice. Impact findings from the trial have been published elsewhere (see Authors 2025a, 2025b, 2025c, 2025d, 2025e), as have qualitative findings relating to students' experiences of all five interventions (see Authors 2025a, 2025b, 2025c, 2025d, 2025e). School staff involved in the present study participated in Wave 1 (2018 to 2019) of the programme. The interventions were delivered from January to April in 2019.

Mindfulness-Based Exercises, Relaxation Techniques, and SSW [INSPIRE]

Up to two classes from Years 4 and 5 (age 8–10) were selected by primary schools and up to three classes from Years 7 and 8 (age 11–13) were selected by secondary schools to be involved in INSPIRE. Wave 1 of INSPIRE consisted of 37 primary schools (2,523 students) and 10 secondary schools (1,498 students) randomised to deliver Mindfulness-Based Exercises, and 36 primary schools (2,554 students) and 10 secondary schools (1,480 students) randomised to deliver Relaxation Techniques. The EfW intervention development team created primary and secondary school versions of a manual for each intervention. The manuals gave school staff instructions for how to deliver a range of different exercises for either Mindfulness or Relaxation, with the expectation that school staff would deliver the interventions (whichever exercises they chose) for around five minutes every day. Mindfulness exercises included mindful breathing,

physical activities (e.g., balancing), and sensory activities (e.g., mindful colouring or eating). Relaxation techniques included different deep breathing and muscle relaxation exercises.

Wave 1 of INSPIRE also consisted of 36 primary schools (2,566 students) and 10 secondary schools (1,562 students) randomised to deliver SSW. SSW was also developed by the EfW intervention development team and delivered by school staff using primary or secondary school versions of lesson plans. In contrast to Mindfulness-Based Exercises and Relaxation Techniques, which were practice-based interventions, SSW was a MHL intervention consisting of eight, weekly, 40-minute sessions covering topics around talking about and coping with mental health difficulties, safety (e.g., support networks and safe friendships), and noticing early warning signs of mental health difficulties.

School staff across all three interventions were offered an intervention-specific, half-day, face-to-face training session led by the EfW intervention development team in late 2018. During the training sessions, the EfW intervention development team guided staff through the intervention manuals or lesson plans, demonstrated and practiced different exercises and activities with staff, and answered any questions that staff had about implementing the interventions in their schools.

YAM and the Guide [AWARE]

Wave 1 of AWARE consisted of 24 secondary schools (1,869 students) randomised to deliver YAM, and 23 secondary schools (1,823 students) randomised to deliver The Guide. Up to three Year 9 (age 13–14) classes were selected by each secondary school to be involved in AWARE. YAM was developed by Mental Health in Mind International AB and consists of five, weekly, one-hour sessions, as well as accompanying posters and booklets for the school to disseminate to students. The sessions cover themes around mental health (including depression and suicidal thoughts), self-help, managing stress and crisis situations, helping others, and who to ask for advice from. YAM is delivered within schools by trained YAM instructors and helpers (not school staff). Activities across the sessions include discussions, problem-solving activities, and role plays.

The Guide was developed by Dr Stanley Kutcher and the Canadian Mental Health Association. The EfW intervention development team worked with the developers of The Guide to create six, weekly, one-hour sessions to be delivered by school staff and covering such topics as stigma, mental disorders and the brain, getting help, and managing stress. Activities across the sessions included presentations of information by school staff, discussions, and student-led research. School staff received a lesson plan for each session

of The Guide and also received a half-day, face-to-face training session led by the EfW intervention development team in late 2018. The training session had a similar format to the training sessions for the three INSPIRE interventions.

Participants

To gather qualitative data about the experiences and opinions of schools taking part in the trials, schools were asked to express interest in becoming a qualitative case study school. Seeking equal representation across the interventions, the EfW evaluation team selected 20 schools as case studies, resulting in a sample of four schools per intervention. The schools were selected according to variation in different contextual factors, such as location in England, rural versus urban setting, and levels of current mental health support and perceived barriers to providing support (as measured using the trials' usual provision survey; see Authors 2019a, 2019b). Summary details of the case study school sample can be seen in Table 1. Eighteen of the schools were co-educational, state-funded schools, one was a state-funded, single-sex (all male) secondary school, and one was a privately funded, single-sex (all male) secondary school. Each of the four schools per intervention were located around each of the four EfW trial hubs (Bristol, Durham, London, and Manchester).

Table 1 Summary of case study school sample

Intervention name	Intervention type	Trial	Type of school	Setting
Mindfulness-Based Exercises	Practice-based intervention	INSPIRE	3 primary schools 1 secondary school	2 major city schools 1 city or town school 1 rural town school
Relaxation Techniques	Practice-based intervention	INSPIRE	3 primary schools 1 middle school	1 major city school 1 city or town school 1 rural town school 1 rural hamlet school
SSW	Curriculum-based MHL intervention	INSPIRE	2 primary schools 2 secondary schools	2 major city schools 2 city or town schools
The Guide	Curriculum-based MHL intervention	AWARE	4 secondary schools	2 major city schools 2 city or town schools
YAM	Curriculum-based MHL intervention	AWARE	4 secondary schools	3 city or town schools 1 major city school

At each school, the key contact was asked to arrange interviews for the EfW evaluation team with around three staff members involved in implementing, coordinating, or delivering the interventions. There were no specific inclusion or exclusion criteria beyond this, meaning that the roles that interviewees had and the degree to which they were involved in implementation varied. In practice, the number of interviewees at each school was on average three (with a range of one to five). The final sample consisted of 60 members of school staff who were typically interviewed separately. However, due to difficulties that some schools had in scheduling individual interviews, staff in six instances were interviewed together (2–3 per focus group).

Ten staff members worked in schools delivering Mindfulness-Based Exercises, 14 in schools delivering Relaxation Techniques, 11 in schools delivering SSW, 15 in schools delivering The Guide, and 10 in schools delivering YAM. Across the schools, 12 staff members were senior leadership team (SLT) members, 20 were teaching staff with senior responsibilities (e.g., subject leads), 20 were classroom teachers, and eight were non-teaching staff (e.g., teaching assistants). Forty-two staff members (70%) described themselves as female, 12 (20%) described themselves as male, and data were missing for six (10%) participants. The age range was 23.42 to 59.00 years ($M=41.60$, $SD=9.88$), with data missing for 11 (18%) participants. The majority of staff ($n=52$) described their ethnicity as White British (86.7%).

Ethical Considerations

The [university] Research Ethics Committee (6735/009 and 6735/014) granted research ethics approval for both AWARE and INSPIRE. All staff members were asked to read a study information sheet and then provide their written informed consent if they were happy to take part. The content of the interviews (and focus groups) was kept confidential within the EfW evaluation team. Transcripts were anonymised (e.g., names of people and places were removed).

Data Collection

All data collection was conducted during mid to late implementation of the interventions by the EfW evaluation team. All team members had received training in conducting qualitative data collection, including guidance around how to conduct semi-structured interviews and focus groups, and role play practice using the topic guide. The interviews (and focus groups) were typically conducted in a private room in participants' schools. Two interviews were conducted over the telephone. All interviews (and focus groups) were audio recorded then transcribed verbatim. A semi-structured topic guide for each intervention was developed by the EfW

evaluation team to explore three core areas: staff experiences and opinions of implementing the interventions, suggestions for improvements, and perceptions of impact. Core questions included in the topic guides across the interventions can be seen in Table 2. An example topic guide for one intervention (The Guide) is provided in Appendix 1. The semi-structured nature of the topic guide provided space for participants to discuss issues that were important to them in relation to and beyond the topic areas as necessary. The interviews (and focus groups) ranged in length from six to 52 min ($M=28.85$, $SD=8.92$). The length varied according to such factors as how much involvement participants had had in implementing the interventions and how much time participants had available at the time of data collection during the school day. Participants self-reported their demographic data.

Reflexivity

The interviews (and focus groups) were conducted between school staff members and the EfW evaluation team, who were independent to and unaffiliated with the schools, to

Table 2 Core questions included in the topic guides across interventions

Core questions
1. Can you tell me about your role at your school?
2. What is your role in relation to [intervention]?
3. What were the reasons behind your school's decision to take part in the Education for Wellbeing programme?
4. How does [intervention] fit with, replace, or build on what was already being implemented in your school in relation to mental health and wellbeing?
5. Can you tell me about your experiences of implementing [intervention] so far? [Or for YAM only: Have you had the opportunity to look through the YAM materials and lessons?]
6. I would really like to hear your opinions on the intervention training and resources.
7. What, if anything, would you like to be different or do you think could be improved?
8. Has there been anything that has made implementing [intervention] more difficult in your school? What/why?
9. Has there been anything that has made implementing [intervention] easier in your school? What/why?
10. How have your students found taking part in [intervention]?
11. What factors do you think have affected your students' engagement with [intervention]?
12. What difference (if any) do you think that [intervention] has made in your school? Why?
13. How likely do you think it is that your school will continue implementing [intervention] after this academic year? Why/why not?
14. Would you recommend [intervention] to other schools? Why/why not?
15. What advice would you give another school seeking to implement [intervention]?

facilitate staff in feeling confident to share their experiences and opinions of implementing the interventions, both positive and negative. However, we recognise that conducting the interviews on school premises, albeit in private rooms, could have made staff feel less able to openly share their experiences and opinions. To try to further mitigate this, we emphasised at the outset of the interviews (and focus groups) and in study information sheets that these were confidential conversations between staff and the EfW evaluation team and that individual staff members or their schools would not be identified in any report of the findings. However, we also recognise that while the EfW evaluation team did not have a vested interest in the success of any one of the interventions, staff may have felt less able to openly share their experiences and opinions with us if they felt that we were aligned with a particular intervention or invested in positive outcomes. We started each interview by clarifying that we had not been involved in the development of the interventions and that we were interested in a range of perspectives. This was also emphasised in study information sheets, in which we stated that there were no right or wrong answers to any question. This framing was carried into our analysis, where we remained open to the possibility that these interventions may not be the best fit for English schools, and that other types of support may be more beneficial for pupils.

Nonetheless, we also reflect that the development of our interview topic guide and our data analysis process would inevitably have been influenced by our own prior experience and knowledge as researchers within the field of evaluating school-based mental health interventions. Consequently, there were particular topic areas that we were interested in asking school staff about and learning about through our analysis, including: experiences of intervention implementation (e.g., what has worked well or less well, barriers and facilitators to implementation, and students' engagement); opinions on the intervention in terms of training, content, and structure; any adaptations made to the intervention and why; any suggestions for improvement to the intervention content, resources, and training; and perceptions of impact on the school, staff, and students. However, we ensured that we took an open, enquiring stance throughout the interviews, asking non-leading questions about participants' experiences and opinions.

Data Analysis

The American Psychological Association (APA, 2024) standards for reporting on qualitative research were drawn on to enhance the credibility and trustworthiness of the analysis. Following a transcript quality checking process by the EfW evaluation team (initials) to ensure accuracy and data familiarisation across all transcripts, the transcripts were

uploaded to the NVivo qualitative data analysis software, version 12 (Lumivero, 2017). Data analysis then followed a two-phase process, with the first phase consisting of data management of the large amount of qualitative data collected. This involved the EfW evaluation team initially using a deductive or 'top-down' framework to organise the data. The framework was developed from the interview topic guide and consisted of relatively broad categories, such as perceived facilitators to intervention implementation, perceived barriers, suggestions for improvement, and perceived impact. The team coded or assigned extracts of text from the transcripts to the relevant categories. All text from each transcript was coded to at least one category in the framework. Different team members led the coding for different categories and then the lead author (initials) reviewed and refined as necessary all text coded to each category, checking for any inconsistencies in coding.

The second phase consisted of in-depth analysis of the data coded to each category, drawing on Braun and Clarke's (2006, 2020) six steps for conducting a reflexive thematic analysis. We carried out Step 1 ('data familiarisation') through the first phase of our analysis process. For Step 2 ('systematic data coding'), the extracts coded to the categories in the deductive framework were systematically recoded inductively or 'bottom-up' by the lead author (initials), meaning that the extracts were labelled to describe their content. For Step 3 ('generating initial themes'), (initials) developed initial themes, or *"patterns of shared meaning"* (Braun & Clarke, 2020, p. 331), through combining similar codes within categories. For Step 4 ('developing and reviewing themes'), the second author (initials) reviewed and refined the codes and initial themes developed by (initials). (initials) and (initials) then came together to discuss (initials)'s refinements to the codes and themes. This process of triangulation and consensus seeking during the development of the thematic framework was intended to enhance the trustworthiness of the analysis (APA, 2024), by ensuring that the themes sufficiently captured the dataset as a whole and were grounded within staff members' perspectives. It was not intended to undermine the importance of researcher subjectivity during the analysis process. In our approach, we aligned with Braun and Clarke's (2020) view that researcher subjectivity is *"a resource for knowledge production, which inevitably sculpts the knowledge produced"* (p. 7–8). For Step 5 ('refining, defining, and naming themes'), (initials) checked that all data was coded to the themes and ensured that each theme had a clear name and definition. For Step 6 ('writing the report'), (initials) led on the write-up of the findings, which included further refinements as necessary for clarity to theme names and definitions, with input from (initials).

Results

A summary of the themes representing facilitators and barriers or challenges to implementation, from school staff perspectives, can be seen in Table 3.

Facilitators To Implementation

Seeing the Benefits

Enjoying and Engaging Staff described students enjoying and engaging with the interventions. From staff members' perspectives, students liked trying out a range of techniques in Mindfulness and Relaxation sessions (e.g., breathing or movement exercises, mindful colouring or eating), participating in group discussions and watching videos of people's real-life experiences of mental health difficulties in SSW and The Guide, and doing role plays and other creative or interactive activities (e.g., finger painting) in SSW and YAM.

> *The videos are really informative. Like you say, with them being able to relate to them it's even more of a bonus. And again, a nice way to break the lesson up. And they do, yeah, they respond well and they have empathy, as well, for the people that they are seeing.* (Classroom Teacher, The Guide)

Staff voiced their perceptions of the accessibility and appropriateness of the intervention resources for students, and noted that students with different mental health needs, learning needs, and demographic characteristics had engaged with the interventions: *"He can be quite disengaged in*

Table 3 Themes representing facilitators and barriers or challenges to implementation

Facilitators	Barriers or challenges
Main theme 1: Seeing the benefits	Main theme 6: Not always seeing the benefits
Subtheme A: Enjoying and engaging	Main theme 7: Varying engagement
Subtheme B: Having time to calm down and reflect	Subtheme A: Not for everyone
Subtheme C: Encouraging conversations	Subtheme B: Lack of interest and relevance
Subtheme D: Increased knowledge and awareness	Main theme 8: Differences of opinion, knowledge, and experience
Main theme 2: Perception of fit with school context	Main theme 9: Struggles with time and space
Main theme 3: Ease of implementation	
Main theme 4: Consistency and security	
Main theme 5: Taking responsive action	

lessons usually and across school and he absolutely loved this and he really got it and I think it's because there's been quite a few issues at home" (Teaching Staff Member with Senior Responsibilities, SSW). Staff primarily at schools delivering Mindfulness-Based Exercises or Relaxation Techniques also noted that, over time, students' behaviour and engagement with activities had often improved: *"My class has got some quite challenging boys in particular in there who found it difficult to begin with, they thought it was a giggle. But actually, now, they all just do it without a bother"* (Classroom Teacher, Relaxation Techniques).

Staff also shared their own positive views on the interventions. They had enjoyed delivering the lessons and activities, or saw the value of the interventions, both for themselves and their students: *"The staff at least recognised also that it's important, and they're prepared to give curriculum time up for it"* (Teaching Staff Member with Senior Responsibilities, YAM). Staff recognition of the importance of supporting students' mental health and wellbeing, and having support or oversight from senior school staff members regarding the implementation of the interventions, had also contributed to staff buy-in or engagement across the interventions: "When *you know you've got the backing of the Head, you know that they won't mind that you might be taking five minutes to do it every day"* (SLT, Relaxation Techniques).

Having to Calm Down and Reflect Staff primarily at schools delivering Mindfulness-Based Exercises or Relaxation Techniques described how having a regular Mindfulness or Relaxation slot in the school day had given students a moment to calm down and reflect, which staff felt had helped them to focus, concentrate, and get ready to learn. Thus, the Mindfulness and Relaxation sessions were perceived to have improved students' behaviour and learning.

> *I think it's good when we come back in, especially after lunch, when they've had a lot of running around and a lot of things have gone on and stuff and actually just to come back into class and then refocus ourselves before we start new learning in the afternoon. I think that has helped actually.* (Classroom Teacher, Mindfulness-Based Exercises)

Encouraging Conversations Staff primarily at schools delivering YAM, SSW, and The Guide described the interventions as providing an opportunity for students to discuss, reflect, and share feelings, personal experiences, and knowledge with each other and staff: *"It's been an opportunity for these children to talk about things they perhaps wouldn't necessarily talk about"* (Classroom Teacher, SSW). They felt that students were now more able to ask for or draw on

support. Both of these factors meant that staff had found that the interventions had made them more aware of issues affecting students, which had enabled them to put additional support in place if needed: *"That's been able to be managed and dealt with and spoken to and support has now been put in place for those students which maybe they wouldn't have got, had this project not been in place"* (Teaching Staff Member with Senior Responsibilities, YAM).

Increased Knowledge and Awareness Staff felt that the interventions had led to increased knowledge and awareness among staff and students about mental health, wellbeing, and safety, coping strategies, and sources of help and support.

> *I think it's been really useful for us, being able to talk through with the children giving them some kind of strategies to help them. I think they have found it useful, so it was really good for us knowing we are doing something actively to help them.* (Classroom Teacher, SSW)

Staff at schools delivering Mindfulness-Based Exercises or Relaxation Techniques noted students using the techniques that they had learned as coping strategies both inside and outside school: *"Some parents have said that at home they're engaging with some of the activities they do at school, which is great"* (Classroom Teacher, Mindfulness-Based Exercises).

Perception of Fit with School Context

Staff across the interventions referenced how the interventions fit with their schools' ethos and culture around supporting student mental health and wellbeing: *"We've done a lot about mindfulness and wellbeing and positive self-esteem and just giving children different strategies to cope with the various challenges they get in life, not just educationally. And, so, it fitted in really quite well"* (Classroom Teacher, Relaxation Techniques). They described the interventions as complementing or boosting schools' existing support offers and filling a gap in support by, for example, providing an explicit focus on mental health, providing a whole-class intervention (rather than targeting individual students), and providing a different type of support to what the school already offered.

> *I'm not sure we were giving our children enough to help them with their own wellbeing, their own safety. Not just out and about when they are playing out, but even as children and young people in their own homes.* (Non-Teaching Staff, SSW)

Staff also described how the interventions fit with the school day or timetable. Staff delivering Mindfulness-Based Exercises or Relaxation Techniques in primary schools had often found that after breaktime or lunch was a good time for regular delivery: *"We thought it would be quite nice for them to come in after lunch and just have that time just to calm down after that busy running around hour and then before they start off on the afternoon work"* (Classroom Teacher, Mindfulness-Based Exercises). Conversely, staff in secondary school settings had found that delivering Mindfulness-Based Exercises or Relaxation Techniques in tutor time worked well because then there was consistency in the staff member delivering it. In schools delivering YAM, The Guide, or SSW (i.e., curriculum-based interventions), staff had found it easier to identify a slot for delivering the lessons when their school already had regular Personal, Social, Health, and Economic education (PSHE) or equivalent sessions scheduled into the timetable: *"I think if you haven't got that time in your timetable already, schools would have to find it from somewhere"* (SLT, The Guide).

Ease of Implementation

Staff across the interventions indicated that ease of delivery was a facilitator to intervention implementation. They referenced factors contributing to this: these included the brevity of the interventions, in terms of the short-term nature of YAM, SSW, and The Guide, and the expectation that Mindfulness-Based Exercises and Relaxation Techniques would only take up to five minutes per day: *"It's only five minutes out of my day"* (Teaching Staff Member with Senior Responsibilities, Mindfulness-Based Exercises). Planning and organisation were also felt to be important. Staff often felt that the planning that the interventions required to deliver was relatively minimal. This was because, in the case of The Guide, SSW, Mindfulness-Based Exercises, and Relaxation Techniques, staff felt prepared as a result of the training and the manual or lesson plans that they had been given to follow:

> Because it's all there and the structure's there, so, I would say maybe about 15 min, if I'm going to be you know, putting together some kind of PowerPoint slide to go alongside it or find a film clip. So, it's not been too much of a burden. (SLT, SSW)

Staff also described working together to plan or deliver the interventions, and in doing so sharing learning and sharing the load: *"Because then you could just sort of say, 'How's it going for you?', and 'I don't understand this exercise, can you show me what you do?', and things like that, that's quite nice"* (Non-Teaching Staff, Relaxation Techniques).

With regard to YAM, staff spoke about the advantages of the sessions being delivered by an external professional: *"We wanted the sort of the presented sessions because in some ways we felt, well that's the way of getting the most out of the programme like this"* (SLT, YAM).

Consistency and Security

Staff primarily at schools delivering Mindfulness-Based Exercises and Relaxation Techniques described trying to ensure that the intervention sessions happened regularly, as part of the class routine or as part of the timetable: *"My only advice would be is that it kind of has to be standard practice. I think when you're just doing it a bit sporadically, it probably isn't as effective"* (Non-Teaching Staff, Mindfulness-Based Exercises). Staff felt that this consistency was necessary for impact and also indicated that it had facilitated students' engagement with the intervention, as it had allowed them to get used to it. They mentioned students reminding them if they missed doing a Mindfulness or Relaxation session.

Staff at schools delivering Mindfulness-Based Exercises, Relaxation Techniques, and SSW also felt that consistency and familiarity of the staff member delivering the intervention and of the intervention format, such as repetition of ground rules in SSW, had contributed to students' perceptions of the interventions as a safe space: *"Because we established those ground rules and we recap them every session, it's almost like they feel safer to talk about things"* (Classroom Teacher, SSW). Staff at schools delivering YAM mentioned that the sessions being led by an external professional could also have influenced these perceptions, for example because students may feel more able to openly share their experiences and opinions with someone from outside of school.

Taking Responsive Action

Staff across the interventions alluded to the importance of being flexible and responsive in terms of the delivery of the interventions. In this context, staff mentioned adapting the intervention content and format to suit the needs and preferences of their classes and to ensure that the interventions fit in with the school day and timetable: *"Just remember, you know your children better than anyone else does, so. You've been given a template. Mould it to your class"* (SLT, SSW). Adaptations that staff members described making for Mindfulness-Based Exercises and Relaxation Techniques included adding new activities and resources to add variety, such as doing mindful walking, and to aid delivery, such as using music or adding visual aids to imagination exercises: *"The five minutes felt really long and it was either them*

staring at me and I wasn't saying anything. I think they were expecting me to say something, so I integrated the music" (Classroom Teacher, Mindfulness-Based Exercises). For SSW and The Guide, adaptations also involved including a wider variety of activities in lessons and making the lessons more interactive by, for example, breaking the class up into small groups for discussions, adding in more video clips, and printing off electronic resources for students to annotate.

> *I think sometimes when you're delivering it to a group of teenagers and it's a similar sort of format, then it can be a bit boring [...] I know some of the staff that have been delivering it have tried to break it up and do different things with the students and not follow it rigidly.* (SLT, The Guide)

Flexible delivery from staff members' perspectives also included giving students the option to opt out of sessions and activities if they preferred, but also encouraging students to join in where possible or at least be respectful of others' wish to participate.

> *Some of them, I think, because so much is going on in their lives, they can't do that focus time. So I've said to them, 'If you ever think you can't take part in a mindfulness session, you are welcome to step outside', and that's happened once, that's it.* (Teaching Staff Member with Senior Responsibilities, Mindfulness-Based Exercises)

Barriers or Challenges to Implementation

Not Always Seeing the Benefits

There were staff across all interventions who, by contrast, reported a lack of noticeable positive or negative impact so far of the interventions, although in general this theme was less frequently referenced than the 'seeing the benefits' theme. Some staff members felt that impact of the interventions may be more of a long-term outcome or were unsure whether changes that they had noticed could really be ascribed to the interventions. There were also suggestions that any positive impact could be limited (e.g., short-term or transient) and not shared by all students.

> *I think it certainly made an initial impact at the time of doing it, straight afterwards. But there's a calmness about it but I'm not sure how long the effect lasts for. And I'm not sure how well children put it into practice in their own day-to-day lives.* (Non-Teaching Staff, Relaxation Techniques)

Staff at schools implementing YAM noted that for a minority of students, such as those with existing mental health difficulties, the intervention had brought up subjects that were 'too close to home': *"You know, in tears, 'I can't go back, I can't ever go back to these sessions' [...] 'Why can't you go back?' 'Because it brings up too much for me'"* (Teaching Staff Member with Senior Responsibilities, YAM). Staff at schools implementing The Guide noted that it had introduced topics or activities that could sometimes induce feelings of sadness, anxiety, or discomfort in students.

> ***With the videos***, ***were there any that you found better than others?*** *I think that bipolar one stuck you know, and probably the animation ones. The ones towards the end, depression, they kept saying they were feeling depressed about depression.* (Classroom Teacher, The Guide)

Staff at schools delivering YAM were not allowed in the room during sessions and did not have access to intervention content or training. They alluded to a sense of feeling 'disconnected' from the intervention. In their view, this limited schools' ability to provide additional activities to reinforce students' learning from the intervention, or to improve their own support that they could offer to students.

> *From my point of view, frustrated in the sense that I would have liked to have known if there was anything we could use, moving forwards, with the pupils. So it would have been a good learning curve, I think, just to see how another agency do it and how they approach certain things.* (Non-Teaching Staff, YAM)

Varying Engagement

Not for Everyone Staff across the interventions noted variation in students' engagement with the interventions, finding that sometimes boys and younger students had struggled more to engage with the interventions, *"Some of the Year 7s have been a little bit more giggly and immature whereas the Year 8s have had some really good discussions"* (SLT, SSW). Staff mentioned students misbehaving or not joining in with activities, which sometimes could disrupt or undermine other students' engagement in sessions: *"The feedback was that that group wasn't really getting involved. When those certain group of lads moved out, the rest of them did do the role plays and stuff"* (Teaching Staff Member with Senior Responsibilities, YAM). They also felt that some students who struggled more academically or who were known to have attention, focus, or comprehension difficulties, could find engaging with the interventions challenging, such as in terms of finding it hard to concentrate or having

difficulties understanding particular terms or concepts: *"Not that they can't do it, but they need, they've needed longer to get into the habit of it and on some days they just find it, they just can't cope with it as well"* (SLT, Relaxation Techniques). Staff suggested that, for example, delivering the intervention to smaller class sizes could help to manage behaviour issues, or providing examples, simpler, or pictorial representation of concepts could enhance students' understanding: *"I do sometimes find, because they are a bit younger, that I sometimes maybe give them a few examples of what their thoughts might be, what their feelings might be"* (Classroom Teacher, Mindfulness-Based Exercises).

Lack of Interest and Relevance Staff across the interventions described ways in which the intervention content could become boring or less engaging for students, primarily when it was repetitive, not interactive enough, or less relevant to students' own experiences or contexts: *"What we felt was that it didn't necessarily fit the target demographic in our school. And I think the problems that that person was experiencing were not necessarily in line with the problems that our kids would relate to"* (Non-Teaching Staff, SSW). Staff suggested that having a wide variety of activities was important, such as having a larger bank of techniques to draw on in Mindfulness and Relaxation sessions, and implementing more practical or interaction-based activities in SSW and The Guide, such as group discussions or activities, scenario questions, role plays, or creating resources (e.g., leaflets, mind maps).

> *Maybe in one lesson having something like, 'How would you deal with this situation if a friend came to speak to you?' Then having group discussions about it. Then, in another lesson, having like, creating a leaflet about something. Just really different activities that require them to look at the information in different ways.* (Teaching Staff Member with Senior Responsibilities, The Guide)

Differences of Opinion, Knowledge, and Experience

Staff at schools implementing The Guide, SSW, Relaxation Techniques, or Mindfulness-Based Exercises described how there were mixed feelings within their teams about delivering the interventions, with some staff feeling more negatively than others, such as scepticism about the benefits: *"He himself doesn't feel that it is useful, therefore, doesn't want to do it because he doesn't feel it will be useful to the kids"* (SLT, Relaxation Techniques). Therefore, for some staff the intervention was a priority, whereas for others it was not, which meant that sometimes delivery of the intervention was inconsistent between staff members.

> *There are some staff that absolutely feel and are quite passionate about mindfulness and the difference that it makes to the children. They are staff that in their own time would take up yoga, or Pilates, or a similar type of, of exercise in their own time. There are also staff that feel it's… um… not going to make… a barrier has already gone up, 'It's not going to make a difference', 'It's a bit of a waste of time', 'You're asking us to do more stuff'.* (Nom-Teaching Staff, Mindfulness-Based Exercises)

Staff across these interventions also mentioned that intervention delivery and buy-in could be more difficult for staff who did not have prior knowledge or experience within this area, or who did not receive the intervention training directly from the intervention development team.

> *We have a team of pretty much built up of non-specialists, so the barriers were confidence building with staff, especially [curriculum subject] staff who were this is, as they kept saying to me, 'This is well out of our field, we wouldn't normally do this kind of thing'.* (Teaching Staff Member with Senior Responsibilities, SSW)

Struggles with time and Space

Staff in schools implementing YAM described difficulties finding an appropriate space for the intervention to be delivered in, as YAM required students to be in a large room outside of their usual classroom space, which would be free for the same slot every week. In terms of Relaxation Techniques and Mindfulness-Based Exercises, staff commented that some of the movement-based activities were not possible within their classroom spaces.

> *So having such rigorous constraints or sort of requirements for the space, I think that was the most, that was the toughest thing. So the fact you had to have the space, you had to leave the posters up, those sorts of rules? That's quite tough. I don't think there's many schools out there that just has a space sitting there.* (SLT, YAM)

At schools implementing SSW, Relaxation Techniques, or Mindfulness-Based Exercises, there were staff who described having too much time within which to deliver intervention sessions and so, for instance, having to supplement activities with their own: *"I think that there was a little bit of tweaking and tailoring to try and extend some of the activities a little bit"* (Non-Teaching Staff, SSW). Whereas other staff, primarily those in schools delivering SSW or The

Guide, described struggling to cover the content as required in the time allocated, and having to condense or cut information and activities. Sometimes this was due to constraints of the school timetable, which meant that a shorter amount of time than recommended was allocated for intervention delivery.

> *There's lots of great stuff in there but the main problem we have is the timing issue, at just delivering in a way that is satisfactory both for us, and for the students. As far as content is concerned, we rush a little bit, so I don't have as, I don't give it as much thought as I should.* (Classroom Teacher, The Guide)

Indeed, staff across schools implementing YAM, SSW, Mindfulness-Based Exercises, or Relaxation Techniques did not always find it easy to fit intervention sessions into the already busy school day or timetable. For example, finding a regular weekly slot for YAM sessions could mean that students were consistently unable to attend lessons in core subjects.

The impact on intervention implementation of staff members' own competing priorities and lack of time was also referenced by staff across all interventions. This included not always having time to attend the intervention training sessions, adapt intervention materials, or plan effectively for or even deliver the sessions: *"If I've got to let one thing go, it's going to have to be the five minutes of mindfulness because it's the one thing that I'm almost not being kind of observed or checked or marked upon type thing"* (Non-Teaching Staff, Mindfulness-Based Exercises).

Discussion

This study aimed to examine school staff experiences of implementing five universal mental health interventions in schools in England: three curriculum-based, MHL interventions (The Guide, YAM, and SSW), and two brief, practice-focused interventions (Mindfulness-Based Exercises and Relaxation Techniques). In particular, this study focused on exploring school staff perceptions of barriers and facilitators to the implementation and potential impact of these five interventions. Facilitator themes across the five interventions were: seeing the benefits; fit with school context; ease of implementation; consistency and security; and taking responsive action. Barrier themes across the five interventions were: not always seeing the benefits; varying engagement; differences of opinion, knowledge, and experience; and struggles with time and space.

Staff perceived students as enjoying and engaging with the interventions, particularly the variety of activities available

through Mindfulness-Based Exercises and Relaxation Techniques, and the practical or discussion-based elements of the MHL interventions. Previous qualitative studies have similarly found that staff and students prefer the inclusion of more creative and interactive activities in universal mental health interventions (e.g., Punukollu et al., 2020; Skyrabina et al., 2016). Moreover, a meta-analysis of school-based mindfulness interventions found that interventions consisting of combinations of different mindfulness activities had larger effects on CYP mental health and wellbeing, potentially because having a variety of activities available facilitated adaptation of the intervention by the facilitator to suit students' preferences (Carsley et al., 2018). Indeed, staff across the interventions in our study mentioned adapting the content and format to suit the needs and preferences of their classes. Conversely this has also been reported as a barrier to implementation in previous research, in that interventions requiring adaptation to suit schools' needs can place a greater burden on teachers' time (Punukollu et al., 2020). Perhaps reflecting this, staff in our study did acknowledge not always having time to adapt intervention materials as they might have wanted to.

While some staff in our study found that the interventions had universal appeal across students with different mental health and learning needs and demographic characteristics, others noted that sometimes boys or younger students, those who struggled more academically, or those who were known to have attention, focus, or comprehension difficulties could find engaging with the interventions more challenging. Thus, the findings of our study support recommendations that examining how and why different groups of students engage with and respond to interventions is an important avenue for future research (e.g., Clarke et al., 2021; Montero-Marin et al., 2023), particularly given the expectation inherent in the universal nature of interventions that they are suitable for all. Indeed, universal interventions have been critiqued for lacking consideration of inclusivity and the inequalities in students' contexts that affect their mental health and wellbeing (Mansfield et al., 2023). A recent evaluation of a brief, universal mindfulness intervention in UK secondary schools found that student responsiveness to the intervention varied by subgroup, with higher responsiveness levels associated with being female and of Asian ethnicity (Montero-Marin et al., 2023). In general, however, there has been significantly less focus within existing research on examining for whom interventions may be most effective or appealing, and why (Clarke et al., 2021), with a particular dearth of research around how neurodivergent students respond to and engage with school-based, universal mental health interventions (Katz et al., 2020).

Staff also referenced their own buy-in to and engagement with the interventions. This was influenced by support from

senior school staff members and staff recognition of the value of the specific interventions and more broadly of supporting students' mental health. Previous research has also identified support and engagement from school leadership and staff buy-in as being key factors contributing to successful implementation (e.g., Eisman et al., 2022; Hudson et al., 2020; Wilde et al., 2019). Areas of perceived benefit described by staff in our study included the perceived positive impact of Mindfulness-Based Exercises and Relaxation Techniques on students' behaviour and learning. Staff also indicated that the conversations encouraged through the MHL interventions had made them more aware of issues affecting students; a finding echoed in a previous qualitative study of school perceptions of impact of The Guide in the US (Figas et al., 2024). Previous research has highlighted the need for teachers to be able to respond appropriately should pupils require any additional support during the course of universal mental health interventions, including the provision of additional training around this if required (Punukollu et al., 2020). However, staff in our study who were not involved in the delivery of the intervention, as was the case for YAM, also noted their sense of disconnect from the intervention, which while it did not prevent them from providing additional support as needed on an individual student basis, did prevent them from effectively providing follow-on or wraparound support for the intervention. This could have implications for the sustainability of intervention impact on a school- and student-level, given that top-up sessions of interventions may be important to maintain long-term impact (Werner-Seidler et al., 2021).

There were also staff across all of the interventions in our study who felt that there was a lack of any noticeable impact so far of the interventions or who reported areas of negative impact, although this was less frequent than staff reports of seeing the benefits of the interventions. For example, staff reported that for a minority of students, YAM and The Guide had introduced topics or activities that were 'too close to home' or were associated with discomfort for students. Previous research has also reported the potential for some students to have negative experiences in response to school-based mental health interventions, such as finding intervention content anxiety-provoking (Stapley et al., 2024) or having an increased awareness of negative thoughts through mindfulness practice (Miller et al., 2023). Moreover, staff in our study described how sometimes there were mixed feelings within their teams about delivering the interventions, such as scepticism about the benefits, which could have contributed to inconsistency in delivery between staff members. Indeed, existing research indicates that teachers can hold conflicting views about their role in supporting the mental health and wellbeing of students, which can influence their willingness to deliver interventions (Marinucci et al., 2023).

This is important given that dosage is a key implementation factor associated with intervention impact (e.g., Clarke et al., 2021; Feagans Gould et al., 2016). This was supported in the present study, particularly for Mindfulness-Based Exercises and Relaxation Techniques, in relation to which staff felt that consistent, regular delivery was necessary for impact and also facilitated students' engagement.

Other factors affecting implementation across the interventions included staff perceptions of the degree of fit of the interventions within their school at both a macro and micro level. Implementation was facilitated when interventions were easy to implement and perceived to fit with a school's existing approach to mental health support or to fill a gap in provision. Previous studies exploring the sustainability of school-based mental health interventions have similarly found that ease of implementation and interventions fitting with the school approach to fulfil an identified need facilitates sustained implementation (March et al., 2022). Conversely, lack of fit of an intervention with student needs and contexts can undermine intervention acceptability (Eisman et al., 2022). In addition, staff in our study indicated that implementation could be facilitated or impeded by an intervention's degree of fit with the school context on a practical level, such as having a dedicated slot in the school timetable, which was sometimes more difficult for the curriculum-based, MHL interventions, particularly when schools did not already have a dedicated PSHE slot in their timetable. This supports previous similar findings about the importance of considering the timing of intervention delivery within the school day and the impact on students' access to other classes or activities when introducing a new intervention (Baweja et al., 2016; Dariotis et al., 2017). Another related school-level barrier to implementation described by staff in our study was the degree of fit of the available space at school with the activities being delivered, for example, staff spoke about the challenges of running movement-based activities in classrooms. Similar challenges have been identified in previous research and should be considered in the development of programme content (e.g., Dariotis et al., 2017).

Strengths and Limitations

Strengths of the current study include that it provides in-depth feedback from school staff perspectives about the format and content of five different universal mental health interventions, to inform future intervention development, improvement, and implementation. A summary of the implications of the findings for school-based mental health intervention providers and developers can be found in Table 4. This study included a relatively large sample of school staff of varying roles, including SLT members and classroom

Table 4 Summary of implications for school-based mental health intervention providers and developers

Findings	Implications
Students had enjoyed the variety of activities available through Mindfulness-Based Exercises and Relaxation Techniques, and the practical or discussion-based elements of the MHL interventions. However, where content was felt to be repetitive, staff reported that engagement from students reduced.	Interventions should include a variety of activities, avoid too much repetition, and provide space for practical and discussion-based activities.
Staff had adapted the intervention content and format to suit the needs and preferences of their classes (e.g., student engagement may vary between different demographics), but they needed sufficient time to be able to do this.	Intervention planning should involve giving school staff time and space to review intervention materials and make adaptations. Intervention developers should delineate the core components central to the intervention theory of change versus those components that can be adapted to individual school contexts. While developers may be reluctant to encourage flexibility due to the risk of undermining the intervention's impact, it is clear that schools will adapt interventions anyway. It is, therefore, preferable to facilitate schools doing this in a planned way, rather than risking core elements of the intervention being cut or adapted.
Staff buy-in was influenced by support from senior school staff members and staff recognition of the value of the specific interventions and more broadly of supporting students' mental health. Implementation was facilitated when interventions were perceived to fit with a school's existing approach to mental health support or to fill a gap in provision.	School SLT support for intervention implementation is important from the outset, including helping school staff to see the value and how the intervention fits with the school's existing support, long-term goals, and future plans. Intervention developers approaching senior leads prior to roll-out to ensure that they are committed to the approach and understand their role in supporting it is, therefore, key. SLT support should include regular check-ins with staff throughout implementation.
For a minority of students, YAM and The Guide had introduced topics or activities that were 'too close to home' or were associated with discomfort for students.	Interventions need to be implemented as part of a wider network of support in school – they should not be considered standalone. School staff should ensure that that there is additional support in place in school for students if needed. Students should also be supported to opt out of intervention sessions if needed in a non-stigmatising way.
Particularly for Mindfulness-Based Exercises and Relaxation Techniques, staff felt that consistent, regular delivery was necessary for impact and also to facilitate students' engagement.	During the intervention planning stage, school staff need to ensure that consistency and regularity in implementation will be feasible from the outset.
Implementation was facilitated when interventions were easy to implement.	It is important for intervention developers to provide schools with accessible intervention manuals, resources, and training. This should include providing printed versions of manuals and resources for schools as needed.
Having a dedicated slot for the intervention in the school timetable and an appropriate space for the intervention in the school building is necessary to facilitate implementation.	Consideration of where in the school timetable and in the school building intervention sessions best fit is important in the planning stage of implementation. This can be more difficult if, for example, there is not already a dedicated slot in the school timetable for student wellbeing-focused time. Therefore, it is important for developers to provide a range of options for how and where interventions might be implemented by schools to increase the likelihood that schools can accommodate them.

teachers who were involved in intervention delivery, which is of importance given the role of both in contributing to the success of intervention implementation in a school setting. The study was conducted across multiple schools (including both primary and secondary schools) in multiple locations across England, with variation in contextual factors. Whilst our findings complement previous qualitative studies that have reported on school staff perspectives on implementing

MHL or mindfulness interventions (e.g., Figas et al., 2024; Marinucci et al., 2023; Wilde et al., 2019), to our knowledge this study also provides the first qualitative account of school staff experiences of implementing a brief relaxation intervention, a new MHL intervention (SSW), and an existing MHL intervention (YAM).

Alongside these strengths, some limitations should also be considered. As participants' experiences were compared

across all five interventions, this study did not explore school staff experiences of each intervention in depth, which could be a useful avenue for future research given that the interventions differed from each other in terms of their content, length, resources, and delivery. Future research could also further compare and contrast the experiences of staff at primary and secondary schools of delivering MHL or practice-based interventions, which was not possible in the present study given the unequal group sizes of primary and secondary schools across interventions. However, it should be noted that both The Guide and YAM were developed for secondary school aged students, specifically 13- to 15-year-olds and 13- to 17-year-olds respectively. Moreover, the staff members interviewed in our study represented multiple roles in terms of the roll-out of the interventions, in that they were involved in implementing, coordinating, or delivering the interventions. While the broad themes developed through our analysis were typically relevant to staff who were either directly or indirectly involved in intervention delivery, future research could also seek to explore in more depth the experiences of staff members with different roles in intervention implementation.

The schools that expressed interest in taking part in this study may have been more positively predisposed towards implementing the interventions and were perhaps more likely to have enough capacity to take on an extra task such as this. Indeed, given that participants in our study referenced staff lack of time and capacity as one of the barriers to intervention implementation, it may be that we did not hear from schools who were particularly struggling with implementing the interventions and who did not feel that they had time to participate in our study. Moreover, interviewees were selected by the key contact at each school. This meant that the roles that interviewees had in implementation and the degree to which they were involved in implementation varied. There may have been various criteria that key contacts used to select interviewees, including their perception of the potential insights that interviewees could provide into implementation and their availability at the time of the interviews. We also cannot rule out that key contacts may have been more likely to select interviewees with more positive views on the interventions and the school.

Conclusions

Together, the findings of this study indicate that to enable the impactful implementation of school-based, universal mental health interventions, school staff need to be consulted about what would work best within their individual schools, to ensure that interventions can meet the needs and preferences of different school environments and students. Thus, our conclusions echo recent calls to take an inclusive, co-productive approach to mental health intervention development, tailored to individual school contexts, to help overcome inequalities and systemic barriers to implementation (e.g., Mansfield et al., 2023; Thomson et al., 2023). Interventions need to have flexibility and scope for appropriate adaptation by school staff to suit their individual contexts built into their development (Mansfield et al., 2021). It is important from an intervention fidelity perspective to map adaptations to ensure that they do not diverge too far from the core components of the intervention (Eisman et al., 2022).

While brief practice-based interventions like Mindfulness-Based Exercises and Relaxation Techniques can be easier for teachers to build into the school day, compared to curriculum-based interventions, consistency of delivery even of brief interventions can be affected by the degree of staff buy-in to the implementation of the interventions and the competing priorities of the school day. Intervention developers and school senior leaders need to actively engage school staff in training and offer ongoing support to increase staff confidence and buy-in and enable the fit of interventions into busy school timetables. Ultimately, the findings of our study suggest that, at their core, interventions need to be simple, easy, and practical to implement in a school setting, have tangible benefits to facilitate both staff and student buy-in and engagement, and consist of interesting, relevant, and dynamic content that appeals to both students and staff.

Declarations

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 Informed consent was sought from participants for them to take part and for the publication of their anonymised data.

Competing interests The authors report there are no competing interests to declare.

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