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A Qualitative Investigation of Children and Young People's Experiences of Three Universal Classroom-based Mental Health Literacy Interventions in England

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Abstract

School-based mental health literacy interventions seek to improve knowledge, reduce stigma, and enhance help-seeking. However, little evidence exists for their effectiveness in the English school setting and there has been limited qualitative research thus far exploring implementation and the core components required to produce positive outcomes. This study aimed to address these gaps in existing research. Ninety-five students aged 8 to 14 years took part in focus groups across 12 schools in England in 2019. Twenty-six had participated in The Mental Health and High School Curriculum Guide (The Guide), 34 in Youth Aware of Mental Health (YAM), and 35 in Strategies for Safety and Wellbeing (SSW), as part of two randomised controlled trials. The focus groups asked students about their experiences of and opinions on the interventions. The data were analysed drawing on reflexive thematic analysis. Participants reported several perceived impacts from the three interventions, including increased knowledge and awareness of mental health difficulties, and new real world problem-solving skills. Although the interventions were perceived to provide a fun, relaxed, and safe space that reduced stress, sometimes participants found the content boring, and certain topics upsetting and anxiety-provoking. Interactive, practical, and discussion-based activities were preferred, and participants wanted more personal and relatable content. Issues such as timetabling and behaviour management were mentioned as barriers to engagement. Ultimately, what was common across all three interventions was that children and young people appreciated the time dedicated to talking about mental health and found the space offered to discuss real world problems novel compared to normal lessons. Schools need to be enabled to create this space within the school day and staff empowered and supported to lead discussions on topics that can be difficult to talk about.

Emily Stapley and Rosie Mansfield to note that we are joint first authors on the article.

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Context

The most up-to-date prevalence statistics in England suggest that one in five children and young people (CYP), aged 8 to 25 years, were experiencing mental health difficulties in 2023 (Newlove-Delgado et al., 2023). The risk of developing symptoms increases during this life stage, however in most cases, the first onset occurs before the age of 18 (Kessler et al., 2005; Kim-Cohen et al., 2003). Consequently, in 2018, the World Health Organisation (WHO) made recommendations for policies that move beyond the health sector to promote and protect CYP mental health, including the introduction of evidence-based prevention and promotion interventions in schools (WHO, 2018). In 2023, this recommendation was followed by a briefing on how school systems can improve health and wellbeing, including through embedding mental

health interventions (WHO, 2023). As a universal access point, schools are seen as the ideal setting to implement mental health interventions to large numbers of CYP (Fazel et al., 2014; Lendrum et al., 2013; O'Connell et al., 2009).

In England, the government has similarly described schools as having a frontline role in the promotion and protection of CYP mental health (Education and Health Committees, 2017). Reviews of existing literature indicate that the effectiveness of evidence-based, universal interventions (delivered on a whole-class or year group level) to improve CYP mental health and wellbeing is promising (Durlak et al., 2011; O'Connor et al., 2018; Robles & Bronstein, 2020). However, translational research that qualitatively investigates the diversity in CYP experiences of universal, school-based prevention and promotion interventions, accounting for the structures that underpin implementation within context, is lacking (Mansfield et al., 2023). Such research is necessary to further understand how interventions work, but also for whom and under what circumstances (Pawson & Tilley, 2004; Spoth et al., 2013).

Psychoeducation Interventions

Traditionally referring to interventions that combine both educational and therapeutic components, psychoeducation is now often used to describe interventions with a strong informational element, with the aim of increasing awareness and knowledge, reducing stigma associated with mental health difficulties, and improving help-seeking efficacy. Mental health literacy (MHL), originally defined as "*knowledge and beliefs about mental disorders which aid their recognition*, *management or prevention*" (Jorm et al., 1997, p.182), and more recently updated to include reference to understanding how to obtain and maintain positive mental health, stigma reduction, and help-seeking efficacy (Kutcher et al., 2016), is a model increasingly applied to these interventions. Components of MHL can be both intrapersonal, relating to self (e.g., self-stigma) or interpersonal, relating to others (e.g., mental health first aid knowledge – knowing how to help others experiencing mental health difficulties) (Hayes et al., 2023).

Low levels of MHL, such as the inability to recognise symptoms, stigmatising attitudes, and a lack of help-seeking efficacy, have been identified as barriers to accessing mental health support (Gulliver et al., 2010; Kelly et al., 2007). Interventions that improve MHL are therefore seen as an effective way to empower the population to prevent mental health difficulties, increase early intervention, and improve help-seeking knowledge and behaviour (Jorm, 2012). The theory of planned behaviour (TPB) (Ajzen, 1991) posits that attitudes and beliefs lead to intentions which, in turn, increase the likelihood of behaviours. Similarly, for successful universal interventions that seek to improve early access to support, it is suggested that cognitive help-seeking processes should be influenced by firstly tackling barriers such as a lack of mental health related knowledge and high levels of stigmatising attitudes (Wilson et al., 2011).

Wei et al. (2013) conducted a review of school-based MHL interventions with the aim of improving knowledge, reducing stigma, and enhancing help-seeking. Despite the majority of studies indicating positive effects, the authors concluded that the quality of evidence was lacking (Wei et al., 2013). More recent reviews have found that while MHL interventions have a significant impact on students' mental health knowledge, they are less effective at reducing stigma and enhancing help-seeking behaviour (Amadao-Rodríguez et al., 2022; Freţian et al., 2021). Thus, multiple reviews have now suggested that future research in this area should focus on implementation, to qualitatively identify the strengths and weaknesses of school-based MHL interventions and understand the active ingredients for effective implementation (e.g., Hayes et al., 2023; Salerno, 2016; Wei et al., 2013). Specifically, conducting qualitative implementation evaluations could help to identify the core components and mechanisms of interventions necessary for successful outcomes and sustainability.

The Guide, YAM, and SSW

The Mental Health and High School Curriculum Guide (The Guide) is one example of a school-based MHL intervention with promising findings within and outside of Canada, where the intervention was developed. Significant improvements in teachers' and school students' knowledge relating to mental health, and attitudes towards mental illness, have been found in a number of pre-post follow-up studies in Canada (Kutcher et al., 2013, 2015; Mcluckie et al., 2014). Outside of Canada, The Guide has also shown promising results. For example, in a parallel-group, controlled pilot in Nicaragua, a culturally adapted version of The Guide resulted in significant increases in mental health knowledge, better lifestyle choices, and adaptive coping in high school and university students, and significantly lower mental illness stigma and perceived stress at 12-week follow-up (Ravindran et al., 2018). Recently, a Welsh version of The Guide (Guide Cymru) led to improvements in mental health knowledge, positive mental health behaviours, mental health stigmas, help-seeking intentions, and avoidant coping in a randomised controlled trial (RCT) involving 13 to 14 year olds (Simkiss et al., 2023). Despite a growing number of international trials (Zeidabadi et al., 2024), to date, no qualitative studies have been published to explore students' perspectives on and experiences of The Guide, in their own words.

Another school-based, universal intervention that aims to raise awareness in order to improve mental health outcomes is Youth Aware of Mental Health (YAM). YAM was developed by researchers from Columbia University, New York, and the National Prevention of Suicide and Mental Ill-Health, Karolinska Institute, Sweden. It was found to significantly reduce adolescents' suicidal ideation and attempts at 12-month follow-up in a cluster RCT conducted across 10 European countries as part of the Saving and Empowering Young Lives in Europe (SEYLE) study (Wasserman et al., 2010, 2015). In the United States (US), YAM significantly improved MHL, including enhancing help-seeking behaviours and reducing stigma at three-month follow-up in a pre-post study (Lindow et al., 2020). A qualitative investigation of 15 to 17 year olds' experiences of participating in YAM across Estonia, Italy, Romania, and Spain revealed that individuals engaged with the sessions in a range of different ways and that YAM was more appealing to some than others (Wasserman et al., 2018). CYP engagement with YAM was categorised in five ways: 'Engaged'; 'Initially Hesitant'; Eager to please'; 'Cautious'; and 'Disengaged' (Wasserman et al., 2018). The researchers highlighted the importance of conducting further qualitative research to provide better understanding of the dynamic between youth and mental health professionals and identify what could account for the diverse experiences of CYP participating in YAM (Wasserman et al., 2018).

Strategies for Safety and Wellbeing (SSW) is a bespoke intervention developed by a team composed of professionals with clinical and school setting expertise at the Anna Freud, a registered mental health charity. It was informed by Protective Behaviours (PB), a model that originated in the 1970s in the US as part of an abuse prevention programme for CYP (Flandreau-West, 1984). The PB approach has been adopted in some United Kingdom (UK) schools as a model to teach practical strategies for personal safety (Hayes et al. 2019b). The present study, and the wider RCT within which the present study sits, are the first to examine the impact of SSW.

Aim

Although The Guide and YAM have been shown to produce positive outcomes, there is currently a lack of evidence for their effectiveness in the English school context. There is also no qualitative research exploring perceptions of impact and barriers and facilitators to delivery of The Guide and YAM from the perspective of recipients. Moreover, the efficacy and perceived impact of SSW has yet to be explored. With the increased trialling of interventions outside of their country of origin, it is important to conduct in-depth qualitative investigations of the experiences of CYP in the adopting countries. This can help to identify interventions' cultural transferability and the core components for successful and sustainable implementation in particular cultural contexts. Consequently, the aim of this study was to qualitatively explore CYP experiences of The Guide, YAM, and SSW, as three universal, classroom-based interventions seeking to improve help-seeking and MHL in English schools.

Methods

Setting for the Study

Qualitative data from focus groups with CYP participating in two RCTs in England were analysed in the current study: AWARE (Approaches for Wellbeing and Mental Health Literacy: Research in Education; Hayes et al. 2019a) and INSPIRE (INterventions in Schools for Promoting Wellbeing: Research in Education; Hayes et al. 2019b). Both trials, running from 2018 to 2024, were part of the Department for Education funded Education for Wellbeing (EfW) programme. EfW sought to evaluate the efficacy (compared to a control or usual practice group, not compared to each other) of multiple school-based, universally delivered interventions that were developed and piloted in an earlier feasibility study (see Hayes et al. 2019a, b, for further details). Existing interventions were evaluated alongside bespoke interventions developed specially for the EfW programme and the English school context. Schools participating in EfW elected to take part in either AWARE or INSPIRE and were randomly allocated by the Kings Clinical Trials Unit (KCTU) to deliver an intervention or usual practice. Reporting of findings was embargoed until 2024 and impact findings from the trial have been published elsewhere (see Deighton et al. 2025a, b), as have qualitative findings relating to school staff members' experiences of implementing the interventions (see Stapley et al. 2025b). The students involved in this study participated in Wave 1 (2018 to 2019) of the programme.

In Wave 1 of AWARE, 24 secondary schools (1,869 students) were randomised by the KCTU to deliver YAM, and 23 secondary schools (1,823 students) were randomised to deliver The Guide. In Wave 1 of INSPIRE, 36 primary schools (2,566 students) and 10 secondary schools (1,562 students) were randomised to deliver SSW. The other interventions tested in INSPIRE were Mindfulness-Based Exercises and Relaxation Techniques. Due to the different aims, structure, and implementation of these interventions, as compared to SSW, The Guide, and YAM, qualitative findings relating to students' experiences of Mindfulness-Based Exercises and Relaxation Techniques have been published elsewhere (see Stapley et al. 2025a). The interventions

were delivered to students in selected classes in Years 4, 5, 7, and 8 (SSW) and Year 9 (The Guide and YAM) from January to April in 2019.

The Guide

The Guide was originally developed as a web-based curriculum resource for students aged 13 to 15 by Dr Stanley Kutcher and the Canadian Mental Health Association. It consists of six, weekly, one-hour sessions delivered by school staff (such as class teachers). The EfW intervention development team worked with the developers of The Guide to create six lesson plans covering the following topics: (1) Stigma, (2) The Brain, (3) Mental Disorders, Part 1, (4) Mental Disorders, Part 2, (5) Getting Help, and (6) Stress. The lesson plans included guidance and resources for school staff, such as learning objectives, PowerPoint slides, and links to videos. As well as receiving the lesson plans, school staff participated in a half-day, face-to-face training session in late 2018 with the EfW intervention development team.

YAM

YAM was developed by Mental Health in Mind International AB for adolescents aged 13 to 17. It consists of five, weekly, one-hour sessions, accompanied by posters and booklets for students. The sessions cover six core themes: (1) What is mental health? (2) Self-help advice, (3) Stress and crisis, (4) Depression and suicidal thoughts, (5) Helping a friend in need, and (6) Who can I ask for advice? Trained YAM instructors, with a background in psychology, education, nursing, or youth or social work, are supported by a trained YAM helper to facilitate student-led discussions, problem solving activities, and role plays. In EfW, the YAM instructors received five days of training and the YAM helpers received a one-day training session from the YAM developers. Thus, unlike The Guide and SSW, YAM was delivered by external practitioners, not school staff.

SSW

SSW was developed for EfW by the EfW intervention development team and consisted of eight, weekly, 40-minute sessions delivered by school staff (such as class teachers). The eight sessions covered the following topics informed by PB: (1) It is safe to talk about mental health, (2) You are never too young to talk mental health (primary schools) or We all have mental health (secondary schools), (3) What is safety?, (4) Early warning signs – noticing our bodies, (5) Early warning signs – noticing our feelings and thoughts, (6) Developing our safety networks, (7) Safe friendships, and (8) Safe ways of managing emotions. School staff received primary or secondary school specific lesson plans for all sessions and participated in a half-day, face-to-face training session in late 2018 with the EfW intervention development team.

Participants

Schools participating in INSPIRE and AWARE were invited to express interest in becoming a qualitative case study school. Twelve schools were then selected as case study schools by the EfW evaluation team to achieve equal representation across interventions and variation in contextual factors, such as location and levels of current mental health support and perceived barriers to providing support (as measured using the trials' usual provision survey; see Hayes et al., 2019). The final sample consisted of four schools delivering SSW (two secondary schools and two primary schools), four secondary schools delivering The Guide, and four secondary schools delivering YAM. Ten of the schools were co-educational, mainstream, state-funded schools, one school was a single-sex (all male) secondary school, and one school was a privately funded, single-sex (all male) secondary school. Students in classes receiving SSW, The Guide, or YAM were invited by school staff to express interest in taking part in focus groups with the EfW evaluation team. Of these, up to 10 students with a range of views on the intervention were then selected by school staff. Focus group size across the schools ranged from four to eight students, with an average group size of five students. Across two schools, three individual interviews were conducted due to an insufficient number of students for a focus group.

Five focus groups and one interview were conducted with students participating in YAM ($N=26$). Students' ages (in years and months) ranged from 13.02 to 14.06 ($M=13.59$; $SD = 0.49$), 46% identified as female, and 54% as male. Six focus groups and two interviews were conducted with students participating in The Guide ($N=34$). Students' ages (in years and months) ranged from 11.08 to 14.07 ($M=13.46$; $SD = 0.80$; age data were missing for 9%), 32% identified as female, 56% as male, and gender data were missing for 12%. Seven focus groups were conducted with students participating in SSW ($N=35$). Four SSW focus groups consisted of participants in primary school ($N=18$) whose ages (in years and months) ranged from 8.10 to 10.09 ($M=9.50$; $SD = 0.60$), 61% identified as female, and 39% as male. Three SSW focus groups consisted of participants in secondary school ($N=17$) whose ages (in years and months) ranged from 11.10 to 13.03 ($M=12.23$; $SD = 0.53$; age data were missing for 6%), 41% identified as female, 53% as male, and 6% as 'prefer not to disclose'. Across the interventions, 79 participants (83%) self-reported their ethnicity

as White, eight (8%) as Mixed Ethnic background, four (4%) as Asian, one (1%) as Black, and ethnicity data were missing for three participants (3%).

Ethical Considerations

Research ethics approval for both trials was granted by the University College London (UCL) Research Ethics Committee (6735/009 and 6735/014). As all students were under the age of 16, a study information sheet and consent form were sent, via the schools, to the students' parents or carers. All students were also asked to read an age-appropriate study information sheet and then provide their written informed assent to take part. It was made clear that the content of the focus groups would be kept confidential within the EfW evaluation team (the only exception to this being if a safeguarding issue arose), with transcripts anonymised (e.g., names of people and places removed).

Data Collection

All data collection was conducted by one to two members of the EfW evaluation team, all with prior experience or training on the facilitation of focus groups and interviews. The focus groups and interviews were conducted in a private space in participants' schools during mid to late intervention implementation and were audio recorded then transcribed verbatim. A semi-structured topic guide was developed, which explored what participants liked and disliked about the intervention, what they found helpful and unhelpful, whether they had used any of the learning from the intervention, and what improvements they would suggest. The facilitator used this as a guide throughout the focus groups and interviews, allowing participants to raise and discuss issues that were important to them around the topics in the guide. The focus groups and interviews ranged in length from 9:05 to 32:52 min (M=22.32, SD=6.27). All demographic data were self-reported.

Data Analysis

All transcripts were uploaded to the NVivo qualitative data analysis software, version 12 (Lumivero, 2017). Transcripts were quality checked by the EfW evaluation team both to ensure accuracy and to aid familiarisation with the data. Initial coding of the transcripts was undertaken by the EfW evaluation team (ES, RM, AM, KB, EA, and DH), which involved assigning extracts of text to categories in a deductive framework derived from the focus group topic guide. The framework included such categories as 'Aspects of the interventions liked or found helpful', 'Aspects of the interventions disliked or found unhelpful', and 'Suggestions for improvement'. The purpose of this phase of the analysis was to organise the large amount of qualitative data collected. The subsequent analysis process then drew on Braun and Clarke's (2020) steps for conducting a reflexive thematic analysis. The extracts coded to the categories in the deductive framework were recoded inductively by the EfW evaluation team. This involved giving the extracts labels to describe their content. Similar codes were then combined to form themes, representing *"patterns of shared meaning"* (Braun & Clarke, 2020, p. 331), within the categories and across the transcripts in terms of participants' experiences and opinions. The codes and themes were then reviewed by the lead authors (ES and RM) to refine them as necessary, explore relationships between themes, and check that the themes sufficiently reflected the content of the dataset.

Results

A summary of cross-intervention themes organised in terms of participants' perceptions of intervention impact, mechanisms, and barriers can be found in Table 1.

Perceptions of Impact

Knowledge and Awareness of Mental Health Difficulties

In almost all focus groups and interviews, participants described gaining new, in-depth knowledge about mental health difficulties from taking part in YAM, The Guide, and SSW. This included learning factual information about the different types of mental health difficulties that people can experience, including their symptoms, as well as information about the actual experience of having a mental health difficulty, including what it feels like and the impact that it can have on people's lives: *"We've got to talk more than we used to do before the mental health, so now most people know how it actually feels"* (FG2, School 2, The Guide). Students who participated in The Guide also described learning about the science and statistics behind mental health difficulties.

Participants felt that having this knowledge had helped them to gain a better recognition of when and why someone (such as family member, a friend, or a stranger) may be experiencing issues with their mental health. Participants in The Guide also felt that the lessons had helped to normalise the experience of mental health difficulties, referring to the high prevalence rates of some mental disorders and commenting that anyone can experience a mental health difficulty: *"Most people know it's a thing but they don't realise it affects your friends, your family, everyone around you"* (FG1, School 9, The Guide).

Table 1 Summary of themes

Perceptions of Impact	Perceived Mechanisms Behind Positive Impact	Perceived Barriers to Positive Impact
Theme 1: Knowledge and awareness of mental health difficulties	Theme 1: Interactive, practical, and discussion activities	Theme 1: Limitations of lesson content
Theme 2: Real world problem-solving skills	Theme 2: Flexibility and informality	Theme 2: Issues with lesson structure and organisation
Theme 3: It's good to talk	Theme 3: A safe and non-judgmental space	Theme 3: Varying engagement
Theme 4: Empathy and connection		
Theme 5: Mixed emotions		

While participants in general reflected less on the idea of recognising mental health difficulties in themselves, as opposed to in others, they did acknowledge that the lessons across all three interventions had been an opportunity for them to reflect on and understand their own feelings more. Participants in SSW also described gaining a better understanding from the lessons of how they could be affected when they were experiencing difficult feelings, such as the body's physiological responses to emotions like stress or fear: *"You don't really think about the worries that you have and like what you do about it. You just think it's in you, it's like you. You don't really think it affects you that much but it does"* (FG2, School 6, SSW).

Real World Problem-solving Skills

Across all focus groups and interviews, participants described learning ways of handling difficult situations and feelings in life. This included learning about who they could and should seek help from or speak to if they were experiencing a mental health difficulty, feeling upset or worried, or found themselves in an unsafe situation. Available sources of help described included teachers, parents, friends, ChildLine, or the police: *"To help me feel safe in school. So if I was feeling upset or something, I would know who to go to straight away"* (FG1, School 3, SSW). Participants in The Guide and YAM also mentioned learning about appropriate websites and specific mental health services that they could seek help from.

Participants across all three interventions also reported learning how to deal with or manage difficult emotions or specific mental health difficulties themselves, such as 'knowing what to do' if they were struggling with depression. Participants in The Guide and SSW described the specific techniques that they had learned to use to calm down or feel better when they were feeling angry, upset, or stressed, including thinking about their 'happy place' (SSW) or using breathing techniques (The Guide). Participants in The Guide also described gaining knowledge on the treatments for different mental disorders. In addition, participants in YAM and SSW mentioned having the opportunity in the lessons to reflect on types of unsafe or difficult situations that they may experience in life, such as peer pressure, and to gather ideas about how to deal with such situations: *"They were genuine problems that, during our lifetime, we will probably have. Things like being peer pressured into smoking. Things like, after a party, being told to drink and then going home in someone's car that's intoxicated"* (FG1, School 1, YAM).

Participants across all three interventions particularly focused on their ability to help others following the lessons, including knowing what to say or what to do, knowing at what point you need to tell someone else (e.g., an adult) that you are worried about someone, being there for others, signposting others to appropriate support, checking whether someone is ok, and giving someone space to talk about what they are going through. This ability was linked with participants' sense of having a better understanding of the symptoms of mental health difficulties and why someone may not be feeling ok.

> *We learned the people you can go and see but yourself, personally, how you can help them as well in different ways. So being there for them, giving them support and telling them who to go and see and them kinds of things.* (FG1, School 2, The Guide)

It's Good to Talk

A key learning point following the lessons, linked to the previous theme and as voiced by participants in about half of the focus groups and interviews (33% of YAM, 38% of The Guide, and 86% of SSW focus groups), was not to keep problems to yourself – share them with others who could help you. Participants acknowledged feeling more able to speak to others about their problems following the lessons because the lessons had reinforced the message that it is ok, and in fact a good course of action, to talk to others about how you are feeling, such as to ensure that your problems do not get worse: *"It makes you feel that you don't have to keep bottling your emotions up"* (FG1, School 10, YAM). Participants in SSW in particular spoke positively about having the opportunity to share their feelings with others in the lessons. They perceived the lessons as a safe space within which to do this.

There are certain people that are going through quite a bit and they're nervous to say what they say, but yet they still say it because they know that no one will judge them for it, because the way that we've been doing the lessons has opened up, like, what everyone wants to say. (FG1, School 4, SSW)

Empathy and Connection

Participants in two-thirds of the focus groups and interviews (83% of YAM, 75% of The Guide, and 43% of SSW focus groups) described feeling closer to and more connected with their classmates following their participation in the interventions. They described learning and understanding more about their classmates, such as from hearing about their classmates' own experiences of mental health difficulties that they shared in the lessons. Having time to connect with their classmates was not usually something that there was time to do in normal lessons. Participants had noticed that they and their classmates were speaking to each other more and were being more open (such as about their feelings), friendly, and caring towards each other: *"It's kind of like prompted us to get to know each other a bit more and to care for each other a bit better"* (FG1, School 12, YAM).

Participants also described having a greater appreciation of how one's actions and words can affect others. They referred to the importance of thinking before one speaks or acts, in terms of considering how this might affect the person on the receiving end. Participants mentioned that their classmates were making fun of each other less now due to their increased understanding of the possible impact of this on others' mental health: *"Now even in some other the lessons, people who would normally not care what they say, I've heard some of them tell someone else, 'Don't say that', because it might upset someone or something. Before that wouldn't have happened"* (FG1, School 9, The Guide). Participants in The Guide also mentioned empathising more with people with mental health difficulties, including understanding that it is not their choice to feel or behave in particular ways, and being more respectful and less judgmental.

Mixed Emotions

Participants in three-quarters of the focus groups and interviews (100% of YAM, 50% of The Guide, and 86% of SSW focus groups) described having fun or feeling more relaxed and less stressed during the intervention lessons, as compared to normal lessons. Reasons for this given by participants in YAM were that there was no pressure to talk about anything that they did not want to, they could give their opinions without fear of criticism, and they enjoyed the role play elements of the lessons. Participants in SSW enjoyed doing creative activities such as imagining their safe or happy place. Participants in The Guide enjoyed watching videos about people's first-hand experiences of mental health difficulties. Moreover, participants across all three interventions liked that they did not have to do much writing in the lessons.

It's very chilled as well, it's like, so, because we have about seven lessons a day and it's all like so hectic, and we have to write a lot. So, I feel like it's just a really nice lesson, just relax and just talk about stuff that you need to talk about. (FG2, School 1, YAM)

However, there were participants in about half of the focus groups and interviews (33% of YAM, 75% of The Guide, and 43% of SSW focus groups) who also described experiencing more negative feelings as a result of the interventions. Participants across all three interventions mentioned finding the lessons boring when they were not interactive enough, when the information presented was not interesting enough, and when the content was repetitive. Some participants acknowledged that while it was helpful to learn about what mental health difficulties are like and how to treat or cope with them, the content of the lessons could be upsetting or uncomfortable, such as when they were learning about suicide or when the topics covered reminded them of things that had happened to them: *"Say if someone's been through something in the past, not just mental illness, but something that we can relate to, like depression and stuff like that. It can make you feel quite down"* (FG2, School 9, The Guide). Some participants in The Guide and SSW also described how reflecting on their own feelings and whether they had symptoms of a mental health difficulty, and learning about unsafe situations, could be anxiety provoking.

Perceived Mechanisms Behind Positive Impact

Interactive, Practical, and Discussion Activities

In almost all focus groups and interviews, participants mentioned finding the lessons fun, interesting, or engaging when they consisted of interactive, creative, or practical exercises, such as drawing (SSW), creating mind maps (The Guide), or engaging in role plays (YAM).

They were like fun, but they made it more interesting. So yeah, it wasn't just like a lecture, it was more every week, there was more something that was more, kind of active, and you could actually imagine yourself in that situation. (FG2, School 1, YAM)

Participants across interventions also enjoyed the discussions that they were encouraged to engage in during the lessons: *"In English or Maths, you're sat there, so the teacher is telling you what to do, but instead, in [SSW], the teacher is asking you what you think to do"* (FG1, School 4, SSW). They liked being able to discuss topics in-depth, share their feelings, ask questions, and give their opinions. Participants liked learning from each other and found it interesting and useful to hear their classmates' contributions. Whereas, in other lessons, participants were not permitted to talk to each other or work together in groups to the same extent as they were in the intervention lessons.

Participants in The Guide and SSW also referred to the advantages of watching videos of people talking about their own experiences of having mental health difficulties or hearing their classmates and teachers share their own experiences: *"We've looked at videos of people that actually had disorders so it's like interesting to be able to see how their life was changed because of it. It gives you a better way of thinking how they would feel"* (FG3, School 2, The Guide). Participants felt that, compared to just sitting and writing notes, this style of learning helped them to take information in better and understand it more.

Flexibility and Informality

Participants in about half of the focus groups and interviews (100% of YAM, 25% of The Guide, and 29% of SSW focus groups) liked the more flexible and informal structure of the intervention lessons, as compared to normal lessons. Participants appreciated the variety of the topics and activities covered in the lessons and liked that students had more control over the topics covered and the level of depth that they reached within topics. They liked that they could talk about anything in the lessons, including their own feelings and experiences: *"**What do you like about the lessons that you've been doing?** You can talk about anything. Like if you know someone that has a mental illness or stuff like that, you can talk about it"* (FG2, School 9, The Guide).

Participants in YAM in particular felt that the more informal structure of the lessons, as compared to normal lessons, made it easier to open up about your experiences and opinions, as there were no teachers present, you could call the external deliverer by their first name, you sat in a circle rather than at tables, and you were able to choose who you worked with in groups (including working with your friends). Participants in YAM commented that as difficult topics were presented in a relaxed and fun environment, with no pressure to talk if they did not want to, this helped them to handle discussions about such deep subjects.

> *You could talk about anything. We talked about quite a lot of things. And whenever… if it wasn't anything to do with what we're learning, we would just put it on the board and we would talk about it later.* (FG1, School 1, YAM)

A Safe and Non-judgmental Space

In about half of the focus groups and interviews (83% of YAM, 25% of The Guide, and 43% of SSW focus groups), participants alluded to their perceptions of the lessons as a safe and non-judgmental space. They felt able to give their opinions and share their experiences in the lessons without being criticised, judged, or made fun of. Linked to the previous theme, factors such as the fact that the interventions were not subjects that one could be good or bad at, and the lack of pressure to talk about anything or participate in particular activities (e.g., role plays) if they did not want to, contributed to participants' perceptions of the lessons as a safe space: *"It's different to all the other lessons because you can't be good at it and you can't be bad at it. It's just a thing where everyone has their own life and they can tell people about it"* (FG1, School 6, SSW).

Participants in YAM liked that there were no teachers present in the room, as they felt more secure giving suggestions for how to handle difficult situations in life in the presence of an external deliverer (i.e., an outsider) who would keep things confidential and who they did not see and speak to at school every day. They felt that it was easier to open up to an external deliverer than a teacher because the external deliverer was a trained professional and they worried that teachers might form an opinion on them based on the things that they said in the lessons.

> *If the teacher was doing the YAM. It would be like, as soon as you tell something really personal about yourself to them, you'll feel like they already have that view on you, they only know you for that reason. So it would be more awkward.* (FG2, School 1, YAM)

On the other hand, participants in The Guide and SSW, for whom the lessons were led by teachers, commented that their teachers being open during the lessons encouraged them as students to be open too. They also spoke about the ground rules that their teachers had established and reinforced around being respectful and non-judgmental towards others, which had contributed to their perceptions of the lessons as a safe space.

> *There are certain people that are going through quite a bit and they're nervous to say what they say, but yet they still say it because they know that no one will*

judge them for it, because the way that we've been doing the lessons has opened up, like, what everyone wants to say. (FG1, School 4, SSW)

Perceived Barriers to Positive Impact

Limitations of Lesson Content

Participants in over three-quarters of the focus groups (67% of YAM, 100% of The Guide, and 71% of SSW focus groups) voiced their perceptions of limitations in the content of the interventions. They described finding aspects of the content boring, in terms of both the information and the way that it was presented. They also disliked the lessons when they had a more passive role, such as listening to the teacher, watching videos for long periods of time, or spending lots of time writing: *"I think we could improve it by sometimes bringing it outdoors or making it a bit more fun, instead of just staying and watching. We could actually do something active"* (FG1, School 6, SSW). In addition, participants in The Guide commented on the repetitive nature of the activities or information that they had received in the lessons, which contributed to their feelings of boredom.

Participants across interventions mentioned information that they felt was missing from the lessons and suggested additional information or activities that could be included, such as more information about how to recognise or handle your own mental health difficulties or how to help others, doing more activities with a focus on tackling stress, and learning about more topics (such as additional types of mental disorders and treatments).

I liked what we were doing, but I didn't really know the sorts of things that we could have done to like sort of, like, let's say you have depression, they didn't really explain what you could have done to get out of the situation. It didn't give many answers. (FG2, School 1, YAM)

Participants also expressed a preference for content to be more personal or relatable, so that they could apply it directly to their own lives, such as provision of more space for them to share their own personal feelings and experiences, and hearing from people in person with lived experience of mental health difficulties. Participants who received The Guide also commented on its use of Canadian statistics around mental health, rather than UK statistics, which felt less relevant to them.

Issues with Lesson Structure and Organisation

Participants in just under three-quarters of the focus groups and interviews (83% of YAM, 63% of The Guide, and 57% of SSW focus groups) alluded to issues with the structure and organisation of the lessons. For example, participants mentioned that the lessons could feel rushed, and worksheets or resources could be lost if there was no designated place to store them at school or if teachers collected them in and then did not give them back to students. Participants also commented on the length and frequency of the lessons, suggesting that the lessons could take place more often (e.g., more than once per week), be longer in length, or increase in number so that more topics could be covered, there could be more time for discussion, and information could be covered in more depth or at a slower pace.

I find it really hard to learn anything when you have say three sheets per lesson, then we whizz through it in five minutes because we've come late out of assembly. It's impossible to learn anything about that mental health, really. (FG1, School 11, The Guide)

However, there were also participants in The Guide who alternatively felt that topics could be covered with more brevity and less repetition. Moreover, participants in YAM and SSW felt that staff could have ensured that all students who wanted to be were involved in role plays or class discussions, so that it was not just some students (often the more confident students) who got their views heard in the lessons. They also suggested that smaller class sizes could have been better for the lessons, for instance so that they felt more able to and had more space to share their thoughts and personal experiences. Participants were divided in terms of whether it worked best to sit next to or work in groups with friends or with classmates they did not know so well.

We should all get a turn to say something. Maybe go around in a circle for once. Because, like the others said, some people have something they desperately want to say but they don't get picked. Then it's just like bouncing off the same people every time. It's not very fair. (FG1, School 6, SSW)

Varying Engagement

Participants in over three-quarters of the focus groups and interviews (100% of YAM, 63% of The Guide, and 100% of SSW focus groups) described how they and their classmates' levels of engagement with the lessons had varied over the course of the interventions. There were a range of reasons given for this, including the lessons not always being scheduled at times when all students could attend, and students not always wanting to contribute in or attend lessons, such as if they were not confident enough to participate in role plays, if they felt uncomfortable or awkward

talking about *"deep"* topics, such as suicide, or if they did not trust their classmates enough: *"I feel like, you know, if they won't understand it, what's the point in telling them because there are definitely immature people in the form and if they hear it, they know about it, it'll spread like wildfire"* (FG1, School 9, The Guide).

Participants also described how students misbehaving in the lessons could be distracting for everyone else and could mean that not as much content as they would have liked could be covered. Participants in YAM commented that the lack of teacher presence in the room made it easier for students to misbehave: *"There was no teachers. It was informit meant that the behaviour was worse but, also, you were comfortable. So, there was like two, there was positive and a negative"* (FG1, School 1, YAM).

Discussion

Reviews have identified mixed findings regarding the effectiveness of universal, school-based MHL interventions, concluding that the quality of evidence is lacking and suggesting that further research is needed to identify the strengths and limitations of these interventions and the core components necessary for effective implementation (e.g., Hayes et al., 2023; Salerno, 2016; Wei et al., 2013). To date, there are few qualitative studies that centralise the CYP voice to understand their experiences of MHL interventions, identifying the active ingredients and perceived impacts of these interventions from CYP perspectives. With the increased trialling of interventions outside of their country of origin, it is important to conduct in-depth qualitative investigations of the experiences of CYP in the adopting countries. The current study aimed to fill the above gaps in research by conducting an in-depth qualitative investigation into CYP experiences of three universal, classroom-based interventions in an English schools context: The Guide, YAM, and SSW.

Participants in the current study reported a number of perceived impacts across the three interventions. They reported increased knowledge and awareness of mental health difficulties, including the ability to recognise when and why someone might be experiencing problems. As a core component of MHL (Jorm et al., 1997; Kutcher et al., 2016), and the first step in the cognitive help-seeking process (Wilson et al., 2011), reports of increased knowledge relating to mental health difficulties indicate some support for the potential of school-based, universal interventions to raise awareness in order to improve mental health outcomes (Kutcher et al., 2013, 2015; Lindow et al., 2020; McLuckie et al., 2014; Milin et al., 2016; Ravindran et al., 2018; Wasserman et al., 2010, 2015, 2018; Zeidabadi et al., 2024). Moreover, beyond specific knowledge relating to mental health difficulties, we found that CYP gained real world problem-solving skills, such as ways to handle difficult situations and reflect on and manage feelings, where to seek help, and how to help others. A key learning point following the lessons was also to share problems with others who could help you.

It is noteworthy, however, that CYP primarily referred to knowledge about mental health difficulties or symptoms following the interventions, rather than the complete mental health state including the promotion of positive mental health. This reflects limitations highlighted in existing research, in that a mental-ill health approach continues to dominate the MHL field (Mansfield et al., 2020), which has the potential to undermine attempts to reduce stigma. Moreover, although participants felt that the intervention content had helped to normalise experiences of mental health difficulties, such as through providing information on high prevalence and stories of lived experience, there was a sense of 'othering', with comments generally referring to recognising symptoms in friends and family, rather than themselves, and supporting them to get help. Perhaps had the interventions provided more personal and relatable content and more locally and culturally relevant information, as participants themselves suggested, CYP may have better applied the knowledge to themselves and reduced self-stigma. The perceived need for more locally and culturally relevant information in The Guide mirrored suggestions for adaptations by school staff implementing the intervention in the EfW pilot study of the interventions (Mansfield et al., 2021). Furthermore, content in The Guide was more scientific and statistical in nature and was most frequently perceived as boring. There is evidence to suggest that the biomedical perspective on which The Guide is based often leads to psychosocial risk factors being neglected (Kinderman et al., 2013), and can enhance notions of 'otherness' (Schomerus et al., 2012), and more pessimism about recovery (Kvaale et al., 2013).

In contrast, participants in YAM enjoyed the opportunity to guide conversations and share feelings and lived experiences, which they felt enabled a greater level of topic depth to be reached. The flexibility of this approach also meant that CYP could engage with the sessions in a range of different ways, as was similarly found in a qualitative study of students' experiences of YAM conducted in Estonia, Italy, Romania, and Spain (Wasserman et al., 2018). Participants in our study reported that YAM, SSW, and to a lesser degree The Guide, had a therapeutic effect in that sessions were fun, relaxed, and reduced stress compared to normal lessons. However, to varying extents, all interventions included topics that could be upsetting and anxiety provoking for some students. It is therefore important for intervention developers to carefully consider age-appropriate implementation

of sensitive topics to avoid unintended consequences, including both temporary distress and lasting psychological harm. Yet, while covering these topics carries some risks, so too can avoiding them (Langhinrichsen-Rohling et al., 2006). In fact, covering sensitive topics across interventions seemed to result in many participants feeling more willing and able to speak to others about their problems, especially those who participated in SSW.

Perceptions of safety in the intervention lessons and in relationships with implementers was an important mechanism for CYP engagement in this study. Participants in YAM felt that they could open up more about their experiences and opinions because it was delivered by a trained professional with no school staff present, albeit with issues around behaviour management. Previous research has highlighted CYP concerns around teachers' boundaries of confidentiality in mental health research (Demkowicz et al., 2020). In the current study, openness and the setting of ground rules by school staff was considered to be important to create safe and non-judgemental spaces. It is therefore necessary for implementers to consider and manage the power relations that exist within the school setting and the impact that they might have on the success of psychoeducation interventions (David et al., 2001). Relationships with classmates were also cited in terms of the impact of the interventions, with participants describing feeling closer to and more connected with classmates following their participation in the interventions, and caring and empathising more with others. Similar findings around increased group connectedness and closeness, and improved levels of empathy for others, have been reported in previous qualitative research examining CYP experiences of school-based, cognitive-behavioural-based prevention programmes (Garmy et al., 2015a, 2015b; Shochet & Smith, 2014).

In addition to issues around classroom implementation highlighted by participants in our study, varied student engagement with the interventions was perceived to be driven by barriers at the organisational level such as timetabling clashes meaning that students could not attend sessions, and large class sizes which made students feel less able to and have less space to share their thoughts and experiences. Participants wanted longer, more frequent sessions to avoid content being rushed, and to be taught in smaller groups to improve engagement. These findings support whole-school prioritisation of mental health programmes to achieve authentic as opposed to tokenistic implementation and positive outcomes (Wignall et al., 2024). However, such approaches are challenging within the context of under-resourced schools, given issues such as lack of capacity for staff training and planning (Eiraldi et al., 2015). Indeed, despite the introduction of policies in England that increase schools' responsibility to support CYP mental health, barriers at the systemic level remain due to funding cuts and the prioritisation of academic achievement in core subjects above student wellbeing (Mansfield et al., 2023; Thomson et al., 2023). Participants also mentioned not always wanting to contribute in or attend lessons, such as if they were not confident enough to participate in role plays. This reflects a previous qualitative study of YAM, which similarly found that some CYP were uneasy with participating in discussions and role plays (Wasserman et al., 2018).

Strengths and Limitations

This study combines CYP experiences across three psychoeducation interventions that differed in content, length, and implementer. Although separate analyses of each intervention would have provided a more in-depth assessment of the perceived appropriateness and acceptability of specific components of the interventions, which could be a useful direction for future research in this area, comparisons of the programme content and pedagogy in the present study helped to identify best practices for MHL education in the English school context. Focus groups and interviews were conducted towards the middle and end of the implementation period meaning that students had not necessarily received the whole intervention at the time that they were interviewed. The benefit of this approach was that the interventions and their experiences were fresh in CYP minds, avoiding retrospective perspectives. However, it could mean that some potentially core components of the interventions were not discussed. Furthermore, although school staff were asked to select a group of students with varying views on the interventions to participate in focus groups, they were selecting from CYP who had volunteered to take part, and therefore the sample may have some self-selection bias. In addition, the majority of our sample reported their ethnicity as White, which means that the transferability of the findings across students from different ethnic backgrounds may be limited. Exploring the experiences and perspectives of students from different ethnic backgrounds of MHL interventions is therefore another important avenue for future research.

Conclusions

Overall, students enjoyed having a safe, non-judgemental, and informal space to discuss real world problems for which there was no right or wrong answers and no assessments, and to have an opportunity to get to know their classmates and teachers better. A flexible and informal curriculum led by students was preferrable and more conducive to covering personal, relatable, and locally and culturally relevant topics. Didactic, teacher-led approaches with pre-determined, biomedical

discourses were less favourable, and CYP, for the most part, enjoyed the informality that came with having an external facilitator in the case of YAM. Ultimately, what was common across all interventions was that CYP appreciated the time dedicated to talking about mental health and found the space offered to discuss real world problems novel compared to normal lessons. Schools need to be enabled to create this space within the school day and staff empowered and supported to lead discussions on topics that can be difficult to talk about.

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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.

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 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.

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

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