

**'After the novelty wears off': Understanding the
sustainability of mental health programmes in schools**

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Declaration

I, Anna Moore, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Signature:

05/12/2022

Abstract

Despite increasing emphasis on schools to deliver mental health support, interventions are often not sustained beyond initial funding and research. While sustainability has been explored in healthcare settings, there is limited research on factors influencing sustained delivery of interventions in schools. This thesis sought to understand intervention sustainability in a school context, drawing on data from two large randomised controlled trials (Education for Wellbeing).

Study 1 was a qualitative study of staff expectations for sustaining interventions at the end of the trial period. Staff reported a range of plans and processes around continuing delivery (or not), with varying degrees of autonomy and influence in their schools.

Study 2 was a systematic literature review of the barriers and facilitators to sustaining school-based mental health programmes. Themes at both the school and wider system levels were identified (e.g. leadership, staff engagement, intervention characteristics, external support).

Study 3 explored staff perceptions of factors influencing sustained delivery of interventions one year after the research trial. Staff reported a number of barriers and facilitators to sustained delivery (e.g. prioritisation, adaptation, school ethos).

Study 4 used survey data to investigate factors that predicted sustained delivery of interventions. Nearly half of staff participants reported using no intervention resources nine months after the trial period. While a range of implementation factors were not associated with sustainment, primary schools and those participating in the trial before the COVID-19 pandemic had increased odds of sustaining delivery.

Study 5 explored patterns of implementation over time and highlighted variation in schools' sustainability journeys. While some schools embedded interventions into their usual practice, others experienced drastic change within their setting or introduced different programmes after the trial.

Finally, Study 6 brought together key stakeholders to explore potential solutions for sustaining interventions. Together, findings informed recommendations for policymakers, school leaders, intervention developers, and researchers.

Impact statement

The mental health and wellbeing of children and young people is of growing concern in the UK, and educational settings have been identified as offering a unique opportunity for mental health promotion and support. Yet despite considerable investment in interventions from national government, local authorities and individual schools, programmes are often not sustained beyond initial funding or research. This lack of sustainment greatly limits the potential benefits of these programmes. While some factors involved in sustainability have been explored in relation to public health or medical settings, there is very little research on programmes delivered in schools.

It remains unclear whether schools experience the same challenges as other settings or have unique barriers to sustaining interventions, and there has been limited research specifically investigating the sustainability of mental health and wellbeing programmes in schools. This PhD addresses these gaps and provides insight into the sustainability of mental health and wellbeing interventions in school settings.

This is the first study to explore the sustained delivery of mental health and wellbeing interventions in schools over multiple timepoints, engaging with multiple school stakeholders. Many similar factors involved in sustaining interventions in health settings (e.g. leadership, staff turnover, adaptation) also apply to schools. However, this research identified some barriers and facilitators specific to sustaining mental health programmes in school settings (e.g. staff confidence in delivering activities around mental health, pressure to deliver the academic curriculum). This thesis was also the first to explore patterns in school experiences that may help to explain why interventions become embedded and sustained over time in some schools and not others. Together, these findings provide useful insight for intervention developers or government policy makers who are trying to introduce and sustain these types of programmes in schools.

The findings also provide evidence for the importance of considering the complexity of schools and of viewing sustainability as a dynamic process that occurs over time within this context. This has important implications for how we frame and conduct intervention research in schools. The evidence from this thesis also informed a roundtable discussion involving key stakeholders in the field of school-based mental health interventions. This resulted in a range of practical recommendations for policymakers, school leaders, intervention developers, and researchers.

Research from this thesis has already been published in the *International Journal of Environment Research and Public Health* and has been presented at conferences and seminars on school mental health.

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Declaration of role in studies

Guidance was provided throughout by my supervisors Professor Jessica Deighton, Dr Emily Stapley and Dr Daniel Hayes.

Chapter 1: Introduction

All work is my own.

Chapter 2: Research context, design and methods

All work is my own.

Chapter 3: Staff plans and expectations for the EfW interventions

Data for this study were collected as part of the Education for Wellbeing trial. I led on coordinating data collection and conducted 14 staff interviews (26%). I also conducted transcript quality checks. The conceptualisation of the research question, data analysis and interpretation are all my own work.

Chapter 4: Barriers and facilitators to sustaining school-based mental health interventions – systematic literature review

Rosa Town conducted the inter-rater reliability checks on study inclusion. All other work is my own.

Chapter 5: Exploring factors that predict sustained use of the EfW interventions

Data were collected as part of the Education for Wellbeing trial. I led the team designing and creating the sustainability surveys for school staff. Statistical advice was provided by Dr Rosie Mansfield (University College London) and Dr Tanya Lereya (Evidence Based Practice Unit). I cleaned all of the data, conceptualised the research questions and conducted all statistical analysis and interpretation.

Chapter 6: School sustainability journeys

Some of these data were collected as part of the Education for Wellbeing trial. I coordinated data collection, conceptualised the study and conducted all of the pupil focus groups and over 80% of the interviews with school staff. I completed all transcript quality checks, conceptualised the research questions, conducted data analysis and interpretation. Kirsty Nisbet (Evidence Based Practice Unit) also provided reflections on the analysis.

Chapter 7: Moving towards solutions

As above, some of the school staff interviews were conducted as part of the Education for Wellbeing trial. The roundtable conceptualisation, planning, coordination and facilitation were all my own work.

Chapter 8: General discussion

All work is my own.

Publications associated with this thesis

First author publications

Moore, A., Stapley, E., Hayes, D., Town, R., & Deighton, J. (2022). Barriers and facilitators to sustaining school-based mental health and wellbeing interventions: a systematic review. *International journal of environmental research and public health*, 19(6), 3587. <https://doi.org/10.3390/ijerph19063587>

Moore, A., Ashworth, E., Mason, C., Santos, J., Mansfield, R., Stapley, E., ... & Hayes, D. (2022). 'Shall We Send a Panda?' A Practical Guide to Engaging Schools in Research: Learning from Large-Scale Mental Health Intervention Trials. *International journal of environmental research and public health*, 19(6), 3367. <https://doi.org/10.3390/ijerph19063367>

Additional associated publications

Hayes, D., **Moore, A.**, Stapley, E., ... Deighton, J. (2019) Promoting mental health and wellbeing in schools: examining Mindfulness, Relaxation and Strategies for Safety and Wellbeing in English primary and secondary schools: study protocol for a multi-school, cluster randomised controlled trial (INSPIRE). *Trials* 20(1), 1-13. <https://doi.org/10.1186/s13063-019-3762-0>

Hayes, D., **Moore, A.**, Stapley, E.,...Deighton, J. (2019) A School Based Interventions Study Examining Approaches for Wellbeing and Mental Health Literacy of pupils in Year Nine in England: Study Protocol for a Multi-school, Cluster Randomised Control Trial (AWARE). *BMJ open*, 9(8). <https://doi.org/10.1136/bmjopen-2019-029044>

Mansfield, R., Humphrey, N., Patalay, P., **Moore, A.**, & Stapley, E. (2021). Adaptation of a school-based mental health literacy curriculum: from Canadian to English classrooms. *Global Mental Health*, 8. <https://doi.org/10.1186/s13063-019-3762-0>

Demkowicz, O., Ashworth, E., Mansfield, R., Stapley, E., **Moore, A.**, ...Wolpert, M. (2020) Children and young people's experiences and perceptions of engaging with mental health measures for research. *Child and Adolescent Psychiatry and Mental Health* 14, 35. <https://doi.org/10.1186/s13034-020-00341-7>

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Thank you to my supervisors Jess, Emily and Dan for encouraging me to pursue this PhD in the first place, and then for challenging, guiding and supporting me over the past three years. Even with the general chaos of recent years and the physical distance caused by national lockdowns I always felt I had someone to turn to and bounce ideas off, and for that I am very grateful.

The Evidence Based Practice Unit more broadly has been a wonderful and inspiring place to work, and I have thoroughly enjoyed working on the Education for Wellbeing programme. I am also grateful to Rosie and Tanya who helped demystify the processes behind statistical analyses and guided me through some tricky decision-making.

Finally, I would like to say thank you to all who have supported me with this process, including mentors, colleagues, friends and family. Thank you for showing a real interest in my work, for listening and for helping me to think creatively. Doing a PhD can be a very isolating experience (!) but your support and encouragement meant that I never felt alone.

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The views expressed in this thesis are the author's own and may not be representative of the views of the Department for Education, UCL or the Anna Freud Centre.

Chapter 1 Introduction

1.1 Prevalence and impact of mental health problems in children and young people

Improving young people's mental health and wellbeing has been identified as one of the key public health issues of our time, and recent prevalence findings show that one in eight young people experience mental health problems (Sadler et al., 2018). In the United Kingdom (UK), research has found that emotional problems like anxiety and depression are the most common issues experienced by young people, followed by behavioural problems (NHS Digital, 2018). In recent research with over 28,000 adolescents in England, over 18% scored above the abnormal threshold for both emotional symptoms and conduct problems (Deighton et al., 2019).

Experiences of mental health difficulties in the early stages of life not only cause distress to young people and their families, but are also associated with a number of negative outcomes (Patel et al., 2007). It is widely acknowledged that early mental health difficulties may have a costly negative impact on educational attainment, drug use, criminality, physical health, employment outcomes, not in education, employment or training (NEET) status and financial difficulties (A. Clarke & Lovewell, 2021; Gould et al., 2012; Patel et al., 2007; Wolpert et al., 2020). As a result of this, the need to invest in child and adolescent mental health and wellbeing has been increasingly recognised by the global community, with suggestions for cross-sector approaches (Langford et al., 2015). Given the substantial time that children and young people spend in schools, educational settings have been identified as offering a unique opportunity for mental health promotion and support (Patel et al., 2007). The World Health Organisation (WHO) has called for a coordinated response from different sectors of society, noting that "among all the sectors that play critical roles in adolescent health, education is key" (Langford et al., 2014, p. 8).

1.2 School as a setting for mental health education and support

Children and young people spend a large amount of their time in education and schools are increasingly perceived internationally as important sites to embed mental health and wellbeing prevention programmes (Foulkes & Stapley, 2022; Langford et al., 2014). Pupils have also highlighted mental health as an important subject in schools; a recent survey in England found that 93% of participants aged 11–19 years thought that the topic mental health and wellbeing should be taught at school (Cortina et al., 2021). A number of recent literature reviews have demonstrated areas of promise in relation to school-based mental health support (A. Clarke et al., 2021; Langford et al., 2014; Marks, 2012; Werner-Seidler et al., 2021).

A systematic review carried out by the Early Intervention Foundation (EIF) aimed to examine evidence on the effectiveness of school-based mental health and behavioural interventions implemented with young people aged 12–18 years of age (A. Clarke et al., 2021). This review found programmes for social and emotional skills and cognitive behavioural therapy (CBT) interventions for internalising symptoms to be particularly effective in improving mental health outcomes for children and young people (A. Clarke et al., 2021). Social and emotional learning (SEL) interventions, particularly those which adopted a structured approach to the teaching of skills, were found to impact not only SEL but also reduce symptoms of depression and anxiety in the short term. The review also found that positive psychology interventions can reduce some symptoms of depression and anxiety in the long term, and can enhance young people's psychological wellbeing (A. Clarke et al., 2021). Another review focusing on effective universal interventions for mental health and wellbeing noted that while the evidence base was still limited, there were a number of promising interventions provided in schools (Public Health England, 2019). The key characteristics of these practices included being skills-based, drawing on CBT principles, being delivered in a discrete number of sessions and having been specifically designed to be fun and engaging (Public Health England, 2019).

However, all of the recent evidence reviews have highlighted the lack of evidence for long-term effectiveness (A. Clarke et al., 2021; Department for Education, 2017). A recent meta-analysis looking specifically at depression and anxiety prevention programmes in schools also found evidence of small effects in reducing pupil symptoms of depression and anxiety (Werner-Seidler et al., 2021). Werner-Seidler et al. (2021) found some evidence for effects of certain psychological interventions for anxiety (particularly CBT) being maintained or actually increasing over time. This may be because pupils have the opportunity to practice and employ their newly acquired skills (Kodal et al., 2018; Werner-Seidler et al., 2021). Yet only 16% of included studies involved follow-up periods beyond 12 months and the authors noted that very few studies included descriptions or plans for the maintenance of the prevention programmes beyond the trial period (Werner-Seidler et al., 2021). Similarly, A. Clarke et al. (2021) found that the majority of included studies did not include long-term follow-up data, not only limiting our understanding of sustained effects of the interventions for pupils, but also our understanding of sustained practices in schools. Askill-Williams (2017) has also noted that nearly all the current evidence on mental health programmes in schools is based on short-term assessments, and time and budgetary restraints often prevent a focus on longer-term sustainability of these interventions.

While the reviews noted above have demonstrated small but consistent effects of these types of intervention on pupil outcomes, there have also been rigorous evaluations of school-based universal interventions that demonstrate no significant effect on mental health outcomes (Kuyken et al., 2022). In the MYRIAD study conducted in the UK, a large cluster-randomised controlled trial showed no evidence for the superior effectiveness of school-based mindfulness training over usual provision (Kuyken et al., 2022). However, researchers on this study note that a more engaging format with shorter and more frequent sessions may have improved student engagement with the mindfulness practice, which was “strikingly low” during and after the intervention (Montero-Marin et al., 2022, p. 123). Some academics have also suggested that universal mental health interventions have the potential for negative effects on some pupils, especially those with existing or emerging mental

health difficulties (Foulkes & Stapley, 2022; Montero-Marín et al., 2022). Low-intensity programmes may bring awareness to negative or upsetting thoughts and feelings without providing sufficient support (Montero-Marín et al., 2022; Stallard et al., 2013). In light of these findings, researchers have called for additional work exploring universal curricula in different settings and for different groups of young people (Foulkes & Stapley, 2022; Montero-Marín et al., 2022).

1.3 English school context: key policies and programmes

This emerging evidence base regarding interventions in schools has coincided with a greater focus in the UK on schools as a site for mental health support. Recent policy directives in England have encouraged an increased role of schools and school staff to promote and protect child and adolescent mental health (Education and Health Committees, 2017). Figure 1.1 outlines some of the key policies and programmes regarding the mental health of children and young people in England over the past 20 years. This includes several government-commissioned programmes that attempt to embed mental health interventions in schools, such as Social and Emotional Aspects of Learning (SEAL; Humphrey, Lendrum, & Wigelsworth, 2010) and Targeted Mental Health in Schools (TaMHS; Wolpert, Humphrey, Belsky, & Deighton, 2013).

SEAL was a flagship national strategy launched by New Labour in primary schools in 2005 and secondary schools in 2007 (Humphrey et al., 2013) and was designed to be a comprehensive, whole-school approach to promoting social and emotional skills. TaMHS was a nationwide initiative that funded mental health provision for pupils in schools at risk of or already experiencing mental health problems (Wolpert et al., 2013). Both programme evaluations reported notable variation in implementation success and quality and there were mixed outcomes for pupils. SEAL failed to impact significantly pupils' social and emotional skills and general mental health difficulties (Humphrey et al., 2010) and TaMHS reported mixed findings, although some significant reductions in behaviour problems for 8-10 year

Key policies and programmes - CYP mental health and wellbeing in England

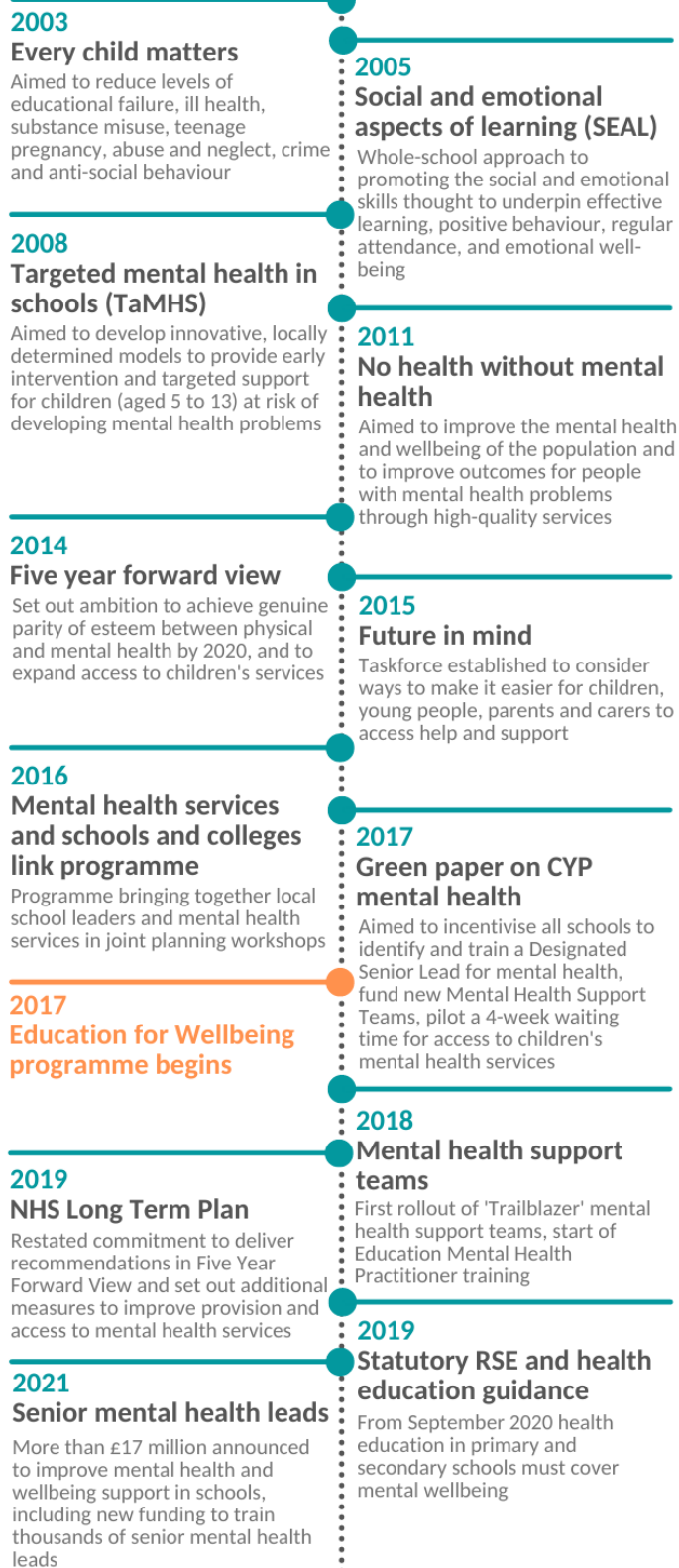


Figure 1.1 Timeline of key CYP mental health policies and programmes in England

olds at risk of or already experiencing mental health problems were identified (Wolpert et al., 2013).

As well as investing in specific programmes, the government in the UK has also created policy which aims to improve the support for children and young people's mental health. A key example in England is the Transforming Children and Young People's Mental Health Green Paper (2017), which built on the 2015 Future in Mind and 2016 Five Year Forward View for Mental Health initiatives. The 2017 green paper provided a framework for school mental health support and put forward a joint working approach between schools, colleges and the NHS. This included the appointment of Senior Mental Health Leads in schools to oversee the approach to mental health and wellbeing, the creation of Mental Health Support Teams (MHST), a workforce supervised by NHS children and young people's mental health services (CYPMHS) staff, and the trialling of a four-week waiting time for access to specialist CYPMH services. The proposal for MHSTs also included the launch of a new Education Mental Health Practitioner role, providing low intensity interventions to pupils and supporting schools and colleges with prevention initiatives. The first wave of these MSHTs was commissioned in 2018 and, as of Spring 2022, there were 287 teams in England covering 26% of students and schools and colleges (NHS England, n.d.).

The new statutory Relationships, Sex and Health Education guidance also incorporated the teaching of mental health into the curriculum guidelines (Department for Education, 2017, 2019). All schools are now expected to deliver a range of topics relating to mental wellbeing, including how to recognise and talk about emotions, the link between physical wellbeing and good mental health, recognising early signs of a problem, and how to seek appropriate help and support (Department for Education, 2019). The body responsible for inspecting schools in England, the Office for Standards in Education (Ofsted), has also introduced a new framework for inspection which includes the promotion of the personal development, behaviour and the welfare of pupils (Ofsted, 2022). This highlights the need for the curriculum and the wider school environment to support learners to

“develop their character” and “help them know how to keep physically and mentally healthy” (Ofsted, 2022).

While some researchers have suggested that teachers are well placed to support pupils with their mental health (Atkins & Hoagwood, 2011), others have criticised the English government for increasing the pressure on schools without providing the necessary funding (Education and Health and Social Care Committees, 2018). Teachers have also reported being frustrated by the lack of clarity in their role and have identified a strong need for practical and expert-led training (Shelemy et al., 2019). This is all also within a wider context of a general lack of resourcing for child and young people’s mental health services, concerns that earmarked national funding for CYPMHS may be diverted to other areas, and variation across the country in NHS clinical commissioning group spending (Frith, 2016; Health Committee, 2015; Rocks et al., 2019).

The Department for Education has also funded the large-scale research programme, Education for Wellbeing (EfW), testing the effectiveness of universal mental health programmes (Hayes et al., 2019a; Hayes et al., 2019b). Data from the trials in the EfW programme are the basis for the empirical studies in this thesis and the programme is described in detail in Chapter 2.

1.4 Implementing and sustaining school-based mental health and wellbeing interventions

While sometimes popular during their initial delivery, many of the above programmes report significant variation in intervention fidelity and seem to have a relatively short shelf-life once initial funding finishes (Humphrey et al., 2010). For example, case study schools in the SEAL evaluation were “extremely variable and fragmented” in the extent to which they adopted the whole-school approach and a range of barriers to implementation were identified (Humphrey et al., 2010, p. 3). At a higher, political level the new coalition government ‘officially’ discontinued SEAL in 2010, although SEAL was estimated to be in use in 90% of primary schools and 70%

of secondary schools (BBC, 2011; Humphrey et al., 2013). This lack of sustained delivery is common across contexts and countries; whilst governments across the globe invest substantially in the roll-out of mental health promotion programmes in schools, there are “concerning reports, nationally and internationally, about poor programme sustainability once start-up enthusiasm and resources are exhausted” (Askill-Williams, 2017, p. 2).

Over the past 20 years, the field of implementation science has grown in acknowledgement of these issues, investigating how interventions work in “real-world” conditions and providing insight into factors that support adherence, implementation and impact (Eccles & Mittman, 2006). Defined as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice and, hence, to improve the quality and effectiveness of health services” (Eccles & Mittman, 2006, p. 1), researchers have developed several conceptual models for implementation science research and practice (e.g. Damschroder et al., 2009; Han & Weiss, 2005; Proctor et al., 2011). While some models of implementation have included sustainability as an outcome of implementation (e.g. Proctor et al., 2011), many implementation science studies have focused on identifying factors critical to the success of initial implementation. In the area of mental health interventions in schools, findings have highlighted the influence of multiple factors on the first stage of delivery, including: organisational structure of the school; school leadership buy-in; competing responsibilities; programme characteristics; integration into school goals, policies and programmes; training; administrative support and accountability (Langley et al., 2010; Paulus et al., 2016). Despite acknowledgement from some that sustainability should be studied as a discrete phenomenon, there has been limited focus on the factors that influence sustainability (Wiltsey Stirman et al., 2012). Advances in this area have also been limited by a lack of consensus on how best to define and conceptualise sustainability. The following section outlines key definitions and frameworks from the wider sustainability literature.

1.5 Sustainability definitions, theories and frameworks

Most research into long-term delivery of new initiatives, beyond the first stage of successful implementation, has been conducted in relation to public health or medical interventions (Wiltsey Stirman et al., 2012). Within this field, sustainability has been prioritised as an understudied area and identified as one of the “most significant translational research problems of our time” (Proctor et al., 2015, p. 2). However, some have argued that the field has been held back by the lack of common definitions, conceptual frameworks, research questions and measures (Shelton et al., 2018; Wiltsey Stirman et al., 2012). A range of terminology has been used by researchers, often without clear definitions. Terms such as long-term implementation, institutionalisation, normalisation, fidelity, embedding, integration, continued use and assimilation have all been used in the literature, along with studies exploring discontinuation and de-adoption (Nadeem & Ringle, 2016; Proctor et al., 2015; Shelton et al., 2018). These terms are rarely defined conceptually or operationally and are sometimes used interchangeably, despite some idiosyncrasies (Proctor et al., 2015; Wiltsey Stirman et al., 2012).

In their systematic review Wiltsey Stirman et al. (2012) found that the most commonly used term was ‘sustainability’ and the most cited definition in the literature, proposed by Scheirer (2005), conceptualised sustainability as an outcome and focused on three key components:

- Continuing to deliver the desired outcomes/benefits of a programme – individual level
- Maintaining the programme and/or its activities in an identifiable form, even if modified – organisational level
- Maintaining the capacity of a community to deliver programme activities after the initial implementation period is over - community level

Scheirer and Dearing (2011) describe sustainability as the “continued use of program components and activities for the continued achievement of desirable program and

population outcomes” (p. 2060) and note that the multilevel components can require several layers of data collection. This framing of sustainability acknowledges multiple components and levels, and views sustainability as an end goal, a state to be reached. An example of this from the field of healthcare is the ‘model of sustaining innovations in their effectiveness’, developed by Racine (2006), which lays out a framework of factors that may influence whether or not innovations are replicated or sustained.

Some have included sustainability as a sub-concept or outcome under the broader concept of implementation (Proctor et al., 2011). In the conceptual model of evidence-based practice implementation, developed by Aarons et al. (2011), sustainability is viewed as a final phase in a four-phase model which includes Exploration, Adoption/Preparation, Implementation and Sustainment. However, others have cautioned against viewing sustainability from this linear perspective, suggesting that it does not capture the recursive or reflexive character of sustainability or take account of the numerous adjustments that shape the sustainability process (Pluye et al., 2004).

In their systematic review of sustainability approaches in healthcare, Lennox et al. (2018) found a range of theoretical underpinnings in the literature and noted that 66% of approaches reviewed saw sustainability as process rather than an end state. Instead of an outcome, sustainability is viewed as an ongoing process that takes place alongside implementation. An example of this is the Dynamic Sustainability Framework, developed by Chambers and colleagues (2013), which focuses on continued learning, evaluation and problem-solving. This dynamic framework also emphasises the need for ongoing adaptation of interventions to improve their fit with contexts and populations that may differ from those of the original effectiveness evaluation (Chambers et al., 2013). Building on this, Shelton et al. (2018) attempt to capture the multilevel factors that are important for facilitating sustainability in their ‘Integrated Sustainability Framework’. This framework illustrates how inner contextual factors, processes, characteristics of the intervention and characteristics of the interventionists interact dynamically with outer contextual factors to influence sustainability in community and health care settings. Processes such as planning and

capacity building are included, and adaptation is identified as a potentially vital component of sustainability (Shelton et al., 2018).

The acknowledgement of adaptation and continuous development as a potential definition of sustainability was also identified in the review by Lennox et al. (2018). In their systematic review the authors note how healthcare researchers have drawn on a range of theories, ranging from diffusion of innovations theory, where sustainability is viewed as the final stage of an initiative's life cycle, to complexity theory, where sustainability is a nonlinear process where change, adaptation and uncertainty are expected (Lennox et al., 2018). As a result of this, Lennox et al. (2018) define sustainability as "the general continuation and maintenance of a desirable feature of an initiative and its associated outcomes as well as the process taken to adapt and develop in response to emerging needs of the system" (p. 2). The authors advocate for a broad definition in order to "accurately represent the sustainability process and account for its full complexity" and combine both the idea of an outcome and a process (Lennox et al., 2018, p. 13).

1.6 Defining key constructs in this thesis

1.6.1 Defining sustainability¹ and sustainment

As the proposed sustainability frameworks thus far have all been located in healthcare settings, this thesis does not use a specific framework to underpin the research. While there may well be some similarities between settings, I wanted to take an exploratory approach to understanding sustainability in the context of school settings. In order to do this, I draw on Lennox et al.'s (2018) comprehensive definition that encompasses the potential for sustainability to be viewed both as an outcome and a process.

¹ It is important to note that the term 'sustainability' has numerous meanings in other disciplines and content domains. For example, it is used to refer to humans' existence on the planet over time, the long-term stability of the economy and environment, or the specific economic viability of a programme in a low-income country (Scheirer & Dearing, 2011). While there may be some patterns and parallels among different types of sustainability, this thesis focuses on the continued use of interventions in schools.

However, when it comes to measuring and evaluating sustainability there is an important distinction to be made between the outcome and the process. While Lennox et al. (2018) group the outcome and process together, it may be beneficial to differentiate between the two and to use different terminology accordingly. The term ‘sustainment’ has emerged in literature published during the course of this PhD research to mean “an outcome indicating an intervention continues to be implemented over time” (Moullin et al., 2020, p. 1). This is a useful term to capture Lennox et al.’s “continuation and maintenance of a desirable feature of an initiative and its associated outcomes”. In contrast, the term ‘sustainability’ can then be reserved for Lennox et al.’s (2018) “dynamic process” involving adaptation and development in response to the emerging needs of a system (Herlitz, 2021).

Moving forward, I define sustainment as the continuation of intervention activities, in a recognisable form, after external support (e.g. funding, supervision or training) has been withdrawn. This term sustainment is used interchangeably with ‘sustained delivery’ and ‘sustained use’. Sustainability, on the other hand, is a broader term that incorporates the dynamic concepts of adaptation, capacity building, change and evolution.

1.6.2 Defining mental health and wellbeing

This thesis takes a broad approach to defining mental health and wellbeing in order to capture the wide range of interventions and initiatives that are currently taking place in schools (see 1.2). The WHO defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community” (WHO, n.d.). However, it is important to note that these concepts are interpreted differently across different fields and research disciplines (Aldridge & McChesney, 2018). Some literature refers only to the presence or absence of mental problems and disorders, while others present mental health and mental illness as opposite ends of a single continuum, and others as distinct but correlated axes (Keyes, 2005). The term ‘wellbeing’ is also variously defined in the literature, and interpreted in different ways by different cultural or social groups (Aldridge & McChesney, 2018).

The relationship between mental health and wellbeing is also poorly defined (Aldridge & McChesney, 2018). Wellbeing is sometimes described as a component of mental health, and sometimes mental health is conceptualised as a component of overall wellbeing (Hanlon & Carlisle, 2013; WHO, n.d.). At the outset of this thesis, delineating distinctions or hierarchical relationships between mental health and wellbeing is not of particular relevance, as the interest lies in the sustainability of school-based programmes aiming to educate and support pupils with their mental health and/or wellbeing. As a result, this thesis takes a broad definition of mental health and psychosocial or emotional (namely, not physical) wellbeing, covering terms associated with internalising (e.g. depression, anxiety, eating disorders) and externalising (e.g. behaviour problems, aggression, substance abuse) problems, along with wider mental health and wellbeing promotion.

1.6.3 Defining interventions

The term ‘intervention’ is also rarely defined and is used differently in a diverse range of contexts. An intervention in healthcare can be a drug treatment, a surgical procedure or psychological therapy, while in public health an intervention may be a set of actions to help someone to be physically active or eat a healthier diet (NICE, n.d.). Interventions may be targeted at subgroups of individuals or delivered collectively to whole populations. Broader population interventions can be delivered across communities and may include legal, fiscal, structural, organisational, environment and policy interventions that seek to change health related behaviours (Campbell et al., 2018).

In the context of schools, interventions are referred to in the literature with a variety of terms including programmes, initiatives and innovations. These school-based interventions can take many different forms. In the APA online dictionary of psychology, a school-based intervention is defined as “any strategy implemented in a classroom setting to improve the health and wellbeing of students, often by reducing or preventing pathology and problem behaviours (e.g. depression, social anxiety, cigarette smoking, drug or alcohol use, bullying and aggression)” (American Psychological Association, n.d.). While comprehensive in some ways, this definition

limits implementation to classroom settings and does not capture wider ideas around whole-school approaches or policy and system changes. In order to include the wide range of activities that may be taking place in schools, this thesis employs the WHO's definition of a health intervention as "an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions" (World Health Organisation, 2019). This broad and all-encompassing definition does not limit the scope of my research and allows for a range of different types of intervention to be captured in the systematic literature review (Chapter 4). It is important to note also that the terms intervention, programme and initiative are used interchangeably throughout this thesis, in line with the wider school-based literature.

Interventions have also been differentiated in public health literature in relation to their complexity, with a number of authors referring to 'complex interventions' (Littlecott et al., 2019; G. F. Moore et al., 2019; Murray et al., 2010)(Littlecott et al., 2019; G. F. Moore et al., 2019; Murray et al., 2010). The term 'complex intervention' has been used by some, including the Medical Research Council in the UK, to describe an intervention with multiple components and levels (Craig et al., 2008). However, others have argued for a distinction between an intervention that is complex and an intervention that is introduced to a complex system. G. F. Moore et al. (2019) highlight this and suggest that an intervention composed of multiple components may be merely 'complicated', not complex. Koh and Askell-Williams (2020) provide an example of complicated intervention – introducing a new technology such as laptops to a classroom. While this would involve a number of interacting components, it can also still be divided into a discrete set of actions with predictable, and linear consequences (Koh & Askell-Williams, 2020; G. F. Moore et al., 2019). In contrast, a 'complex system' behaves in a non-linear fashion, is adaptive to changes in its environment and is composed of supra and sub-systems (Keshavarz et al., 2010; Shiell et al., 2008). This idea of a complex system is discussed further in relation to schools in the following section. In line with G. F. Moore et al. (2019) and Shiell et al. (2008), in this thesis I take the view that complexity is a property of a system, not these school-based interventions.

1.6.4 Defining schools as complex adaptive systems

In their article exploring the challenges of system-wide implementation of health promotion programmes, Keshavarz et al. (2010) make a strong case for viewing schools as complex adaptive systems (CAS), comprised of a “population of diverse rules-based agents, located in multi-level and inter-connected systems” (p. 1468). Schools are constantly evolving and adapting, with agents (e.g. staff members) acting based on a combination of their experience, knowledge, environment, local values and both informal and formal system rules (e.g. school ethos). Staff are nested within sub-systems (e.g. subject departments) that often function autonomously and have varying degrees of interaction across different schools and pupil age ranges. Schools themselves also sit within a larger interconnected system of education and are influenced by higher-level factors such as government and local authority policies (Domitrovich et al., 2008). These interconnected components interact and adapt in self-organising ways. Some are more formal interactions (for example, with government departments), while others are informal (such as social interactions between teachers and parents), and feedback loops from these interactions inform decisions.

This idea of complex systems is linked to complexity theory, which was developed in the fields of physics, biology, chemistry and economics, to provide a new perspective for the social sciences that may help address common challenges around complexity and social systems (Turner & Baker, 2019). Building on general systems theory, complexity theory views systems as non-linear and unpredictable (Turner & Baker, 2019). Key tenets of complexity theory also include the ideas of self-organisation and emergence; interactions between the system’s constituent parts lead to new emergent properties or behaviours which, in turn, feed back into the behaviour of individuals (Mason, 2008). Going one step further than general systems theory, which identifies the whole as greater than the sum of its parts, complexity theory operates on the principle that “the whole is different from the sum of its parts and their interactions” (Richardson, 2004, p. 77). The concept of emergence means that the whole is considered to be a new entity and is qualitatively different from its parts.

Adaptation is also an essential part of complexity and change is the only entirely predictable phenomenon in a complex adaptive system (Keshavarz et al., 2010). This ability to be adaptive allows CAS to operate between chaos and order, as they self-organise in response to change and evolve into new emergent states (Turner & Baker, 2019). Along with emergence and adaptation, CAS have nested system structures, feedback loops, rules and systems for the flow of information. CAS are also highly context dependent in terms of time, history and space and control is distributed throughout the system (Keshavarz et al., 2010).

This framing of schools as complex adaptive systems is useful when conducting research on interventions, as it highlights the potential for diverse experiences and outcomes when a new programme is introduced. A new mental health or wellbeing intervention that is brought into a school system will necessarily interact with (and potentially change as a result of) individuals, the wider school environment and higher-level influences. As conceptual frameworks for sustainability also emphasise complexity, this framing of schools as complex adaptive systems has been adopted by a number of researchers exploring sustainability in educational settings (Herlitz et al., 2020; Koh & Askill-Williams, 2020). In line with this, I also frame schools as complex adaptive systems and use this lens to explore sustainability throughout this research.

1.7 Factors involved in sustainability

As discussed above, historically research on sustainability has been fragmented and drawn from a variety of settings (predominantly medical interventions, healthcare programmes or public health promotion) which may or may not have parallels with the school context (Wiltsey Stirman et al., 2012). For wider health programmes, common factors that promote sustainment include workforce capacity, programme champions, organisational culture and context, evaluation and feedback, intervention effectiveness, staff turnover and the wider political climate (Hodge & Turner, 2016; Lennox et al., 2018; Schell et al., 2013; Wiltsey Stirman et al., 2012).

In a recent review focusing specifically on health interventions in school settings, Herlitz et al. (2020) found many similar factors affecting sustained delivery. However, several factors influencing sustainment emerged that were specifically salient to schools: academic outcomes may take precedence over health interventions; student engagement is key and staff are only likely to sustain an intervention that draws students in; parents engaging and encouraging healthy activities motivated staff to continue; sustainability was sometimes prompted by students' requests for the intervention (Herlitz et al., 2020). They also noted that the possibility of adapting intervention materials was of particular significance "to accommodate other curriculum requirements and the diversity of children's backgrounds and development" (p. 26). Additionally this review found that staff sometimes lacked confidence delivering health promotion programmes that were outside of their usual expertise (Herlitz et al., 2020). The authors outlined a number of limitations to this review, including the fact that most studies were located in the US, with findings potentially only relevant to that setting (Herlitz et al., 2020).

A second review exploring the phenomenon of sustainability in relation to improvement initiatives in educational settings was published nearly halfway through this PhD research. In this work, funded by the Australian government, Askeff-Williams and Koh (2020) undertook an extensive literature review and conducted interviews with 70 school leaders and teachers to inform a framework of systemic components of sustainable implementation of effective educational initiatives. Askeff-Williams and Koh (2020) believed the scope of available frameworks (some of which are discussed above) to be limited and lacking the necessary focus on the setting into which a new intervention was being introduced. From the literature and interview data they created a more comprehensive framework that is specifically relevant to educational contexts, including 20 key components of sustainability across six overarching themes. These components were then developed into a self-assessment site improvement tool for schools. The sustainability components are outlined in Table 1.1, and more detail on the newly developed tool can be found in Chapter 5.

Table 1.1 Components of sustainable implementation (Askell-Williams & Koh, 2020)

Theme	Components
Organisational culture	Site improvement
Personal dispositions	Agency Resilience
Implementation processes	Selection Planning Leading Commitment Involvement
Organisational capacity	External environment Capabilities Funding Staffing Time
Data	Implementation data Outcomes data
Change	Adaptability Processes Relationships Site renewal

In the specific context of mental health interventions, Han and Weiss (2005) explored the concept of sustainability from the angle of designing an intervention to be sustained in schools. While they acknowledge the higher-level factors (e.g. policies, priorities and resources) that influence the conditions that either support or interfere with programme sustainability, they focus on the perceptions of school staff and the “essential ingredients” of the intervention. They propose that a programme must be “(a) acceptable to schools and teachers, (b) effective, (c) feasible to implement on an ongoing basis with minimal (but sufficient) resources, and (d) flexible and adaptable” (Han & Weiss, 2005). They also place the emphasis on the individual who will actually deliver the intervention to their pupils, and they highlight that, above all else, an intervention must be acceptable and feasible to school staff, and they must be motivated to sustain delivery.

1.8 Summary of gaps in the literature

In the context of increased need for mental health support for children and young people, and the increased responsibility for schools to provide this support, very little is known about sustaining mental health and wellbeing programmes in schools (Askell-Williams, 2017; Department for Education, 2017; Education and Health Committees, 2017; NHS Digital, 2018). The existing evidence regarding sustained delivery of interventions has come mainly from healthcare settings. Although issues regarding implementation and sustainment of effective programmes in schools are well recognised, there has been limited focus on educational settings (Herlitz et al., 2020; Wiltsey Stirman et al., 2012). Given the recent findings that schools prioritise academic success over health interventions and staff may lack confidence delivering programmes that are outside of their usual expertise (Herlitz et al., 2020), there is an argument to suggest that topics that are traditionally considered outside the scope of schools may be more difficult to sustain in these contexts. Consequently, it is important to understand just how much the wider factors around sustainability of health interventions are relevant to mental health interventions in schools. Given the considerable investment of resources, and the evidence of certain areas of promise when it comes to school-based mental health and wellbeing interventions, it is in the best interests of the health and education systems, as well as individual schools and pupils, to achieve long-term sustainment of effective programmes.

The literature reviews on sustainability that have been discussed in this chapter do not comprehensively cover mental health and wellbeing interventions in schools (Herlitz et al., 2020; Koh & Askell-Williams, 2020; Wiltsey Stirman et al., 2012). Only 7% of studies in Wiltsey Stirman et al.'s (2012) review reported on educational settings, while Herlitz et al. (2020) and Koh and Askell-Williams (2020) did not focus on mental health and wellbeing interventions. However, these reviews provide important context for this thesis and the authors list a number of recommendations for future studies exploring this area. Together, authors call for: better definitions of sustainability, the examination of the influences on sustainability across multiple levels, longitudinal studies following interventions from initial implementation in

“real-world” settings, increased use of conceptual theory, the inclusion of views from a range of school participants and stakeholders, and exploration of how sustainability components interact over time (Herlitz et al., 2020; Koh & Askill-Williams, 2020; Wiltsey Stirman et al., 2012).

1.9 Thesis objectives

This thesis addresses the gaps in the literature around sustaining mental health and wellbeing interventions in schools. This thesis had an emergent design, whereby findings from the earlier chapters informed the research questions of the subsequent studies. The overarching research questions of this thesis are:

- i. What are the factors involved in the sustainability of school-based mental health and wellbeing programmes?
- ii. How do these factors influence the sustained delivery of four mental health and wellbeing programmes in English schools?
- iii. What are some potential solutions to challenges around sustainability?

The next chapter outlines more detailed research questions for each empirical study in this thesis, along with the context for the research and the underlying research paradigm. I also discuss the methods that are used to answer these questions.

Chapter 2 Research context, design and methods

2.1 Context for research in this thesis

2.1.1 Overview of the Education for Wellbeing programme

Data in this thesis were collected from schools participating in the EfW programme, an evaluation of five school-based mental health and wellbeing interventions. The project is led by my primary supervisor, Professor Jessica Deighton, and is a collaboration between the Evidence Based Practice Unit (EBPU), partner of University College London (UCL) and the Anna Freud National Centre for Children and Families (AFNCCF), the University of Manchester, the University of Dundee and the London School of Economics and Political Science.

The EfW Programme is funded by the Department for Education and consists of two parallel group cluster randomised controlled trials, INSPIRE and AWARE. Links to the full published trial protocols, on which I am the second author, are included at the start of the thesis (Hayes et al., 2019a; Hayes et al., 2019b). Prior to the main trials, a feasibility study was conducted (2017–2018) with 20 schools, resulting in some adaptations to intervention content and structure, and the outcome measures used.

The EfW trials are still ongoing, with schools participating in one of three waves. Recruitment for Wave 1 began in March 2018, January 2019 for Wave 2, and January 2022 for Wave 3. At the time of writing (September 2022) the final set of schools are participating in Wave 3 and the programme will finish in 2024. For each wave, the research was advertised via Anna Freud Centre networks, education publications, the Department for Education, local authorities, school commissioners Public Health England, the National Institute for Health Research, and on various social media platforms. Schools expressed interest via an online form and provided contact details for a member of the school leadership team and a self-selected key contact who would coordinate the project. Schools were able to participate in one of the two randomised controlled trials, INSPIRE and AWARE. A small number of private schools were included in the sample, but non-mainstream schools (e.g. Pupil Referral Units,

special schools), schools that had already participated in similar trials (e.g. the MYRIAD project evaluating mindfulness in secondary schools; Kuyken et al., 2022) and those who did not meet the requirement for the minimum number of pupils were not eligible.

The INSPIRE trial aimed to recruit 245 participating schools (75 secondary schools and 170 primary schools). Each primary school selected up to two classes from Years 4 and 5 (age 8 to 10), and each secondary school selected up to three classes from both Years 7 and 8 (age 11 to 13) to take part in INSPIRE. Participating schools were randomised by Kings Clinical Trials Unit (KCTU) to one of four conditions: Mindfulness, Relaxation, Strategies for Safety and Wellbeing and Usual Practice (control).

Focusing only on secondary schools, the AWARE trial aimed to work with a minimum of 144 schools. Each of the AWARE schools selected three Year 9 classes to take part and the schools randomised (again by KCTU) to one of three conditions: Youth Aware of Mental Health (YAM), the Mental Health and High School Curriculum Guide (The Guide) and Usual Practice (control). The randomisation protocol for both trials included minimisation for geographical representation, urban/rural location, deprivation as measured by the percentage of pupils eligible for free school meals and school mental health provision at baseline.

2.1.2 Education for Wellbeing interventions

The interventions were selected for evaluation by the Department for Education. These programmes were selected for one of two reasons, either a) because they had showed promise in trials abroad but lacked a robust evidence base or UK-specific evaluation, or b) because they were popular approaches already being adopted by schools and therefore likely to have high acceptability and feasibility, as well as potential for wider use if found to be effective.

In the INSPIRE trial, the interventions were delivered by school staff (predominantly class teachers) to pupils in Years 4, 5, 7 and 8. School staff received a half-day training

delivered by the lead developer for all interventions, Dr Rina Bajaj, at AFNCCF. The mindfulness intervention is based on Kabat-Zinn's definition of 'paying attention in a particular way, on purpose, in the present moment and non-judgmentally' (Kabat-Zinn, 2003). The intervention consists of a mindfulness manual (either primary or secondary school-specific) which includes a range of activities such as breathing exercises, physical activities (e.g. balancing exercises), imagination-based exercises, mindful colouring and sensory activities (e.g. mindful walking or eating).

The relaxation intervention consists of exercises focussing on two main themes: deep breathing and progressive muscle relaxation. As with the mindfulness intervention, school staff were provided with a primary or secondary school manual containing a range of activities. The intervention was designed for school staff to alternate each week between deep breathing and progressive muscle relaxation exercises. Both the mindfulness and relaxation interventions were designed to be delivered to pupils for around five minutes every day for a school term (three months).

The Strategies for Safety and Wellbeing (SSW) intervention consists of eight 45-minute lesson plans, with sessions adapted for primary or secondary pupils. SSW draws on emerging practice in some UK schools around teaching practical approaches to personal safety, 'Protective Behaviours' (PB). The aim of SSW is to increase pupils' skills around mental health and wellbeing, safety and how to access support. The training for school staff focusses on covering the psychoeducational content and schools are provided with eight lesson plans and accompanying resources (e.g. PowerPoint presentations, worksheets).

In the AWARE trial, the YAM intervention was delivered to Year 9 pupils by external mental health professionals over five hour-long weekly sessions. YAM is a structured programme to improve mental health awareness via discussions on risk, protective factors and problem-solving in emotionally charged situations and dilemmas. Developed by researchers in at Columbia University, New York, and the National Prevention of Suicide and Mental Ill-Health, Karolinska Institute Sweden, it aims to provide young people aged 14–16 years with a non-judgemental platform to explore

topics such as anxiety, depression and suicidal thoughts. The YAM sessions were delivered by trained instructors and were supported by learning materials, including posters that reflect six key themes and booklets for each pupil including a content summary and contact details for local support services.

The Guide intervention was delivered by trained school staff over six hour-long weekly lessons. Developed in Canada by Dr Kutcher in collaboration with the Canadian Mental Health Association, The Guide aims to increase mental health literacy in both school staff and young people. The Guide is made up of six modules covering stigma, specific mental illnesses, seeking help and the importance of positive mental health. It was originally developed to be delivered over 10–12 hours but was adapted by the Anna Freud National Centre for Children and Families (AFNCCF) to a shorter, six-session programme with more focus on mental health in an English context. Prior to the start of The Guide, school staff received a one-day training session on the curriculum led by mental health experts at AFNCCF. Schools delivering The Guide also received a pack of resources including lesson plans, worksheets and videos. All AWARE and INSPIRE interventions were delivered in the spring term (January – April). See Table 2.1 for details of all EfW interventions and their primary aims.

2.1.3 Education for Wellbeing measures

Full details on the research design and methodology of the randomised controlled trials are available in the AWARE and INSPIRE protocol papers. A timeline of EfW data collection is also provided in Figure 2.1.

Table 2.1 Interventions in the AWARE and INSPIRE trials

Intervention	Trial	Pupil Age	School Year	Content	Aim	Deliverer	Duration
Youth Aware of Mental Health (YAM)	AWARE	13 – 14	Year 9	Discussions and roleplays on risk, protective factors and problem-solving to improve mental health awareness. Non-judgemental platform to explore topics such as anxiety, depression and suicidal thoughts.	Reduce emotional difficulties	External mental health professionals	5 one-hour consecutive weekly sessions
Mental Health and High School Curriculum Guide (The Guide)	AWARE	13 – 14	Year 9	Six modules covering stigma, specific mental illnesses, seeking help and the importance of positive mental health – aims to increase mental health literacy.	Increase intended help-seeking	School staff (one day training)	6 one-hour consecutive weekly sessions
Mindfulness	INSPIRE	8 – 10 and 11 - 13	Years 4, 5, 7 and 8	Range of activities including breathing exercises, physical activities (e.g. balancing exercises), imagination-based exercises, mindful colouring, and sensory activities (e.g. mindful walking or eating).	Reduce internalising difficulties	School staff (half day training)	5-minute daily activities for one school term (3 months)
Relaxation	INSPIRE	8 – 10 and 11 - 13	Years 4, 5, 7 and 8	Alternates between deep breathing and progressive muscle relaxation exercises	Reduce internalising difficulties	School staff (half day training)	5-minute daily activities for one school term (3 months)

Intervention	Trial	Pupil Age	School Year	Content	Aim	Deliverer	Duration
Strategies for Safety and Wellbeing (SSW)	INSPIRE	8 – 10 and 11 - 13	Years 4, 5, 7 and 8	Draws on practical approaches to personal safety (Protective Behaviours) to increase skills around mental health, safety and how to access support	Increase intended help-seeking	School staff (half day training)	8 45-minute consecutive weekly sessions

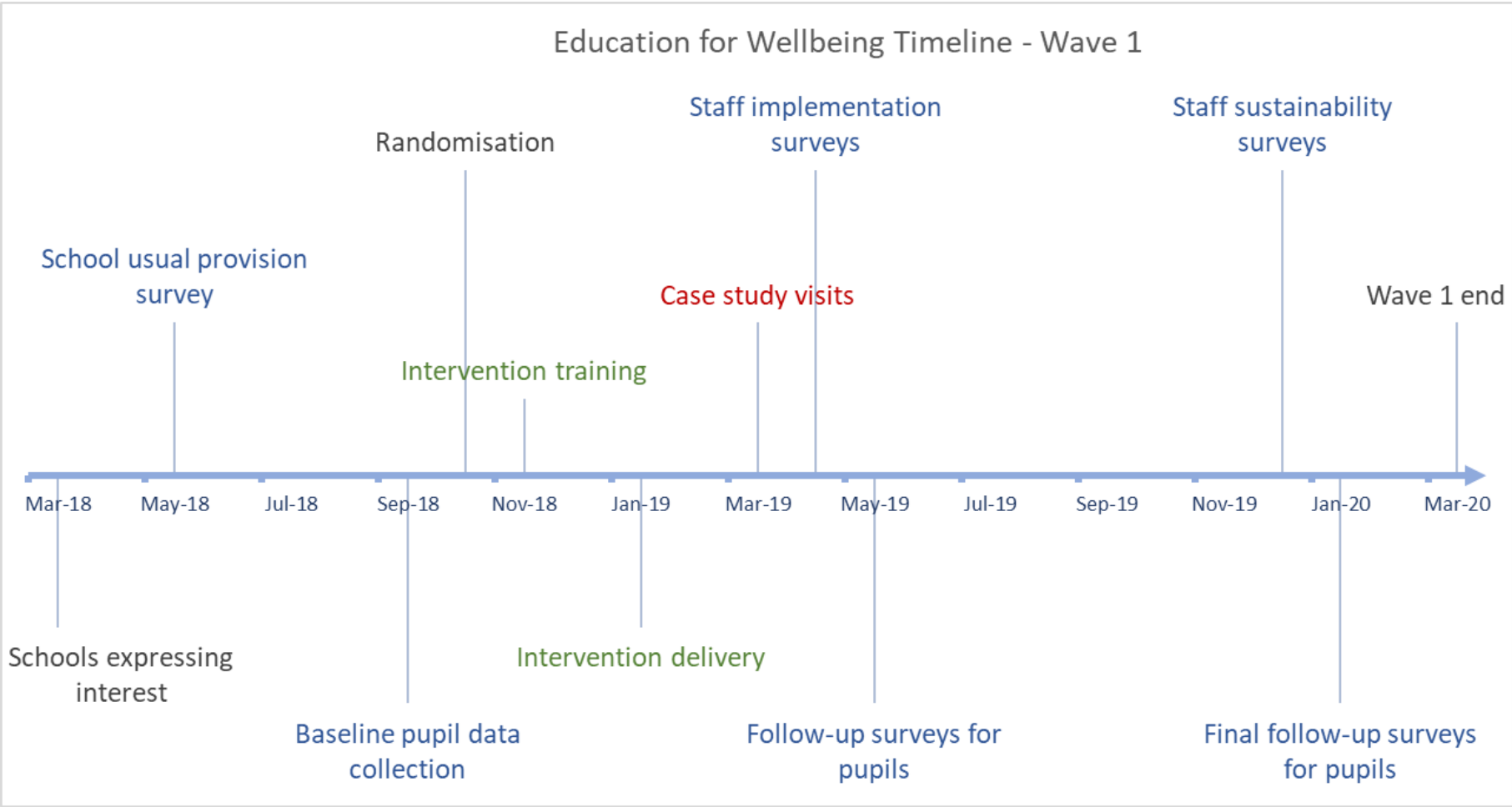


Figure 2.1 Example timeline of Education for Wellbeing data collection – Wave 1

The primary aim of the AWARE and INSPIRE trials was to evaluate the effectiveness of the interventions in comparison to usual school provision (control). For YAM, Mindfulness and Relaxation, the primary outcome was emotional difficulties (internalising difficulties). For The Guide and SSW, the primary outcome was help-seeking intentions. It was hypothesised that young people receiving the interventions would report lower emotional difficulties or increased intended help-seeking 3-6- and 9-12-months following delivery, compared to those who received their school's usual provision.

In addition to exploring effectiveness, the research also involves an economic strand and an implementation and process monitoring strand. The economic strand is led by researchers at the London School of Economics (LSE) and aims to understand to what extent the interventions are cost effective when compared to usual school provision (control) in terms of the primary outcomes (internalising difficulties/help-seeking intentions) and quality of life. A full process and implementation evaluation is being conducted in both AWARE and INSPIRE to understand factors beyond effectiveness. This includes asking schools about their existing mental health provision, the fidelity and dosage of intervention implementation, the relationship between implementation variability and intervention outcomes, experiences of implementing staff and, the focus of this thesis, sustained use of the interventions.

2.1.4 My thesis and the Education for Wellbeing programme

I have worked as a Research Officer on the EfW programme since the start of the feasibility study in 2017 and have continued working on the project whilst completing this PhD. My contribution to this project included taking the lead on school liaison and contributing to all strands of the evaluation. This involved recruitment, assisting with ethics applications, coordinating all school communications, assisting in development of the randomisation protocol, delivering presentations about the research to school staff, helping with the selection of measures, facilitating data collection, contributing to interview and focus group schedule development, coordinating case study visits, conducting intervention observations, qualitative data collection and analysis, project reporting and paper writing.

While working on the project I became increasingly interested in what would happen to the interventions after the initial trial period. This was something that the research team had discussed but was not included in the overall protocols for the trials and was outside of the initial contract remit with the Department for Education (DfE). I realised that there was an important question around sustaining the interventions that was not being investigated as part of the main EfW programme. While there was a focus on implementation during the trial, there was a clear gap in relation to what might happen once the research gaze was no longer on the participating schools. The scale of the time, money and effort (involving researchers, funders and, above all, school staff) that was going into trialling these interventions was considerable, but if the programmes were not sustained in schools, then would it all have been a waste?

After reading around and talking to colleagues, I realised that this was a well-recognised issue but that very few had the opportunity to explore the topic of sustainability due to short-term research funding. I developed this initial idea of exploring sustainability into a research proposal along with my primary supervisor, Jess Deighton. The combination of the scale of the EfW programme, the variety of interventions being evaluated, and the three-year PhD funding would provide a unique opportunity to develop our understanding of sustainability. Our funders at the DfE were enthusiastic about this and keen to learn more about sustaining interventions in schools. I then developed a programme of research that would fit with the timescales of the EfW trials and that I could undertake alongside my work on the programme.

2.2 Ethical considerations for studies in this thesis

Ethical approval for both the main AWARE and INSPIRE trials and this PhD research was granted by the University College London (UCL) Research Ethics Committee (6735/009 and 6735/014).

The quantitative surveys for school staff included a detailed participant information page and all staff gave informed consent before completing the online surveys.

Regarding the qualitative data, all staff participants provided written informed consent after reading a study information sheet, before taking part in interviews. Parental informed consent was provided for pupils under the age of 16, and all pupils provided informed written assent before taking part in focus groups.

A key tenet of ethical practice in psychology research is that participants voluntarily give informed consent or assent to be involved. Participants must understand the nature, purpose, and likely consequences of a research project for consent to be considered truly informed (Gallagher, 2010). However, bureaucratisation of ethical principles in university systems has led some to express concern that informed consent is increasingly used to protect researchers and institutions from litigation, rather than protecting research participants (Finlay & Gough, 2003; Homan, 1991). The more formal bureaucratic regulation with ethical guidelines and committees, while potentially resulting in better protection for participants, may also have reduced “doing ethics” to form filling and committee clearance, “rather than a process of reflecting upon the ethical issues in a proposed research design” (Allen 2005, p. 15).

This is specifically relevant in the context of school-based research, where additional challenges have been highlighted (Demkowicz et al., 2020). Consent can be complicated in school settings, where pupils have limited agency and choice regarding how they spend their time, which may lead to children and young people misconstruing research participation as compulsory (Graham et al., 2015; Pole et al., 1999). From the start of the Education for Wellbeing research programme, I, along with the rest of the team, took time to think these issues through carefully and consider the way the research was introduced to pupils, both by the teachers before we arrived and when we conducted site visits. Pupils were given time to think about the study and ask their teachers questions before expressing interest in taking part. Once they had indicated that they were potentially interested, a simplified version of the information sheet was provided to pupils and there were further opportunities for them to ask questions about the research and their participation. Both in the information sheets for all participants and at the start of each interview or focus

group it was made clear that taking part was voluntary and that they could withdraw at any time (see Appendix A for example information sheets and consent forms).

We also needed to mitigate any possible issues when gaining consent in a group setting, such as peer pressure or lack of understanding by individual participants. In order to do this, we checked with each individual participant that they understood what the study involved and that they were happy to take part. We also reassured them that they did not have to participate and ensured that they had all of their questions answered prior to the start of the focus group.

We also explained that the content of interviews would be kept confidential within the research team unless a safeguarding issue arose. It was explained to participants that if they disclosed information that raised concerns about their safety or the safety of others, the researchers would follow a safeguarding procedure. This involved reporting any concerns to the school safeguarding officer, as well as the principal investigator of the project and the Anna Freud Centre Safeguarding Oversight Group. All researchers involved in data collection explained this procedure to participants and informed them that if the researcher needed to breach confidentiality this would be discussed with them first. Researchers also explained the process of anonymising transcripts, whereby identifiable data (e.g. all names of people, schools and local authorities) are removed and each transcript is allocated a participant ID number.

As a result of the COVID-19 pandemic, it was necessary to switch from conducting in person site visits to online interviews and focus groups. As school staff and pupils were still participating on school premises, all of the safeguarding procedures remained the same and I liaised with school staff to make sure that there was somebody available for the pupils to talk to before and after the focus group. I was also able to share my screen with participants to go through the information sheet and consent form and provide further information if requested.

2.3 Research paradigms and methods

This section outlines the research paradigm that underpins this thesis and the methods used in my empirical studies.

2.3.1 Overview of key research paradigms

Historically, academics and researchers working in the social sciences identified broadly with one of two main research paradigms, positivism and social constructionism (Braun & Clarke, 2022). A key tenet of positivism is that the world exists independently from our understanding of it and that there is a single reality that can be studied objectively through measurement and hypothesis testing (Morgan, 2014). Most positivists assume that the researcher and the researched are independent entities, and that reality is not mediated by our senses (Scotland, 2012). This reality can consequently be captured by good data, following a rigorous scientific method. This positivist paradigm has been considered to underpin quantitative methods that build on research in the physical and natural sciences. The task of the researcher is like one of a farmer, harvesting crops that are already 'out there', existing in the world (Braun & Clarke, 2022). In positivism, the researcher's values and biases are prevented from influencing the research process (Willig, 2012). Following on from, and retaining the inherent values and logic of positivism, post-positivism is now the dominant paradigm across the social sciences (Braun & Clarke, 2022; Willig, 2012). Post-positivism includes recognition that our observations cannot be pure and perfect, yet it is desirable to strive for objectivity, even while recognising that complete objectivity is impossible (Braun & Clarke, 2022).

In contrast, social constructionists postulate that there are multiple realities, and that the world is created by our conceptions of it (Morgan, 2014). These realities are constructed through language, culture and experiences. Constructionism is founded on the premise that research *produces* rather than *reveals* evidence (Willig, 2012). Rather than harvesting crops as a farmer, the researcher is an artist, maker or storyteller, creating something with tools, techniques, cultural resources and specific skills (Braun & Clarke, 2022). This constructionist epistemology underpins a lot of

qualitative research, focusing on language and exploring what or how reality has been constructed (Braun & Clarke, 2022).

In the 1950s and 1960s, these two opposing views led to an extended period of debate known as the “paradigm wars”, where researchers debated whether quantitative, positivist research was more appropriate than qualitative, constructionist research for the study of social science (Bryman, 2006, p. 111). Frost and Nolas describe “long, bitter and ultimately unproductive methods wars” (Frost & Nolas, 2013, p. 76) which detracted attention from the actual phenomena of interest.

Out of this paradigm debate, researchers and theorists in the 1970s developed a new philosophy for research, critical realism (Archer et al., 1998). Led by the works of Roy Bhaskar, critical realism moves beyond the dichotomy between positivist and constructionist views of the world. Separating what exists (ontology) and how we come to know about it (epistemology), Bhaskar postulated that a single reality exists independently of our many interpretations of it, namely ontological realism. However, rather than taking the positivist view that we can produce knowledge about this reality in objective ways, this ontological realism is combined with epistemological relativism, an acknowledgement that all knowledge is imperfect, indirect and partial (Bhaskar, 1978). Rather than providing a researcher with a clear and direct reflection of reality, data instead provide a mediated reflection of reality, shaped by and embedded within a participant’s cultural context (Willig, 2012).

Bhaskar’s critical realism proposes that reality exists at three levels (Bhaskar, 1978). First, the *empirical* level is what we know through our experiences and senses; events can be measured empirically but only through the lens of our human perception. Next, the *actual* level concerns the events and actions that exist independently of whether they are experienced or observed. Finally, the *real* level involves generative or causal mechanisms within objects or structures that have the power or tendency to produce events in the world. So, taking the domain of the *empirical* a person may experience a walk in the woods, their senses alive with leaves rustling in the trees and the sound of birdsong. In the domain of the *actual*, a tree falls, even if nobody is

there to see or hear it (to experience it). The final domain of the *real* contains causal mechanisms, such as the gravity that causes a conker to fall from a tree. Bhaskar argues that there is not necessarily direct, one-to-one correspondence between these experiences, events and mechanisms. Underlying mechanisms may only be known through their events and may never be directly experienced. Additionally, people's experiences of the same events may be radically different (Archer et al., 1998; Bhaskar, 1978).

For Bhaskar, the role of science and researchers is to investigate and explain the relationship between these three levels. We can collect and analyse evidence of regularities in the *empirical* domain to assess theories about any underlying mechanism or structures in the *real* domain. This is particularly useful in applied research, where the aim is to generate knowledge and evidence that can influence practice and policy. As critical realists seek to explain, explore and critique social conditions, it is possible through research to produce recommendations for policy to address social problems (Fletcher, 2017).

2.3.2 Thesis research paradigm

Given the applied focus of this thesis, with aims to generate knowledge and evidence that can influence practice in English schools, the research in this thesis is informed by a critical realist perspective. This critical realist approach is not associated with any one particular method, but functions as a general methodological framework for research.

In the context of this research, I consider that there is a reality behind why some interventions are sustained in some settings and not others. However, there are no data or research methods that will provide direct access to the reality of sustainability. Instead this reality is obscured both by subjectivity and the processes that produce knowledge (Braun & Clarke, 2022; Fletcher, 2017). At the level of an individual teacher in a school, we cannot have direct access to understanding why they do or do not sustain delivery of an intervention; this teacher may not have direct access to this either. Data from interviews can only capture what each participant is

conscious of and willing to share. Each participant's account is partial and cannot ever provide a complete picture of an intervention in a school. Interview data from a member of school staff in which they describe why they sustained an intervention cannot be viewed as an objective truth, but rather as their subjective perception of the reasons behind sustainment. However, the experiences of each participant can provide insight into the complex social and structural processes that underpin the phenomenon of sustainability.

The empirical studies in this thesis use a range of different, complementary methods to develop a richer understanding of the sustainability of programmes in schools. Critical realism fits well with research using a variety of methods, as it emphasises the importance of using multiple observations and measures. As each method will explore reality from a different angle, the combination of methods may bring about a better grasp of the phenomenon that the research seeks to understand (Morse, 2003). Critical realism has also been referred to by some as complex realism, acknowledging that in the social world numerous factors will interact in highly complex and unpredictable ways over time and in different contexts (Sayer, 2000). Given the complexity of school settings (see 1.6.4 schools as complex adaptive systems), it is likely that there are many complex social processes underpinning sustainability in schools, and consequently multiple methods are required to try to understand it.

2.3.3 Thesis structure and methods

Figure 2.2 provides an overview of studies presented in this thesis. In line with White's (2013) assertion that "evaluations should be issues driven, not methods driven" (p. 61), the first task of each study was to identify the best methods available for answering the research question. A brief overview of the approaches used in each study is provided here, and all methods are discussed in detail in the following chapters.



Figure 2.2 Studies included in this thesis

The staff plans and expectations study (Chapter 3) drew on semi-structured interviews conducted with school staff at the end of a trial delivery period. Qualitative thematic analysis was used to explore the plans for the future, processes to support sustained delivery and the different discourses surrounding school intentions. Given the lack of any prior research on this, an inductive qualitative approach was most appropriate to explore the plans and expectations of school staff.

The second study (Chapter 4) aimed to synthesise any prior evidence regarding barriers and facilitators to sustaining school-based mental health interventions. Online databases were systematically searched for empirical research published between 2000 – 2021 that explored factors affecting sustained delivery of mental health and wellbeing interventions in schools. Findings were qualitatively synthesised using thematic analysis and identified both school level and wider system level factors.

With only limited evidence identified in the literature review, and the lack of research conducted in the context of English schools, the third study (Chapter 5) used qualitative data to investigate staff perceptions of factors affecting sustained delivery of the EfW interventions. I conducted a thematic analysis on interviews with school staff one year on from the initial trial delivery period (Sustainability Timepoints 1a and 1b). This analysis used both deductive and inductive approaches to develop themes around the barriers and facilitators to sustainment.

After identifying numerous factors that influence sustainability through both the literature review and the qualitative analysis, the fourth study (Chapter 6) used survey data from staff participating in the EfW programme to explore quantitatively factors that predict sustained delivery. Using both descriptive statistics and mixed effects logistic regression, this study reported on the sustained use of the different EfW interventions 9-10 months after the trial period and explored various predictors of sustained delivery.

As many factors included in the Chapter 6 analysis failed to predict sustained delivery, the interaction between factors was explored qualitatively in the school sustainability journeys study (Chapter 7). I drew on ideal-type analysis (a method for developing typologies from qualitative data) to investigate patterns across different schools' journeys with the EfW interventions. The data in this study included interviews from Sustainability Timepoints 1a and 1b (as in Chapter 5), combined with data collected over two years after the initial trial (Sustainability Timepoint 2). This approach allows for cross-case analysis with a longitudinal sample, with data collected over multiple timepoints. Each case was represented by all of the staff and pupil interviews collected for one school, facilitating in-depth exploration of school data both within and between schools.

The final study (Chapter 8) drew again on data from the semi-structured interviews with school staff across Sustainability Timepoints 1a, 1b and 2 to explore advice and recommendations to improve sustainability. These findings were synthesised with recommendations from a roundtable discussion of key stakeholders, including policy makers, school staff, intervention developers and researchers.

2.4 Quality criteria for research

When writing up each of the empirical studies in the thesis I drew on reporting standards to ensure rigour and transparency in my work. For the systematic literature review I followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2015), and for the qualitative and quantitative studies I used the APA Journal Article Reporting Standards (JARS) for qualitative and quantitative research (Appelbaum et al., 2018; Levitt et al., 2018). There are many similarities across these guidelines, such as providing a clear rationale for the research, explicitly stating the aims and research questions, providing clarity and detail around data collection methods and analysis, and including an interpretation of the results along with any limitations of the research. All of these are addressed in each of the empirical chapters in this thesis. The PRISMA guidelines also comprise details on eligibility criteria, search strategy, quality assessment and

data synthesis and these are included in Chapter 4 (Moher et al., 2015). Similarly, the study in Chapter 6 addresses the specific guidelines of the APA quantitative JARS, including detail on participant characteristics, measures and analytic strategy (Appelbaum et al., 2018).

In the APA reporting standards for qualitative research there is detailed guidance on topics such as reflexivity and researcher positioning, data-analytic strategies and methodological integrity (Levitt et al., 2018). While the generic APA standards provide a useful checklist for reflection and guidance when reporting qualitative research, there have been questions about the use of general reporting standards for the 'messy swamp' of qualitative research, with many intersecting and divergent methods and traditions (V. Clarke, 2022). For example, the guidelines recommend certain checks on qualitative analysis, including triangulation across multiple sources or information, consensus building, member checks or participant feedback on findings, and data displays or matrices (Levitt et al., 2018). Yet these types of checks have been criticised by qualitative methodologists for aligning only with positivist and post-positivist perspectives on rigour and for contradicting the theoretical underpinnings of some approaches (Braun & Clarke, 2022; V. Clarke, 2022; Morse, 2015; Varpio et al., 2017). Member checks, for instance, whereby researchers present their data transcripts or data interpretations to participants, are sometimes used with a view to correcting errors or attempting to eliminate the possibility of misrepresentation (Varpio et al., 2017). This approach is rooted in positivism, where a single reality is assumed to exist, and a researcher must try not to let their values and biases influence the research process (Willig, 2012). There is a note in this section in the APA-JARS that the use of these checks can "augment a study's methodological integrity" but that also acknowledges that different approaches to inquiry have "different traditions in terms of using checks and which checks are most valued" (Levitt et al., 2018, p. 36). Given the critical realist research paradigm of this thesis, I have used the APA-JARS for guidance, but I have also drawn more closely on the guidance for methodological rigour provided by the authors whose methods I employ in this thesis (e.g. reflexive thematic analysis; Braun & Clarke, 2022; ideal-type analysis; Stapley et al., 2021).

Consistent across the APA reporting standards, Braun and Clarke's (2022) approach to thematic analysis and Stapley et al.'s (2022) ideal-type analysis is the importance of describing a researchers' background in approaching the study and any prior understandings of the phenomena under investigation. As this is relevant to multiple qualitative studies in this thesis, the following section describes my researcher positioning. Detail on participant information and context, data collection and data analysis for the four qualitative studies is provided in the methods section of each chapter.

2.5 Reflexivity in research

2.5.1 Why be reflexive?

While I provide reflections throughout the thesis in relation to specific methods and datasets used, here I provide a brief overview of my reasons for undertaking the research in this thesis and 'situate' myself in relation to the data (Braun & Clarke, 2022). With a history spanning over a century, reflexivity has become a defining feature particularly of qualitative research, whereby there is no longer an attempt to abolish the researcher's presence and instead authors are encouraged to reflect on the impact of researcher context on data collection and analysis (Finlay, 2008). In line with the critical realist position outlined above, all research can be seen to be interpretive and "guided by the researcher's set of beliefs and feelings about the world and how it should be understood and studied" (N. K. Denzin & Lincoln, 2005, p. 22). Rather than viewing subjectivity as something problematic and to be avoided, as in a positivist paradigm, a reflexive approach to research views subjectivity as valuable; "the researcher becomes the instrument for analysis" (Nowell et al., 2017, p. 2).

In light of this, many have argued that in order to view, interpret and gain insights into the experiences of other people, researchers must recognise and consider their own positioning (Barrett-Rodger et al., 2022). Some researchers have warned, however, against falling short in attempts at personal reflexivity by failing to link their reflexive account to the process of the research, for example through simply listing

personal characteristics (e.g. I am a woman, I am British, and so on) (Lazard & McAvoy, 2020). In an attempt to avoid this pitfall, I have spent time throughout the PhD reflecting on my position as a researcher, along with my personal beliefs and attitudes that are relevant to my work. I also asked a colleague to interview me earlier this year using a script based on Barrett-Rodger et al.'s (2022) interview schedule on researcher perspectives and assumptions. The aim of this is to “expose insights which influence researcher reflexivity and directly impact on the research process” (Barrett-Rodger et al., 2022, p. 1). Questions covered my personal and professional experience in relation to this PhD, why the subject is important to me and how I decided on my research paradigm and methodology. I found this to be a very useful process to probe into my relationship with the research and its purpose. The interview was recorded, and my responses inform the following section, where I give an overview of experiences, characteristics and attitudes that have specifically shaped and contributed to this research. I have made a conscious decision to use the first person throughout this thesis, instead of a third person style which contradicts this reflexive approach and “effectively writes out the presence of the researcher and renders them invisible” (Lazard & McAvoy, 2020, p. 162).

2.5.2 A reflexive note

Though I have no direct experience of working as a teacher in English schools, I grew up with both parents working full-time in education and my partner is an English teacher. I also became a governor of a comprehensive secondary school in South East London in the first few months of my PhD. I started this research from the premise that, as the state legally obligates school attendance, it can, and indeed *should* take responsibility for impacting positively upon the mental health and wellbeing of school pupils. However, through my personal experiences as a pupil in English state schools, my work, and reports from close family, I have developed a palpable sense that substantial system change is required to support children and young people's mental health during their education. This is irrespective of a growing discourse around schools prioritising wellbeing in the UK, and the many individuals within the system who are working hard to create change.

I have brought to this research a desire to help schools improve their current practice and provide better support for their pupils. When collecting qualitative data, I often found myself identifying with the school staff I interviewed and felt that we were largely 'on the same side', aiming to improve support for school pupils and looking beyond only academic outcomes. I have remained open throughout, though, to the idea that the interventions being trialled in the EfW research may not in fact be the best fit for English schools or help pupils with their mental health. I have tried to stay open to the possibility that other support or types of intervention may be more beneficial for schools and pupils and not get drawn into thinking that the goal or solution is for these specific interventions to be sustained. I also had conversations with school staff outside of the formal interviews that may have influenced my views regarding the significance of the wider systems around schools and the power of institutions such as Ofsted to create change. However, in my qualitative analysis I have tried to remain close to the interview data (e.g. by using participant quotations in theme names) and have sought the opinions of supervisors and colleagues to help with this.

There were many mealtime conversations when growing up about school systems in England, as my dad was an Educational Psychologist and my mum a history teacher who later became the headteacher of a Pupil Referral Unit. These discussions often touched on the regular introduction of new initiatives and sometimes larger scale 'restructuring', often with relatively few sustained positive outcomes. As I started work in this field I was presented with a similar picture and, when I began work on the EfW programme, was surprised to find the long-term future of the interventions had not been considered. Despite the lack of attention to sustainability in the original protocols, our funders at the DfE were enthusiastic about my research proposal and have been very supportive and interested in my work. With this in mind, I wanted this thesis to lead to practical recommendations for decision makers.

This pragmatic approach has undoubtedly been influenced by my work at the Evidence Based Practice Unit (EBPU). My undergraduate degree was in languages, and I had limited experience in the world of research before arriving to work in this

unit. The approach of EBPU shaped my idea of what research is, including my belief in the benefits of using multiple methods to answer a research question and the emphasis on the clinical and policy implications of our work.

Given the nature of sustainability and the timeframes involved, I have been well aware throughout this research that there are many people with more practical experience and insight than me. Colleagues who have worked in education and research for the past 30 years will have seen numerous examples of interventions coming and going. In light of this, and despite feeling passionately about the need for change in school mental-health provision, I have tried not to rush in and criticise current practices from a position of inexperience. Instead, I have sought where possible to foreground the knowledge and experiences of those who have worked in school systems for many years. I have attempted this particularly through my use of qualitative research methods, which tend to be bottom-up (allowing the voices of research participants to be heard) and inductive, avoiding the imposition of existing concepts and categories (Willig 2012). The final roundtable study also draws on the voices and opinions of a range of experienced professionals to interpret the research findings of this thesis and come up with recommendations.

Chapter 3 Staff plans and expectations for the Education for Wellbeing interventions

3.1 Introduction

As outlined in Chapter 1, several factors influencing sustainability have been identified in relation to health interventions in schools. These include educational outcomes taking precedence, the importance of pupil engagement and the need to adapt intervention materials to allow for other curriculum requirements and the diversity of pupils' needs and experiences (Herlitz et al., 2020). Han and Weiss (2005) also explored sustainability in relation to designing school-based mental health interventions and noted the importance of acceptability, feasibility and flexibility for school staff. They identified the motivation of individual class teachers as an essential component of sustainability, as these are the people who actually deliver the intervention to pupils. The authors also acknowledge higher-level factors (e.g. policies, priorities and resources) that influence conditions supporting or interfering with programme sustainment (Han & Weiss, 2005).

More recently, qualitative research into the perspectives of school leaders found a number of key themes in relation to practices leading to sustainment of school-based initiatives to develop students' wellbeing and positive mental health (Askell-Williams, 2017). These included the limitations of relying upon a local champion, the need for continued leadership support and staff professional education, and evaluation, adaptation and review that proceeds throughout the life of the programme. Yet this research was conducted a number of years after the introduction of these initiatives and school leaders were asked to reflect retrospectively on the practices that led to sustained delivery (Askell-Williams, 2017).

As discussed in Chapter 1, a number of implementation frameworks propose a stage or phase model that includes a final sustainment phase (Forman, 2015a; Proctor et al., 2011). An example of this is Proctor et al.'s (2015) framework that includes the four phases of Exploration, Adoption/Preparation, Implementation and Sustainment.

These different stages of implementation have been developed in order to provide insight for practice and inform intervention development, as different stages may require a different focus or different actions from those trying to bring about change (Forman, 2015a). However, rather than understanding sustainment as a separate and distinct phase from initial implementation, some argue that sustained delivery of a programme “begins with the first events” (Pluye et al., 2005, p. 123). Using multiple case-studies of health centres in the US, Pluye et al. (2005) explored the routinisation (described as the sustainability process in organisations) of a new initiative over 10 years. The research found that routinisation-related events occurred as soon as the project began and specific events foresaw the presence of routines in the organisations (Pluye et al., 2005). As a result of this, the authors argue that the stage model of implementation, with sustainment as the final stage of a programme’s evolution, is deceiving, and that it is important to consider sustainability from the very beginning (Pluye et al., 2005). Others have also suggested that planning early for sustainment during the first implementation phase is essential for success (Forman, 2015b; Wiltsey Stirman et al., 2012).

Despite this acknowledgement of the importance of early processes for successful sustainment, there is very little research that investigates these processes. Instead, research exploring sustainment or sustainability is often conducted a number of years after the initial delivery phase (Askill-Williams, 2017; Dijkman et al., 2017; Loman et al., 2010). Although this provides important insight into interventions over time, it does not capture the point of transition between initial implementation and moving into sustained practice. In the context of sustaining mental health programmes in schools, exploring this initial phase from the perspectives of staff is key for developing a clearer picture of the attitudes and processes that may affect long-term implementation of interventions in school. As highlighted by Han and Weiss (2005), school staff are key stakeholders, and it is important to understand their experiences and expectations at all stages of their involvement with an intervention.

In one study evaluating a whole-school approach to prevent and reduce problem behaviour, Ertesvåg et al. (2010) interviewed staff at two timepoints with the aim of investigating the conditions that helped four schools to continue the programme after the end of a 1-year implementation period. The authors found that a school's ability to sustain the programme was closely linked to the work carried out in the earlier phases of the innovation process. One school that struggled to implement the programme from the beginning was described as having a "weak tradition of collective work" and leadership issues that meant staff attempting to introduce the programme were very isolated (Ertesvåg et al., 2010, p. 338). In contrast, the school that continued delivery two and a half years later had a strong leadership team and made plans for the programme after the trial, based on the specific challenges of their school. These plans included training new staff members and school leaders monitoring the process after the first implementation year (Ertesvåg et al., 2010). This suggests that having concrete plans at the end of an initial trial period may lead to successful sustained delivery of an intervention.

It is also important to acknowledge the different roles and responsibilities of staff in schools. The framing of schools as complex adaptive systems (see 1.6.4) highlights the nested, hierarchical structures within schools (e.g. teachers, subject departments, key stages) and the importance of interactions between different staff members in these structures. Yet little is known about varying perspectives of school staff in different roles, and Askell-Williams' (2017) research only explored the views of school leaders. The present research aims to build on Askell-Williams' (2017) findings by exploring the perspectives of school staff who have been involved in delivering the EfW interventions to support pupil wellbeing and positive mental health. This study draws on a large sample of school staff in a range of roles and focuses on the first timepoint in the life of a school-based intervention, when schools are finishing the initial implementation phase. Through analysis of interviews with staff, this chapter aims to answer the following question: what are the plans and expectations of school staff for the EfW interventions after the research trial?

3.2 Methods

3.2.1 Setting for the study

The current study analysed interview and focus group data from school staff involved in the first wave of the EfW programme (starting in 2018, with intervention delivery from Jan – March 2019). The scope and aims of the interventions were outlined in Chapter 2 (see Table 2.1). The qualitative data for this study was collected towards the end of the initial trial delivery period for all of the interventions (see Figure 2.1 for timeline). Part of the implementation and process monitoring strand, the aim of this data collection was to find out about staff and pupils' experiences of the EfW interventions, perceptions of impact and suggestions for improvements to the intervention materials.

3.2.2 Participants

School staff were invited to express interest in taking part in the qualitative strand of the EfW trial both at intervention training sessions and by email. School staff in a total of 98 schools (out of a potential 184) expressed interest and 20 schools were selected as case studies. The demographics of the schools that expressed interest in taking part and those who did not are outlined in Table 3.1.

Table 3.1 Characteristics of case study volunteer schools

Characteristic	Volunteered to be case studies (%)	Did not volunteer (%)
Intervention		
Mindfulness	25 (53)	22 (47)
Relaxation	23 (49)	24 (51)
SSW	25 (54)	21 (46)
The Guide	12 (55)	10 (45)
YAM	13 (59)	9 (41)
Type of School		
Primary	59 (54)	50 (46)
Secondary	38 (52)	35 (48)
Middle	1 (50)	1 (50)
Urban/Rural		
Major city	24 (41)	35 (59)
City/town	74 (59)	51 (41)

Geographical Area		
Bristol	21 (51)	20 (49)
Durham	22 (55)	18 (45)
London	34 (58)	24 (42)
Manchester	21 (47)	24 (53)
Usual Mental Health Provision		
High	30 (64)	17 (36)
Medium	34 (52)	32 (48)
Low	26 (54)	22 (46)
<i>MISSING</i>	8 (35)	15 (65)
Perceived Barriers to Mental Health Provision		
High	25 (54)	21 (46)
Medium	24 (52)	22 (48)
Low	41 (59)	28 (41)
<i>MISSING</i>	8 (35)	15 (65)

The research team sampled schools to achieve equal representation across interventions, equal representation across each of the four geographical hubs (London, Manchester, Bristol and Durham), and for variation across a range of contextual factors, including urban or rural location, type of school (e.g. mixed sex versus single sex), level of mental health provision at the start of the trial and level of perceived barriers to providing mental health support (see Table 3.2). The information on mental health provision and perceived barriers was provided by school staff at the start of the trial in a survey about their school's usual provision.

Table 3.2 Case study school characteristics

Intervention	Type of School	Geographical Area	Urban/Rural	Sex	Usual Mental Health Provision ^a	Perceived Barriers to Mental Health Provision
YAM	4 Secondary	1 Bristol	1 Major city	3 Mixed	2 High	2 High
		1 Durham	3 City/town	1 Boys	1 Medium	1 Medium
		1 London		(Privately funded)	1 Low	1 Low
		1 Manchester				
The Guide	4 Secondary	1 Bristol	2 Major city	3 Mixed	1 High	1 High
		1 Durham	2 City/town	1 Boys	2 Medium	2 Medium
		1 London			1 Low	1 Low
		1 Manchester				
Mindfulness	3 Primary	1 Bristol	2 Major city	4 Mixed	2 High	2 High
	1 Secondary	1 Durham	1 City/town		2 Medium	1 Medium
		1 London	1 Rural town			1 Low
		1 Manchester				
Relaxation	3 Primary	1 Bristol	1 Major city	4 Mixed	2 Medium	1 High
	1 Middle	1 Durham	1 City /town		1 Low	2 Medium
		1 London	1 Rural town		1 MISSING	1 MISSING
		1 Manchester	1 Rural hamlet			
SSW	2 Primary	1 Bristol	2 Major city	4 Mixed	1 High	1 High
	2 Secondary	1 Durham	2 City/town		1 Medium	1 Medium
		1 London			2 Low	2 Low
		1 Manchester				

^aInformation on mental health provision and perceived barriers was provided by school staff at the start of the trial in a survey about their school's usual provision (Hayes et al. 2019a; Hayes et al., 2019b). One school did not complete this survey.

In advance of the visit, the research team asked the school key contact to organise interviews with up to three staff members involved in the implementation of the intervention (e.g. a member of the senior leadership team (SLT) and two classroom teachers). The majority of school staff were interviewed separately, but in four schools timetabling difficulties and room requirements meant that two or three members of staff were interviewed together in a focus group. Across the 20 case study schools, 53 interviews were conducted with 60 members of school staff. Demographic data were self-reported by staff along with their job role (see Table 3.2). The staff members' ages ranged from 23.42 to 59 years ($M = 41.6$, $SD = 9.88$). Age data were missing for 11 participants.

Table 3.3 School staff demographics

Demographic Categories	Frequency	Sample %
Gender		
Female	42	70%
Male	12	20%
<i>MISSING</i>	6	10%
Ethnicity		
White British	52	86.7%
Any Other White Background	1	1.7%
<i>MISSING</i>	7	11.7%
Job Role		
Senior Leadership Team (SLT)	12	20%
Senior Teacher – PSHE or Pastoral Lead	15	25%
Senior Teacher – Other Responsibilities	5	8.3%
Classroom Teacher	20	33.3%
Non-Teaching Staff (e.g. Teaching Assistant)	8	13.3%

3.2.3 Data collection

Being a case study school involved receiving a visit from the research team towards the end of the initial delivery period (March – April 2019). Two researchers attended each visit and conducted interviews and focus groups with school staff and pupils. All

staff participants were asked to read a study information sheet and provide their written informed consent before taking part in the interviews. It was made clear that participation in the research was voluntary, they could withdraw at any time, and that the content of the interviews would be kept confidential within the research team with transcripts anonymised (e.g. names of people and places removed). It was also highlighted that the research team were independent evaluators for the trial and had not been involved in designing the intervention or any of the materials.

All interviews took place in a private room at the participants' schools and were conducted during mid to late delivery of the interventions. In total I conducted 14 out of the 53 interviews myself. The interviews were semi-structured, and the topic guide explored five key areas: experiences of delivering the intervention; opinions on the intervention; adaptations and suggestions for improvements; perceptions of impact on the school, staff and pupils; and plans and expectations for the intervention in the future (see Appendix B). All interviews were audio-recorded using encrypted Dictaphones and transcribed verbatim by a transcription company with a confidentiality and non-disclosure agreement with the research team. The interviews ranged in length from six to 52 minutes. The mean interview length was 28.85 minutes ($SD = 8.92$).

3.2.4 Data analysis

I conducted a thematic analysis using the NVivo 12 qualitative data analysis software (QSR International Pty Ltd., 2018). The analysis drew on Braun and Clarke's (2006) six-step approach and, as outlined in Chapter 2, was conducted from a critical realist perspective. The six steps of analysis are outlined here:

Phase 1 – Data familiarisation

Multiple researchers from the EfW team were involved in quality checking the accuracy of the full transcripts against the interview audio files. I checked 10 out of the 53 transcripts. I then familiarised myself with the data by reading through all of the interviews and highlighting the extracts of the transcripts that were relevant to

this study's research question on staff expectations for the future and plans related to sustaining the interventions. These extracts were often responses to one question in the interview schedule (*How likely do you think it is that your school will continue implementing the intervention after this academic year? Why/why not?*), but plans and expectations were also discussed in other sections of the transcripts.

Phase 2 – Systematic data coding

I then conducted line-by-line coding using NVivo (QSR International Pty Ltd., 2018). In the process of creating these initial codes I identified three main topics in the data: staff plans to continue delivering interventions and expanding the reach to additional pupils; the planned processes to support delivery; the discourse surrounding school intentions. These topic summaries are not recognised as 'themes' by Braun and Clarke (2019), who describe themes as "patterns of meaning... that are underpinned and unified by a central idea" (Braun & Clarke, 2022, p. 229). Instead, topic summaries capture the diversity of responses to a topic, issue or area of the data and are often used in more deductive, framework approaches to thematic analysis. The first topic (plans to continue delivery) was deductive, as it reflects the questions participants were asked to respond to during the data collection, but the other topics were identified inductively after engaging with the data.

Phase 3 – Generating initial themes

Within these topic summaries, I created a list of inductive codes (labels describing the content of the interview transcript extracts) from the data and collated the codes into potential themes.

Phase 4 – Developing and reviewing themes

Following this initial coding and development of inductive themes, I then met with my supervisory team to discuss my analysis, and this informed the process of reviewing and refining my themes. I also returned to the transcripts to ensure that no relevant sections had been missed during the coding process.

Phase 5 – Revising and defining themes

A supervisor (ES) reviewed my final list of themes as a further check on the representativeness of the themes. This involved reading through the content coded to each theme and recoding or creating new themes where warranted. Once I had developed a final list of themes, I began trying to create a thematic map. I created a number of different maps as I considered how best to reflect the connections between the distinct topic summaries. I realised that concentric circles could be a useful way to represent the three topic summaries and I shared this with supervisors before creating my final map (see 3.3.4).

Phase 6 – Writing the report

I then read through my final themes and went back to check them against the dataset before I wrote the analysis section of this chapter.

3.3 Results

This section presents the three overarching topics developed from the dataset: 1) staff plans to continue delivering interventions and expanding the reach to additional pupils; 2) the planned processes to support delivery; 3) the discourse surrounding school intentions. These topics and their corresponding subthemes are discussed in detail below, and are also presented in Figure 3.1, a thematic map, at the end of this section. Given the size of the dataset, I have decided to give some indication of frequency of the experiences described, this study uses the following system to report the findings of the first two themes:

- Most - this finding was based on data from 17 to 20 schools
- Many - this finding was based on data from 11 to 16 schools
- Some - this finding was based on data from 5 to 10 schools
- A few - this finding was based on data from 1 to 4 schools

3.3.1 Plans to continue delivery and expand the reach of the intervention²

This section contains three subthemes relating to staff plans to continue delivery of the EfW interventions. These are the more concrete plans that staff mentioned when asked about what would happen in the months or years following the research trial, and include: *Building the interventions into the school timetable*, *Spreading to other year groups* and *Spreading to alternative provision groups*.

3.3.1.1 Building the interventions into the school timetable

Plans for continued delivery looked different for the different types of intervention. Staff who had been delivering a series of lessons with The Guide and SSW talked about building the intervention into the curriculum and making the intervention part of their school's standard provision for certain groups of pupils.

Participants in a few of these schools mentioned that the interventions were easy to fit into their current provision for Personal, Social, Health and Economic education (PSHE) or Personal Development (PD). Staff said that timetabled weekly sessions meant that it was possible to swap out content and include the intervention in their future provision. For example, staff commented that they had plans to embed the programme into their PSHE curriculum to ensure that the intervention was delivered every academic year.

"...as our Year 7s come in next year, in September, this will form part of their PSHE lessons. So, it'll actually be delivered over eight weeks, but sort of be eight weeks of their PSHE course." **SSW School 1, Senior Teacher – PSHE or Pastoral**

Rather than planning timetabled sessions for the interventions, schools delivering Mindfulness and Relaxation talked about embedding the 5-minute activities into the school day. This varied amongst school staff, but generally involved a fixed daily time

² The YAM intervention is delivered by trained external professionals and is currently unavailable outside of the research trial for schools in all but one English local authority. As such, staff in YAM schools were not able to comment on future delivery of the intervention in the same way as staff in all other arms of the trial.

to spend five minutes on one or more Mindfulness or Relaxation activities. Staff in a few of these schools indicated that this embedding process was already underway, commenting that the interventions had become part of their school's daily activities.

"It seems to be such an established part of the routine." **Relaxation School 1, Classroom Teacher**

One school delivering Relaxation said that five minutes a day was perfect and that they could not possibly fit a 45-minute session into their timetable. Staff in a few Mindfulness and Relaxation schools said that there would be no option to stop delivery; the pupils would ask for the activities and would not let staff get away with it if they forgot to allocate time for them each day.

"I think it would be unfair to stop... because they are the ones that are leading it now, they're the ones that are asking for it, they are the ones that see the need for it, which is good." **Relaxation School 4, Senior Teacher – PSHE, Wellbeing or Inclusion**

3.3.1.2 Spreading to other year groups

Many schools had plans to use the intervention with other year groups, particularly those they felt would benefit most. For example, moving The Guide from Year 9 to Year 7 to reduce stigma around mental health earlier, or using Mindfulness with Year 6 or Year 11 pupils to help deal with exam stress. Many schools also mentioned the possibility of rolling out the intervention (either in part or in full) to all pupils in their school. All staff in Mindfulness schools discussed the potential to deliver activities to pupils in the entire school.

"I definitely would like to roll it out across the school. We have provided the resources internally with colleagues." **Mindfulness School 1, Classroom Teacher**

Staff suggested that there may be variation in the timing of delivery (e.g. after lunch, first thing in the morning, at the start of each lesson) but that the activities would be

appropriate for and beneficial to all age groups. One participant also suggested that they would like to roll the intervention out to their feeder primary school so that pupils would already be acquainted with the activities before arriving in Year 7. Staff in Relaxation and Mindfulness schools similarly mentioned plans to involve all pupils and a few schools had already started delivering the intervention to other year groups during the research trial.

“Well I would like to see it through the whole school, I particularly think about Year 11 and exam stresses and everything else... In all honesty, I don’t know of a student who wouldn’t value just a little bit of reflection time... and, you know, a chance to relax.” **Mindfulness School 2, SLT**

Rolling the lessons out to the entire school was a less common theme among staff delivering The Guide and SSW. However, a few schools did discuss plans to filter certain content across all year groups. Staff suggested that it would be helpful for everybody in school to be aware of some intervention content, such as how to access support or using the correct terminology for mental health.

“I think we’d make sure that information filtered across the school.” **Guide School 4, Senior Teacher - PSHE or Pastoral**

3.3.1.3 Spreading to alternative provision groups

A few schools also discussed delivering the intervention to pupils in alternative provision settings within their school. Some staff felt that the resources provided as part of the intervention would be useful to these groups, though they may require adaptation or be used at different educational stages. For example, staff at a secondary school had requested a copy of the primary school lesson plans for SSW as they felt that the simplified resources would be useful for an alternative provision group.

“We do have a small cohort of students in school who have a slightly different provision due to special educational needs, and we passed the primary

programme onto them so that they could tailor their own provision to those students” SSW School 2, Senior Teacher – PSHE or Pastoral

3.3.2 Processes to support continued delivery and expansion

This section explores the processes and activities that staff expect will support sustained delivery, including: *Making adaptations to the interventions*, *Sharing resources with others* and *Project as a springboard for other mental health and wellbeing activities*. These subthemes were discussed by staff as intentions for continued delivery, as opposed to the more concrete plans of the previous section.

3.3.2.1 Making adaptations to the interventions

When exploring plans for the next academic year, many staff members discussed making adaptations to their allocated intervention (Guide, Mindfulness, Relaxation or SSW). Tweaking activities, adding to content or adjusting the structure of delivery were a key part of embedding the interventions into different schools. Staff were keen to retain the main content of the interventions, but nearly all planning for the future involved making some changes to the way they had been delivered during the research trial.

3.3.2.1.1 Changes to intervention structure

Staff who had delivered The Guide discussed the potential for allocating more than six lessons to the curriculum content, as they had been provided with a large amount of information and many different resources. Staff commented that the volume of information included in the lesson plans meant that they may not be covering topics in enough depth, and that, in future delivery, pupils might benefit from more open discussions and time to talk through the content.

“There’s so much information we’ve been sent through the lessons that there’s enough to probably keep going for double the amount of time than the six weeks.” Guide School 1, SLT

Similarly, staff in a few Relaxation and Mindfulness schools also discussed the possibility of increasing the intervention dosage, delivering multiple times each day or even at the start of every lesson. Participants talked about the positive impact of having a moment of calm and time to self-regulate and reflect before starting their lessons.

“So, [Colleague 1] would love mindfulness to be at the beginning of every lesson, so you have that five minutes of self-reflection time and that five minutes of calm.” **Mindfulness School 2, Senior - Other**

A few schools mentioned changes to who delivers the intervention, with suggestions for pupils leading Mindfulness and Relaxation exercises, and the school nurse being invited in to deliver part of The Guide.

*“And maybe also then try and get our school nurse to come and visit them in the sessions as well. **Why the school nurse?** Because she does, she comes into PSHE lessons for Sex Ed at the moment [...] just to vary who the students are seeing a little bit. I think having different people talk to them makes it go in a bit more rather than just one person.”* **Guide School 4, Senior Teacher - PSHE or Pastoral**

3.3.2.1.2 Adaptations for different year groups

Some schools said that part of their plan to roll the interventions out to other year groups involved making adaptations to ensure that they are age appropriate. For The Guide and SSW this might involve delivering different elements of the intervention to different year groups. One SSW school commented that their Year 4 pupils were perhaps not mature enough to cover some of the topics in depth, and consequently were thinking about where the content might be best suited.

“We’ve probably found that some of the sessions Year 4, maybe aren’t quite old enough for... So, moving forward, it’s helping us to think, “Well, actually that kind of session is probably more suitable for Year 5 and Year 6.”” **SSW School 3, SLT**

Mindfulness and Relaxation adaptations for different age ranges included delivering the intervention for a shorter period of time with younger pupils or tailoring the explanations for the activities. Staff in some schools also talked about the benefits of revisiting the interventions year on year, taking key themes or specific strategies and adapting the delivery to make it age appropriate.

“There will be definitely some of these sessions that we’ll roll forward. So, they’ll feel like they’re revisiting them, but we’ll add bits to it.” **SSW School 1**
– Senior Teacher – PSHE or Pastoral

3.3.2.2 Sharing resources with others

Staff in some schools referred to sharing intervention materials and knowledge with other staff in order to spread delivery of the intervention and embed it into the school. A number of different methods for this emerged.

3.3.2.2.1 Internal training for school staff

A few schools said they had plans to deliver internal professional development training on the intervention in order to roll it out to staff working with other year groups. These plans often involved staff that had been part of the research trial feeding back to others, probably during an Inset day or a PSHE team meeting. Staff in a few schools emphasised the need for other colleagues to be on board with the initiative in order for delivery to continue. Staff suggested that it would be important for those that had participated in the trial to share their positive experiences.

“As long as the people that have been delivering it could sell it, then I think that would work” **Mindfulness School 2, Senior Teacher - Other**

3.3.2.2.2 Sharing resources with other staff

While some schools had plans for formal training sessions, participants in other schools talked about how they had already shared intervention resources with staff outside of the research trial without any cascading of the training.

*“They’ve all got access to the materials, because that’s been shared. We use a Google Doc, so everything’s been scanned and shared, but they’ve not had the training.” **Guide School 1, SLT***

In a few schools that did not have a formal process for spreading the interventions there was uncertainty amongst staff about who had already started delivering the interventions or using certain resources.

*“We’ve sort of emailed stuff out and talked about the positivity of it in staff meetings and, hopefully, in the new role, I’m hoping that it’s something we can spread out wider across school.” **Mindfulness School 4, Senior Teacher – PSHE or Pastoral***

3.3.2.2.3 *Sharing resources with parents and carers*

For staff in a few schools, plans to embed the intervention into their timetable and school routine also involved sharing the resources more widely with parents and carers. Staff felt that the intervention could benefit the wider school community. Examples of this involved creating an area on the school website for parents to access mental health and wellbeing resources or sharing Mindfulness activities with parents to create consistency between school and home life. Staff suggested that parents would be able to support their children with their Mindfulness practices and highlighted the importance of having them on board.

*“What we’re doing from this is working with some of our parents, so, if there could almost be a parental section for us to be able to deliver a parental workshop, that would be useful because we’ve made our own up.” **Mindfulness School 1, Senior Teacher – PSHE or Pastoral***

3.3.2.3 Project as a springboard for other mental health and wellbeing activities

When talking about the specific interventions, staff also referred to the wider mental health and wellbeing context in their schools. Having the staff team on board with the interventions was naturally an important factor in discussions about future

delivery, but staff also discussed the positive impact of a broader shift in priorities at a school level.

“Hopefully this project, or the work we are doing, will just continue to grow and develop as part of our mental health and wellbeing strategy across the school” **The Guide School 1, SLT**

Some schools, particularly those that had received the externally delivered YAM intervention (which would no longer be available at the end of the trial), described the project as a springboard for further conversations about mental health and wellbeing. Staff felt that the project had opened up an avenue amongst school staff for discussion about mental health and had contributed to increased prioritisation within the school; in one instance, this manifested in the school’s commitment to provide mental health first aid training for all staff in pastoral roles. Whilst they are unable to deliver the intervention themselves, staff in two YAM schools discussed the possibility of designing their own programme around mental health and wellbeing for Year 9 or 10 pupils.

“...being on this project was one of my ways of trying to, my main way, really of trying to set off a firework about mental health – “Guys, this is real, let’s start talking about it” – and I think that’s worked” **YAM School 1, Senior Teacher – Other**

3.3.3 Discourse surrounding school intentions

There was variation across participants in the way they framed their discussion of future plans and their perceptions about the likelihood of school plans coming to fruition. Whilst the previous themes were explored at the school level, in this theme some differences were identified between staff roles, and consequently the findings are discussed at the level of individual interviews. As with the previous themes, I have used a system to give some indication of frequency of the experiences described:

- Most - this finding was based on data from 42 to 53 interviews

- Many - this finding was based on data from 27 to 41 interviews
- Some - this finding was based on data from 12 to 26 interviews
- A few - this finding was based on data from 1 to 11 interviews

3.3.3.1 Certainty

A few participants delivering Mindfulness, Relaxation or SSW talked with confidence and certainty about their plans for continuing their allocated interventions. Those with concrete plans were those who could also explain how the intervention would be structured in the school timetable (see **3.3.1.1**). Of the participants who spoke with certainty about future plans, most were in more senior positions, although staff from the full spectrum of roles were included. A few members of staff in Mindfulness and Relaxation schools felt that the intervention had become embedded into the school routine, and this resulted in them feeling confident that delivery would continue.

“Participant 1: I sort of think it’s a given really.

Participant 2: Yeah. I can’t imagine us not doing it now. It seems to be such an established part of the routine.” **Relaxation School 1, Non-Teaching Staff & Senior Teacher - PSHE or Pastoral**

3.3.3.2 Positive intent

Whilst some members of staff had concrete plans, others expressed intent to continue delivering their intervention, but were not sure exactly what this would look like.

“I think we probably will for a while but I’m not entirely sure that it would be a long-term change that’s embedded across, well, I don’t know whether we’d do it with the whole school or not, either, with the little ones or whether we just do it with the older ones.” **Relaxation School 1 – Non-teaching staff**

A few participants were uncertain about their school’s plans but emphasised that they felt positive about their intervention and would be happy to carry on delivering.

Classroom teachers were most likely to express this, saying that they hoped delivery would continue and mentioning the value and positive impact they had seen from their allocated intervention.

“I hope so. I hope so... But because of how vulnerable this area is, I think it's been really, really beneficial and I do hope the school continue with it because it's been an opportunity for these children to talk about things they perhaps wouldn't necessarily talk about.” **SSW School 4 – Classroom Teacher**

A few members of staff delivering the daily interventions (Mindfulness and Relaxation) said that they intended to continue for the remainder of the academic year, but that they could not be sure about longer-term plans. Participants in primary schools mentioned that it would depend on the year group they were allocated to teach.

“The problem is, at the moment, is we don't know what year group we're going to be in next year. If I was continuing in Year 5, I would continue doing it with the children that come up and that would take it a second year for them. But at present, we don't know where we're going to be.” **Relaxation School 4 – Classroom Teacher**

3.3.3.3 We need to talk about it

A few participants emphasised the need for further conversations within school to decide the next steps for the intervention. Again, this theme was identified in a variety of roles, although it was most common for SLT to mention plans for future discussions. Whilst this was sometimes covered broadly, with non-specific references to reviewing and discussing further, in other interviews both staff and pupil feedback were mentioned as part of the decision-making process. Staff in two schools said that questions about the intervention would form part of an end-of-year survey for pupils, whilst one participant said that they would organise a review session to hear the learning and positive feedback.

“So, like a little review session for them: ‘What are the positives from it? What have you learnt? What have you been able to use? Who have you shared it with?’ and see where it’s going from that point of view.” **SSW School 1 – Non-teaching Staff**

A few participants said that staff who had delivered the interventions would also be feeding back to the leadership team or the whole staff body, and that this would inform decisions about next steps.

“...the Head has asked us to give feedback in a staff meeting. We might eventually roll it out, possibly across the school.” **Mindfulness School 3 – Classroom Teacher**

In Mindfulness and Relaxation schools, a few participants raised questions around whether or not delivering the intervention would be mandatory, exploring the idea that teachers may be able to choose when or how they wanted to use the activities.

“It may be that the SMT decide, yes, it is going to be mandatory. I don’t know. I don’t know. I don’t know. I do have a, I do wonder whether, as management, we need to allow staff to make their own decisions. I don’t know. I don’t know, but then on the other hand, if it’s in the children’s best interests, then... But that will be a discussion we have around the table.” **Mindfulness School 1 – Senior Teacher – PSHE or Pastoral**

3.3.3.4 It’s not up to me

Some participants explained that the decision about continuing to deliver interventions did not rest with them, and that other people in school would confirm these plans. Some members of staff who were not on the SLT said either that they did not know about plans to continue delivery, or that staff in more senior roles would have the final say. The majority of staff who reported that they did not know about future plans were those in non-teaching roles.

“I would certainly be very happy to continue with it. I think it’s really helped the children know a lot more about what they can do if they do have a problem. I don’t know, it would probably be a decision made higher up than me...” **SSW School 3 – Classroom Teacher**

A few of the participants in roles other than SLT did not specify who would make the decision. Instead participants talked more generally about ‘the school’ deciding or used the word ‘they’ to demonstrate that it would be someone other than themselves.

“So, I will be very disappointed if they don’t continue it.” **Relaxation School 2 – Classroom Teacher**

Two participants in senior leadership roles also said that they would not have the final say, stating instead that it would be up to the staff who had delivered the intervention to decide what happens next.

“I think it’s very much up to the teachers that have delivered it and what would work well in the future when it’s delivered again.” **Guide School 1 – SLT**

3.3.4 Thematic map of staff plans and expectations

Figure 3.1, a thematic map, demonstrates the interplay of the three overarching topics: 1) *staff plans to continue delivering interventions and expanding the reach to additional pupils*; 2) *the planned processes to support delivery*; 3) *the discourse surrounding school intentions*. These topics are presented in concentric circles, along with the corresponding themes. In the centre are participants’ plans for the interventions, surrounded by the processes described to support delivery, such as

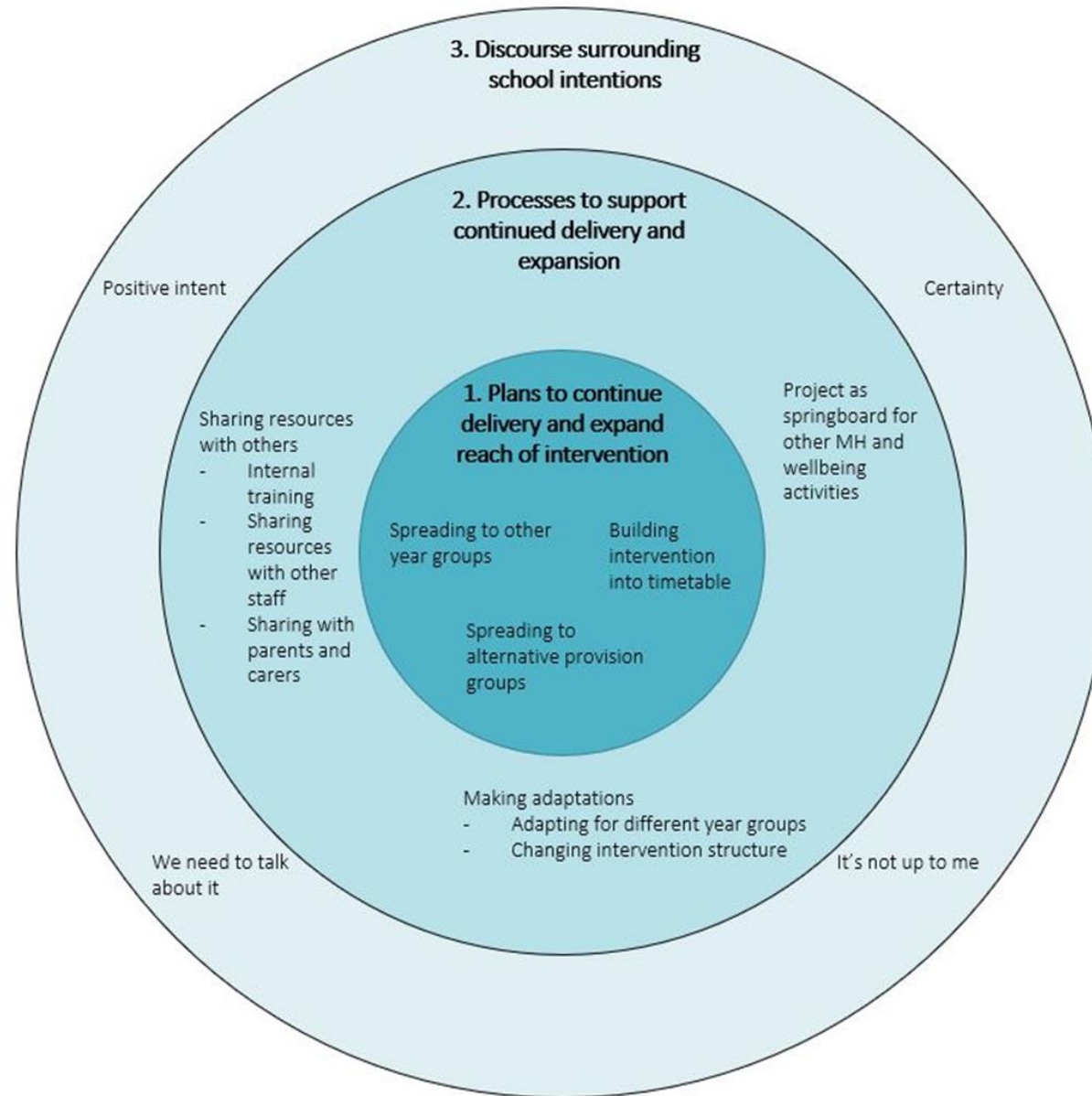


Figure 3.1 Thematic map of plans for and processes to support continued delivery, along with the discourse surrounding school intentions.

sharing resources or making certain adaptations. The circles do not signify an ecological framework (e.g. Bronfenbrenner, 1979) where data are split into different levels (individual level, family level, school level) but instead show how the data suggests that supporting processes are key to a school's plans for continued delivery, and that the staff discourse around this is, in turn, key to interpreting their intentions and expectations

3.4 Discussion

The aim of this study was to explore school staff members' plans and expectations for their given mental health or wellbeing intervention at the end of a formal research trial delivery period. This is a first step towards understanding the systems, attitudes and processes that may affect the long-term sustainability of mental health and wellbeing interventions in schools. Three main topics were developed from the data. The first was that of continuing to deliver the intervention in school, and, where possible, expanding the reach of the intervention beyond pupils participating in the trial. When asked about next steps, staff in all Guide, SSW, Mindfulness and Relaxation schools had plans to continue delivery in various forms. That all staff who could continue delivery expected to do so (the exception being schools that received YAM) is an important finding in relation to previous research demonstrating very low levels of long-term delivery in these types of school-based interventions (Askill-Williams, 2017). While schools varied in the extent to which they were hoping to continue or expand delivery, these findings show that at this relatively early stage, staff believe that it is both possible and desirable to sustain. In line with Herlitz et al.'s (2020) finding that pupils' requests can often prompt school staff to deliver the intervention, staff in Mindfulness and Relaxation schools reported that their classes would not let them 'get away with it' if they forgot to deliver intervention activities.

The second topic encompassed the range of processes involved in supporting continued delivery and expansion of the interventions. As noted by Herlitz et al. (2020) in their review, adaptation was identified as a sub-theme when staff were discussing their plans for the future. Intervention 'workability' (i.e. fitting the

intervention into time available and matching the intervention to pupils' needs) was found to affect schools' ability to sustain, along with the need for up-to-date materials (Herlitz et al., 2020). The adaptations proposed in this study were principally related to the structure or dosage of the interventions, rather than intervention content. When discussing expanding the reach of the intervention to other year groups, suggested adaptations from staff were predominantly to improve fit and to ensure that activities would be age appropriate. These findings are in line with the idea of 'workability' (Herlitz et al., 2020) and previous literature highlighting that school staff must feel comfortable with the content of the programme and be able to modify it for changing circumstances and diverse classrooms (Han & Weiss, 2005).

Han and Weiss (2005) also include programme effectiveness as a key ingredient for a sustainable school-based programme. The results of the randomised controlled trials measuring effectiveness of these EfW interventions are not yet available, but Han and Weiss (2005) found that some participants were keen to evidence effectiveness themselves. Example methods for this were taking time to ask pupils how they felt about the intervention or including questions about the intervention in an end-of-year survey. The importance of observing the impact of the intervention has been demonstrated in another school-based programme aimed at decreasing weight-related problems, where the main reason schools continued delivery was the belief from teachers that the programme met a crucial need for their students (Friend et al., 2014). Further research is needed on how the findings from the individual school's measures of effectiveness may shape the future plans of school staff.

The importance of opportunities for staff training has similarly been highlighted in previous literature on sustaining interventions (Askill-Williams, 2017; Han & Weiss, 2005; Wiltsey Stirman et al., 2012). Participants in this study also touched on this, with some schools developing plans for internal training on the interventions. Other schools, however, talked only of sharing resources with other staff members and did not mention formal plans for training. Given the emphasis in previous literature on sustained professional education and the issue of staff turnover, further longitudinal

research will be useful to help us understand whether formalising internal training makes a difference to sustainment (Askell-Williams, 2017).

Staff in some schools also noted how the intervention had interacted with wider mental health and wellbeing strategies in their school and discussed how taking part in the trial had been a 'springboard' for further activity. Previous research on health interventions in schools supports this notion, highlighting the importance of matching wider school priorities and buy-in across the school (Askell-Williams, 2017; Friend et al., 2014). Participants also talked about sharing resources with parents and increasing their involvement in the intervention activities, which links with Herlitz et al.'s (2020) findings that parental engagement can be an important influence on sustained delivery and can be a source of motivation for staff.

The final overarching topic was the way school staff talked about their plans for the future. It is perhaps here that the understanding of schools as social complex adaptive systems, where individual agents are located in multi-level and interconnected systems, is particularly helpful (Keshavarz et al., 2010). Staff (agents) seem to have varying degrees of autonomy and influence over what will happen next in their school, and there appears to be a number of different models for ensuring that the intervention is sustained. Among participants from schools that described concrete plans for the intervention, staff from the full range of different roles spoke with clarity and certainty. This could have important implications for sustainment; Ertesvåg et al. (2010) found that the only school to continue delivery of a whole-school approach was a school that had clear plans and a strong and committed leadership team.

Staff in other schools, however, were not certain about future plans and instead expressed only hope or desire to continue. Staff at both ends of the spectrum felt that decisions about the intervention were not up to them, with some classroom teachers saying that senior staff would have the final say, and some senior staff saying that it would be up to classroom teachers. This disparity in views demonstrates just how complex schools can be and emphasises that school systems are hard to predict

(Keshavarz et al., 2010). Additionally, schools are not only complex multi-level systems, but these systems also vary considerably; responsibility for delivery of a mental health and wellbeing intervention may rest with very different individuals in different schools. It is important to recognize and understand this variation in order to engage and work with schools to deliver and sustain these types of interventions. Future qualitative research should also explore pupil perspectives on sustaining these types of mental health and wellbeing programme. While staff are key stakeholders in these interventions, it is also important to understand the expectations and hopes of young people when a new intervention like this appears in their school.

3.4.1 Strengths and limitations

This study benefits from a large sample of 60 members of school staff in a range of roles involved in the delivery of a variety of different mental health and wellbeing interventions. Given the likely experiential diversity across schools, interventions and roles it is beneficial to have a large group of participants in order to explore patterns across the data (Sim et al., 2018). The research cited in the introduction to this chapter (Askell-Williams, 2017) was based on interviews only with school leaders, so it is also a strength to be able to explore differences in views. It is important to hear from both senior and junior staff; those in leadership positions have a key role as decision makers, but some have argued that it rests ultimately upon the class teacher to deliver a programme (Han & Weiss, 2005).

There are some limitations to this research, including the fact that participants may be reluctant to express negative views about the intervention or their future plans to members of the research team. To mitigate this social desirability bias (Collins et al., 2005; Hewitt, 2007), at the start of each interview the researchers explained that there were no right or wrong answers and that they had not been involved in designing the interventions or resources. However, social desirability may still have influenced the responses of some participants.

Although there is a large sample of schools across England participating in the EfW programme, it is important to acknowledge that the transferability of these findings

is limited. These schools participating in the EfW programme all committed to implementing a new mental health and wellbeing intervention as part of the trial. This demonstrates that, at least amongst the staff involved in the programme, mental health and wellbeing was already deemed a priority. While schools were sampled according to a range of different factors, the schools that volunteered to be case studies (60% of the total) were those that were likely to be engaged with the project and likely had positive experiences of delivering the intervention. Although there is some uncertainty in the way school staff talk about continuing to deliver the interventions, these are all schools that have had a successful first stage of implementation (a small number of schools in the programme were not able to complete intervention delivery) and describe a positive impact on their pupils. Additionally, in this sample 86.7% of participants self-reported their ethnicity as White British. Whilst this is similar to the national workforce, where in 2018 85.9% of teachers in England identified as White British (Department for Education, 2020), it must be noted that these findings do not represent the perspectives and experiences of all school staff working in England.

3.5 Conclusions

This study provides new qualitative insight into school staff plans and expectations for a mental health and wellbeing intervention at the end of a research trial period. The themes identified through this research illuminate an important stage for schools implementing a new mental health and wellbeing initiative as they attempt to embed, or consider embedding, the intervention into their usual practice. When asked about their plans for teacher-delivered programmes, all participants considered sustaining delivery as a viable next step and explored a number of supporting processes for this. Many members of staff had already begun processes to support sustained delivery, in line with Pluye et al.'s (2005) assertion that sustained delivery of a programme "begins with the first events" (p. 123). Findings here also demonstrate the different experiences of individual staff members in different roles and highlight variation between schools in their processes for sustaining interventions.

This study addresses a gap in the literature in relation to the earliest stages of sustainability and is an important first stage in understanding the process of sustaining a school-based mental health intervention. However, it is not clear whether this planning at the end of the trial delivery period will actually lead to sustainment. In Ertesvåg et al.'s (2010) study, plans outlined by staff at the end of the trial period in two of the schools had not come to fruition two and a half years later. With the finding that many staff in the EfW schools are keen to sustain delivery, the next step is to investigate the processes to support sustainability described here and determine what actually happens after the research trial finishes. The wider literature in healthcare and some school settings has identified a number of common factors that promote sustainability, but it is important to investigate the specific context of mental health and wellbeing interventions in schools. The next two studies build on this research by synthesising prior evidence regarding factors that affect the sustainability of school-based mental health interventions (Chapter 4) and exploring barriers and facilitators to sustaining the EfW interventions (Chapter 5).

Chapter 4 Barriers and facilitators to sustaining school-based mental health and wellbeing interventions: a systematic review³

4.1 Introduction

As discussed in Chapter 1, schools are increasingly being perceived as important sites to embed mental health and wellbeing prevention programmes, and a number of recent reviews have highlighted areas of promise in relation to school-based mental health support (A. Clarke et al., 2021; Langford et al., 2014; Marks, 2012). The emerging evidence base regarding school-based mental health interventions has coincided in the UK with an increased policy focus on schools as a site for mental health support, including several government-commissioned programmes that attempt to embed mental health interventions in schools (Department for Education, 2017; Humphrey et al., 2010; Wolpert et al., 2013). However, while these new initiatives are popular during their initial delivery, programme evaluations report substantial variation in intervention fidelity and schools struggle to sustain activities once the initial funding finishes (Humphrey et al., 2010).

This lack of sustained delivery has been widely recognised internationally, but research has mainly investigated healthcare settings and there has been limited focus on schools (Herlitz et al., 2020; Wiltsey Stirman et al., 2012). For wider health programmes, common factors that promote sustainment include workforce capacity, programme champions, organisational culture and context, evaluation and feedback, intervention effectiveness, staff turnover and the wider political climate (Schell et al., 2013; Wiltsey Stirman et al., 2012). In a recent review focusing specifically on health interventions in school settings, Herlitz et al. (2020) found many similar factors influencing the sustainability process. However, this review also noted that academic education was, at times, prioritised over health interventions and that staff

³ A version of this study has been published in *International Journal of Environmental Research and Public Health* and is presented in Appendix C (A. Moore et al., 2022).

sometimes lacked confidence delivering health promotion programmes that were outside of their usual expertise (Herlitz et al., 2020).

As noted in Chapter 1, there is an argument to suggest that programmes covering topics outside of the traditional scope of schools may be more difficult to sustain. As previously mentioned, schools' mental health remit has recently changed to include educating pupils about mental health and wellbeing and providing support to children and young people (Department for Education, 2017; Education and Health Committees, 2017). Consequently, it is important to understand just how much the wider factors linked to sustaining health interventions are relevant to mental health interventions in the school context. None of the literature reviews published thus far have focused on the specific topic of mental health interventions in school. Instead, the only school-based reviews have looked at broader health interventions or school improvement initiatives more generally, potentially missing studies exploring the sustained delivery of mental health and wellbeing programmes (Herlitz et al., 2020; Koh & Askell-Williams, 2020). This review aims to contribute to the literature by identifying studies carried out in this area and addressing the question: what are the barriers and facilitators to sustaining school-based mental health and emotional wellbeing interventions?

4.2 Methods

In order to address this question, a systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2015). Given the specific nature of the question and the aim to synthesise existing evidence around the sustained delivery of these types of interventions, systematic review methodology was chosen over the broader remit of a scoping review (Munn et al., 2018). A protocol for this review was published on PROSPERO in August 2020 (ref: CRD42020189253).

4.2.1 Definitions

As outlined in Chapter 1, two of the key constructs in this review, 'mental health and emotional wellbeing' and 'sustainability', are not consistently defined and used in the literature (Aldridge & McChesney, 2018; Gillett-Swan, 2014; Keyes, 2005; Wiltsey Stirman et al., 2012). The term 'wellbeing' is interpreted differently in different fields and research disciplines, and the relationship between mental health and wellbeing is poorly defined (Aldridge & McChesney, 2018). However, for this systematic review, the constructs are used together in an attempt to capture articles on the range of interventions (discussed above) that are currently taking place in schools. As a result, specific terms associated with internalising (e.g. depression, anxiety, eating disorders) and externalising (e.g. behaviour problems, aggression, substance abuse) problems, along with broader terms such as 'mental health' and 'wellbeing', were included.

This review draws on the broad definition of 'sustainability', proposed by Lennox et al. (2018), as "the general continuation and maintenance of a desirable feature of an initiative and its associated outcomes as well as the process taken to adapt and develop in response to emerging needs of the system" (emphasis added, p. 2). This covers both sustainment and sustainability as defined in Chapter 1 (see 1.6.1). When referring to the first part of this definition, the general continuation and maintenance of an initiative, I also draw on the definition proposed by Scheirer (2005). This defines sustained practice on three different levels: (a) Individual level: continuing to deliver the desired outcomes or benefits for individual community members; (b) Organisational level: an organisation maintaining the programme or intervention in an identifiable form, even if modified; and (c) Community level: maintaining the capacity of a community/region/nation to deliver programme activities after an initial implementation period is over (Scheirer, 2005). This study does not focus on the individual outcomes at the pupil level, as these outcomes are sometimes included in long-term follow-ups of intervention effectiveness studies and do not capture sustained programme delivery. Instead, this review focuses on addressing the gap in understanding around sustained delivery of school-based mental health and

emotional wellbeing interventions, and consequently it centres on the organisational and community level factors that may affect sustainment. In order to capture relevant literature, the search strategy uses a broad range of terms including routinisation, institutionalisation, embedding and long-term implementation (see Appendix D).

This review employs the WHO's definition of a health intervention as "an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions" (World Health Organisation, 2019).

4.2.2 Study eligibility

Studies were considered for inclusion if they met the following criteria:

- i. The study focused on the sustainability of a school-based mental health or emotional wellbeing intervention, and research was carried out after the end of the initial implementation period (when initial funding and/or external support had ended)
- ii. The study reported a clear implementation period
- iii. The intervention:
 - Targeted school-aged children and young people (CYP; between 4 to 18 years of age)
 - Aimed to improve mental health and emotional wellbeing outcomes
 - Was delivered during school hours primarily by staff in or associated with the school (e.g. teachers, pastoral, managerial or administrative staff, health or wellbeing professionals employed or commissioned to work with the school) or students (e.g. peer mentors)
- iv. Participants in the research were involved as receivers, developers or evaluators (e.g. intervention developers, school staff or researchers) of the school-based mental health or emotional wellbeing intervention
- v. The study used quantitative or qualitative empirical methods to explore sustainability, or was a systematic review synthesising empirical studies

- vi. The study was a peer-reviewed paper or published report (not a conference abstract)
- vii. The study was published in English since the year 2000

Studies were limited to the English language as the design of the systematic review required multiple authors to be involved in screening and data analysis. The decision was made to include studies from the year 2000 onwards as this period covers key advances in policy around the incorporation of mental health and the support of emotional development in schools. This covers key policy developments regarding mental health and emotional wellbeing in England (see 1.3 for English context and Figure 1.1 for timeline of key policies), such as Every Child Matters (Department for Education and Skills, 2003) and the launch of SEAL in 2005 (Humphrey et al., 2013). This timeframe also covers policy abroad in other high-income countries like the US and Australia, including KidsMatter mental health promotion in Australian schools (Cardona, 2021; Slee et al., 2011).

Studies were excluded if they reported only on the initial implementation phase of delivery or reported intentions to sustain or continue activities with no research conducted after initial funding and external support had ended. Studies that reported only on individual level (pupil) outcomes at long-term follow-up, with no mention of programme activities, were also excluded. Interventions that were delivered primarily outside of school hours or by external providers (e.g. an after-school club in a community centre) were excluded as this review focused specifically on programmes delivered in the context of mainstream education.

4.2.3 Search strategy

The following electronic databases were searched on 3rd and 5th March 2021 for potentially relevant studies: PsycINFO, MEDLINE, Embase, British Education Index, ERIC and Social Sciences Citation Index and Conference Proceedings Citation Index – Social Science & Humanities (Web of Science). Each database was searched to find articles containing terms related to four key components: sustainability, school, intervention and mental health/emotional wellbeing (see Appendix D for an example

search strategy). I also conducted a grey literature search by identifying key websites (see Appendix D) and checked the reference sections of included studies. Finally, I completed a citation search on Google Scholar.

4.2.4 Screening

Results from the database searches were uploaded to the review management software EPPI-Reviewer Web (Thomas et al., 2020) and duplicates removed. I screened all titles and abstracts. A second reviewer (RT) independently screened 10% of the studies at the title and abstract stage, and an interrater reliability analysis using the Kappa statistic was performed to determine consistency among reviewers ($k = .84$, $p = .001$). Substantial agreement is described as between 0.61 – 0.80 and excellent agreement is ≥ 0.81 (McHugh, 2012). Any discrepancies were resolved through discussion with the supervisory team, and I then went on to screen the remaining titles and abstracts. I then retrieved and screened full-text copies of the remaining articles. RT also assessed 10% of the full texts ($k = .82$, $p = .001$), and the final decisions on included articles were made collectively as a research team.

4.2.5 Quality assessment

Quality assessment of included articles was conducted using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018). This tool, designed to appraise the methodological quality of research studies, provides a structure and questions for researchers to evaluate elements such as sampling strategies, data collection methods, analysis and reporting in published articles. The tool is based on a constructionist theory and each domain has been content validated (Souto et al., 2015). The MMAT also allows for simultaneous evaluation of all empirical literature (i.e., qualitative, quantitative, and mixed methods studies) which was appropriate for this review. The tool has high intraclass correlation and has been shown to be efficient and user-friendly in comparison to other appraisal tools (Pace et al., 2012). Quality scores for each article ranged from meeting none of five criteria (zero) to meeting all five criteria (five). Articles scoring zero to one are described as 'low' quality, two to four as 'medium' quality and five as 'high' quality.

4.2.6 Data extraction and data synthesis

A data extraction table was designed specifically for this review, drawing on best practice guidance (Centre for Reviews and Dissemination, 2008). Extracted variables included: geographical location; description of school-based intervention (aim, population and design); sustainability definition; sustainability study population, sample size and data collection methods; and factors affecting sustainability.

Due to the lack of homogenous quantitative studies, it was not possible to conduct a meta-analysis; no two studies in this review used similar measures that could be compared quantitatively. Consequently, the results sections of quantitative, qualitative and mixed methods studies were imported into the data analysis software NVivo (QSR International Pty Ltd., 2018) for thematic analysis using the six steps identified by Braun and Clarke (2006). I read and re-read the data (Step 1) and conducted line-by-line inductive coding of the included results sections (Step 2). ES also conducted the same coding process on 20% of the articles, and potential themes were created and discussed (Step 3). I then continued reviewing and refining themes and created a thematic map and detailed corresponding table (Steps 4 and 5). The synthesis was then discussed with ES, JD and DH before the final write up of the results section (Step 6).

4.3 Results

Of the 6,160 articles identified through database searching, 10 articles were identified that met inclusion criteria and provided information that could be extracted on factors affecting sustainability (see Figure 4.1).

At the title and abstract stage, records were excluded based on the inclusion and exclusion criteria listed above, and also if the search had retrieved documents that were not empirical articles or reports (e.g. conference abstracts). At the full text stage it was not possible to obtain copies of every included study. Where studies could not be accessed online, I emailed the corresponding authors and followed up two weeks later, copying in the additional authors of each paper. I then waited another two

weeks before progressing with the review. Unfortunately, it was not possible to assess two of the records (one book and one article) identified at title and abstract stage.

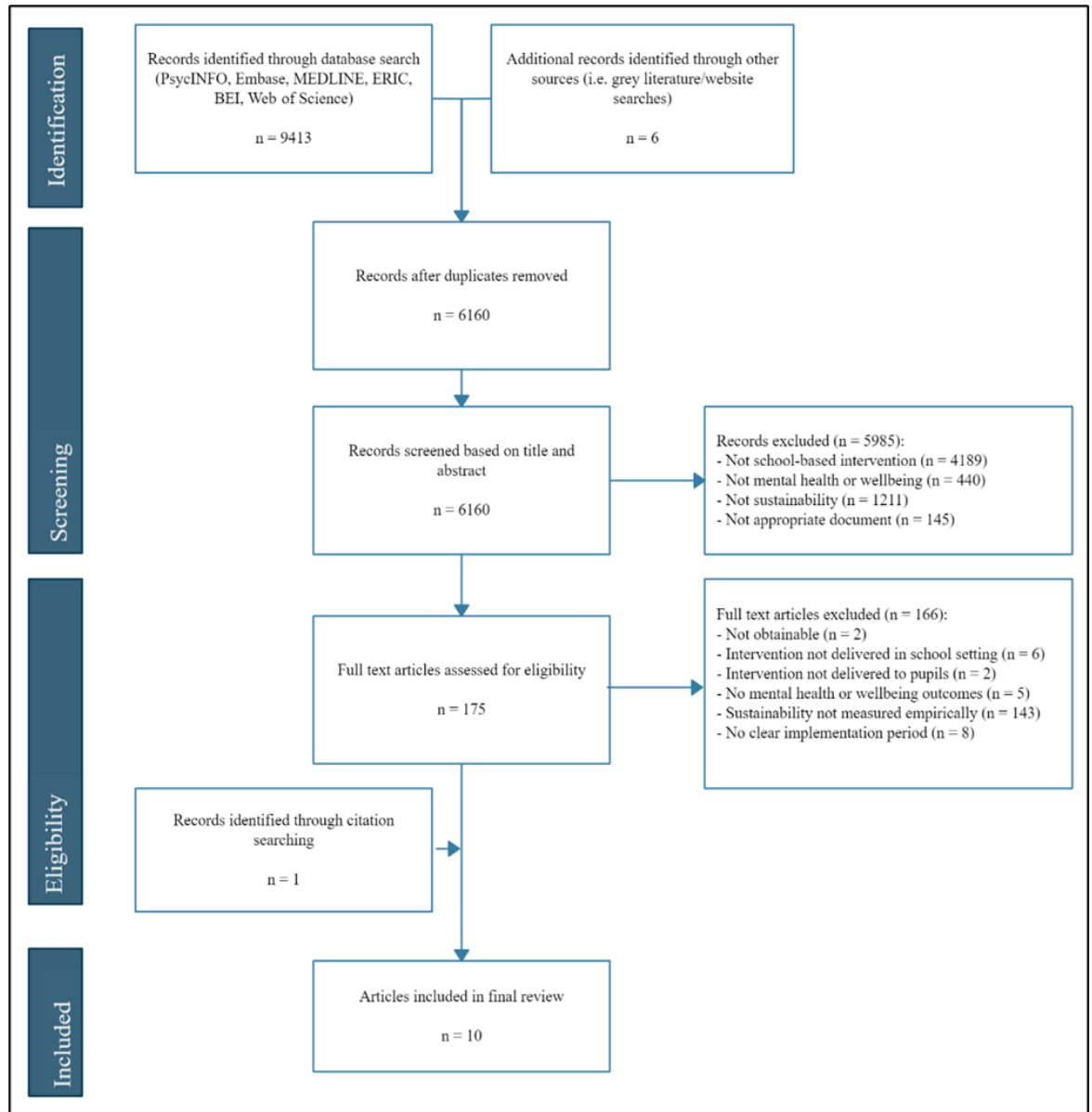


Figure 4.1 PRISMA flow diagram of the study selection process

4.3.1 Study characteristics

The country with the majority of the included studies was the United States (US), with six articles (Crane et al., 2021; Friend et al., 2014; Jolivet et al., 2014; LoCurto et al.,

2020; Loman et al., 2010; Nadeem & Ringle, 2016). The remaining studies were conducted in Germany (Adametz et al., 2017), Norway (Ertesvåg et al., 2010), the Netherlands (Dijkman et al., 2017) and the UK (Ruby, 2019).

Studies presented findings on a range of different school-based programmes, including interventions aimed at reducing symptoms of eating disorders and weight control behaviours (Adametz et al., 2017; Friend et al., 2014); CBT-informed interventions to treat pupils experiencing trauma, anxiety and depression (Crane et al., 2021; LoCurto et al., 2020; Nadeem & Ringle, 2016); interventions addressing behaviour problems (Dijkman et al., 2017; Ertesvåg et al., 2010; Jolivette et al., 2014; Loman et al., 2010); and a broader screening tool focused on social, emotional and mental health needs (Ruby, 2019). See Table 4.1 for a summary of intervention characteristics and reported effectiveness.

4.3.2 Sustainability terms and definitions

Many authors used terms interchangeably in their articles. Four articles used alternative terms to refer to sustainability or sustainment, including 'long-term implementation' (Adametz et al., 2017), 'continuation' (Ertesvåg et al., 2010), 'maintenance' (Jolivette et al., 2014) and 'de-adoption' (Nadeem & Ringle, 2016). No articles used the term 'sustainment', but LoCurto et al. (2020) referred throughout to 'sustained use' of the intervention. The remaining five articles used the term 'sustainability' throughout (Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Loman et al., 2010; Ruby, 2019).

Table 4.1 Interventions included in the review

Article No.	Author, year of publication, country	Intervention name	Intervention aim(s)	Pupil age, type of intervention	Intervention description/ components	Intervention deliverer(s)	Intervention training and supervision	Intervention resources	Reported evidence of effectiveness (before sustainability evaluation)
1	Adametz, 2017, Germany	PriMa	To reduce risk factors of anorexia	11 – 13 years old, targeted (girls only)	9 sessions (45 – 90 mins) including role plays, analyses of film sequences, poster discussions	School teachers or school social workers	1-day training session	100-page teaching manual with workbooks for pupils	Positive impact on body self-esteem, life skills, healthy eating behaviour and classroom climate
		& Torera	To reduce risk factors of bulimia and binge eating disorder	12 – 14 years old, universal	Focus on protective factors, e.g. self-esteem				
2	Crane, 2021, US	Camp Cope-A-Lot (CCAL)	To treat youth with generalised anxiety disorder, social anxiety disorder and separation anxiety disorder	7 – 13 years old, targeted	12 sessions including computer-assisted relaxation training, cognitive restructuring and problem solving, followed by tailored exposure tasks	School staff	1-day training workshop, weekly group consultation calls for first 3 months	Coach's manual, workbooks for pupils	<i>Not reported for these schools, but has been found to demonstrate efficacy in anxiety symptom reduction (Khanna & Kendall, 2010)</i>

Article No.	Author, year of publication, country	Intervention name	Intervention aim(s)	Pupil age, type of intervention	Intervention description/ components	Intervention deliverer(s)	Intervention training and supervision	Intervention resources	Reported evidence of effectiveness (before sustainability evaluation)
3	Dijkman, 2017, The Netherlands	Good Behaviour Game (GBG)	To reinforce pro-social behaviour and reduce aggressive and disruptive behaviour	Primary schools (5 – 11 years old), universal	Three times a week for 15 mins at start of the year, time increased gradually throughout the academic year	School teachers	Three ½-day training sessions, coaching (10 classroom observations with feedback)	Pictograms and cards used in classrooms	<i>Not reported for these schools, but shown to be effective in preventing and reducing behavioural problems in the classroom, and has positive long-term effects on smoking, drug and alcohol abuse, antisocial personality disorder and violent and criminal behaviour</i> (Kellam et al., 2008; Petras et al., 2008; van Lier et al., 2004, 2009)
4	Ertesvåg, 2010, Norway	Respect Program	To reduce problem behaviour, particularly disobedience, off-task behaviour and bullying	11 – 16 years old, universal	Whole school approach, project group	School staff	2-day seminar for project group (management and key personnel), 1-day workshop for all staff, mentoring (4-6 meetings per year), monthly peer-counselling sessions	<i>No detail provided</i>	Decrease in problem behaviours, small to moderate effect sizes for most grade levels

Article No.	Author, year of publication, country	Intervention name	Intervention aim(s)	Pupil age, type of intervention	Intervention description/ components	Intervention deliverer(s)	Intervention training and supervision	Intervention resources	Reported evidence of effectiveness (before sustainability evaluation)
5	Friend, 2014, US	New Moves	To address the needs of adolescent girls at risk for weight-related problems	High school (14 – 18 years old), targeted (girls only)	All-girl physical education classes 4 days a week, classroom sessions on nutrition and social support, individual counselling sessions, lunch get-togethers	School PE teachers, community guest instructors, New Moves intervention staff (classroom sessions and 1:1 counselling)	1-day training at the start, ½-day training in the middle of the program, ongoing support from New Moves staff	Teacher guidebook and curriculum, workbook for pupils, recipe cards, community resources, postcards to send to parents	Improvements were seen for sedentary activity, eating patterns, unhealthy weight control behaviours and body/self-image
6	Jolivet, 2014, US	School-Wide Positive Behavioural Interventions and Supports (SWPBIS)	To address problem behaviour	7 – 17 years old, universal (residential school)	Preventative three-tiered behavioural framework (whole-school expectations, classroom and small group interventions, individualised support)	School staff	1-day planning training, school administrator training in producing SWIS reports	School-wide information systems (SWIS) to monitor behaviour	Decreased number of discipline referrals and decreased number of students accruing referrals

Article No.	Author, year of publication, country	Intervention name	Intervention aim(s)	Pupil age, type of intervention	Intervention description/ components	Intervention deliverer(s)	Intervention training and supervision	Intervention resources	Reported evidence of effectiveness (before sustainability evaluation)
7	LoCurto, 2020, US	Modular CBT (M-CBT)	To reduce anxiety symptoms and severity	6 – 18 years old, targeted	12 individual sessions, seven core modules incl. psychoeducation, problem-solving, exposure, relaxation skills	School-based clinicians	1-day training in M-CBT, training to use the SCARED screening questionnaire, assigned clinical supervisor	Treatment manual, forms, handouts, case summary	No significant treatment main effects on primary outcomes, parent-report of child anxiety showed greater improvements in CBT relative to treatment as usual
8	Loman, 2010, US	First Step to Success (FSS)	To divert problem behaviour patterns	Primary school (5 – 8 years old), targeted	Screening procedure, behavioural intervention with teacher, child, parents and peers	School coach (ideally psychologist / counsellor) and teachers	1 and 2-day training sessions	<i>No detail provided</i>	Significant pre-post behavioural changes in adaptive, aggression, maladaptive and academic engaged time measures
9	Nadeem, 2017, US	Cognitive Behavioural Intervention for Trauma in Schools (CBITS)	To reduce psychological symptoms related to traumatic stress, anxiety and depression	11 years old, targeted	Brief screening tool, 10-session group intervention, 1-3 individual sessions, core CBT techniques including psychoeducation, relaxation, exposure, problem-solving	School clinicians	Formal training, implementation support groups	Implementation manual, report provided at end of the year	Significant pre-post intervention decline in PTSD symptoms

Article No.	Author, year of publication, country	Intervention name	Intervention aim(s)	Pupil age, type of intervention	Intervention description/ components	Intervention deliverer(s)	Intervention training and supervision	Intervention resources	Reported evidence of effectiveness (before sustainability evaluation)
10	Ruby, 2019, UK	The Boxall Profile	To improve school support for social, emotional and mental health needs	Primary school (5 – 11 years old), universal	Psycho-social assessment tool to accurately determine pupils' social and emotional functioning and wellbeing	Teachers/ school staff	2-day training, termly network support meetings	Online Boxall Profile tool, automatically generated data	Approach was found to be feasible, valuable and effective at identifying and triggering support for children with SEMH needs

The timeframe between the initial implementation period and the sustainability evaluation varied between studies (see Table 4.2). Two studies evaluated sustainability less than a year after initial delivery (Jolivette et al., 2014; Ruby, 2019), four took place one to two years later (Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Nadeem & Ringle, 2016), and four studies were conducted three to ten years after the initial implementation period (Adametz et al., 2017; Ertesvåg et al., 2010; LoCurto et al., 2020; Loman et al., 2010).

Five studies provided no definition of sustainability but referred only to activities being 'sustained' or 'maintained' at follow-up (Adametz et al., 2017; Friend et al., 2014; Jolivette et al., 2014; LoCurto et al., 2020; Ruby, 2019). While several studies discussed prevailing implementation and sustainability theories or frameworks in their introductions, Dijkman et al. (2017) and Loman et al. (2010) were the only papers to develop a clear theoretical framework which was then used to guide research processes and analysis. For an overview of the different terms and frameworks used see Table 4.2.

4.3.3 Study design

Five studies were conducted using qualitative methods (Adametz et al., 2017; Crane et al., 2021; Ertesvåg et al., 2010; Nadeem & Ringle, 2016; Ruby, 2019) and two of the included studies used solely quantitative data collection methods (LoCurto et al., 2020; Loman et al., 2010). Qualitative studies consisted of semi-structured interviews with school staff, including teachers, headteachers, school clinicians and psychologists. Interview questions invited school staff to reflect on their experiences over time with the interventions and elicited information on factors that participants perceived facilitated or hindered sustained delivery. Two studies collected data at two follow-up timepoints (Crane et al., 2021; Ertesvåg et al., 2010), yet due to low response rates at the second timepoint, only the first sustainability phase was coded and used in Crane et al.'s (2021) analysis.

Table 4.2 Sustainability terms and definitions

Article Number	Lead author, year of publication, country	Sustainability term used	Sustainability definition	Implementation or sustainability framework referenced	Time between initial implementation period and sustainability evaluation
1	Adametz, 2017, Germany	Long-term implementation	<i>No definition provided</i>	<i>No framework referenced</i>	> 8 years
2	Crane, 2021, US	Sustainability	<i>No definition provided</i>	Consolidated Framework for Implementation Research (CFIR; Damschroder et al., 2009)	1 year
3	Dijkman, 2017, The Netherlands	Sustainability	“sustainability means that the program is incorporated into the organisation and has become a stable and regular part of organisational procedures and behaviour” p. 81	Theoretical framework based on (Pluye et al., 2004)	2 years
4	Ertesvåg, 2010, Norway	Continuation	“The term ‘continuation’ refers to the work after the program period when external project support has ceased and the schools are supposed to continue the work on their own” p. 326	Educational change (Fullan, 2007)	2.5 years
5	Friend, 2014, US	Sustainability	<i>No definition provided</i>	<i>No framework referenced</i>	1 – 2 years
6	Jolivette, 2014, US	Maintenance	<i>No definition provided</i>	<i>No framework referenced</i>	6 months

Article Number	Lead author, year of publication, country	Sustainability term used	Sustainability definition	Implementation or sustainability framework referenced	Time between initial implementation period and sustainability evaluation
7	LoCurto, 2020, US	Sustained use	<i>No definition provided</i>	Diffusion of innovations theory (DOI; Rogers, 2003); Exploration, preparation, implementation and sustainment (EPIS; Aarons, Hurlburt, & Horwitz, 2011)	3.4 years
8	Loman, 2010, US	Sustainability	"the continued implementation of a practice at a level of fidelity that continues to produce intended benefits" p. 179	Logic model for sustainability presented by (McIntosh et al., 2009)	Up to 10 years
9	Nadeem, 2017, US	De-adoption	"Sustainment can be defined as the maintenance of EBPs "for the continued achievement of desirable program and population outcomes" (Scheirer & Dearing, 2011; p. 2060)". De-adoption, on the other hand, can occur at any stage of the implementation process, and often refers to failure to sustain an EBP." p. 2	Conceptual framework for sustainability (Scheirer & Dearing, 2011); Conceptual model of evidence-based implementation (Aarons et al., 2011); Implementation framework (Domitrovich et al., 2008); Implementation framework (Fixsen et al., 2013)	2 years
10	Ruby, 2019, UK	Sustainability	<i>No definition provided</i>	<i>No framework referenced</i>	8 months

Quantitative studies used intervention-specific measures for sustainability, namely the STARS Sustainability Questionnaire and the First Step Evaluation Tool (LoCurto et al., 2020; Loman et al., 2010). The STARS Sustainability Questionnaire included items assessing clinicians sustained use and modifications to the intervention, and contained two subscales on difficulty and acceptability (LoCurto et al., 2020). The First Step Evaluation Tool consisted of items covering four sustainability areas: capacity, procedures for identification and selection of students to receive the intervention, implementation procedures and systems for making data-based decisions (Loman et al., 2010). LoCurto et al. (2020) used regression analyses to explore predictors of sustained use, while Loman et al. (2010) used descriptive analyses to explore differences between sustained school-level implementers and non-sustained implementers.

The remaining three studies used mixed methods, combining a checklist or questionnaire with qualitative interviews (Dijkman et al., 2017; Friend et al., 2014; Jolivette et al., 2014). Dijkman et al. (2017) and Friend et al. (2014) both developed 20-item checklists to explore sustainability. Dijkman et al.'s (2017) checklist measured the presence of organisational routines of the intervention as indicators of sustainability, while Friend et al. (2014) asked about the components of the intervention still being implemented. Friend et al. (2014) also included a classroom observation of a PE lesson in their data collection. Jolivette et al. (2014) used the School-wide Evaluation Tool to assess fidelity and collected progress monitoring data. Table 4.3 outlines the study designs and participants.

Table 4.3 Study design and quality assessment

Article Number	Lead author, year of publication, country	Study design	Study participants	Quality assessment score
1	Adametz, 2017, Germany	Qualitative – interviews	Teachers involved in intervention delivery, headteachers and a social worker	High
2	Crane, 2021, US	Qualitative – interviews	School staff	High
3	Dijkman, 2017, The Netherlands	Mixed methods – interviews and 20-item checklist	School staff – GBG coordinators	Medium
4	Ertesvåg, 2010, Norway	Qualitative – interviews	School staff – project groups	Medium
5	Friend, 2014, US	Mixed methods – interviews, survey and PE lesson observation	Teachers involved in intervention delivery	Medium
6	Jolivet, 2014, US	Mixed methods case study – process monitoring data and focus group	School staff	Low
7	LoCurto, 2020, US	Quantitative – survey	School clinicians	Medium
8	Loman, 2010, US	Quantitative – survey	School staff (including headteachers, classroom teachers and school psychologists)	Medium
9	Nadeem, 2016, US	Qualitative – interviews	School clinicians	High
10	Ruby, 2019, UK	Qualitative – interviews	<i>Not provided</i>	Low

4.3.4 Quality assessment

The quality of three qualitative studies was high, with rigorous data collection methods and coherent analysis and interpretation (Adametz et al., 2017; Crane et al., 2021; Nadeem & Ringle, 2016). The quality of the remaining studies was lower. For the qualitative studies, this was mainly due to a lack of clarity in reporting of methods.

For example, Ruby's (2019) report does not follow the structure of an empirical article and not include detail on data analysis methods. Quantitative studies had issues with nonresponse bias regarding the schools that completed the sustainability questionnaires, while the mixed methods studies did not adequately integrate the qualitative and quantitative components of their design (see Table 4.3 for quality assessment scores).

4.3.5 Synthesis of barriers and facilitators to sustainability

For a list of the factors affecting sustainability that were discussed in each article see Table 4.4. The overarching factors, themes and subthemes are described in detail below and the links between themes are portrayed visually in **Figure 4.2** at the end of the results section.

Table 4.4 Barriers and facilitators to sustaining mental health programmes in schools

Sustainability Level	Factors	Themes	Subthemes	Adamez et al. (2017)	Crane et al. (2021)	Dijkman et al. (2017)	Friend et al. (2014)	Jolivet et al. (2014)	LoCurto et al. (2020)	Loman et al. (2010)	Nadeem & Ringle (2016)	Ruby et al. (2019)	Ertesvåg et al. (2010) †		
School Level	1. School leadership	1.1 Support and prioritisation	Prioritising the intervention	+	-	+/-	+		+		-		+/-		
			Leadership and communication			+/-				+	+/-		+/-		
		1.2 School culture, values and policies	Culture of support	+	+		+					+		+/-	
			Intervention part of school policy			+/-								+/-	
			1.3 Allocation of resources	Having a designated programme lead		+/-	+/-								+/-
				Practical support	+	+		+	+		+	+		+/-	
				Time for training		+	-	-			+			+	
		2. Staff engagement	2.1 Commitment from individuals	Individual effort from staff members	-	+	+	+	-			+/-	+		-
				Staff enjoying delivery	+	+/-		+		+			+		
	Staff allowing time out of class				+/-								-		
	2.2 Staff turnover		-	-	-	-					-	-		-	
	2.3 Perceived benefit for pupils		Academic performance			+									
			Behaviour and classroom climate	+		+	+	+					+		
			Mental health and wellbeing	+			+						+		
	2.4 Pupil and parent engagement		General benefits for pupils						+	+			+	+	
			Pupil engagement in the intervention	+	+/-		-	+/-	+	+		+			
			Parent participation		+							+	-		+
	3. Intervention characteristics	3.1 Content and design	Acceptability of intervention for staff	+	+/-					+		+			
			Practicality and ease of use	+	+/-			+	+			+/-			
		3.2 Quality of materials and training	-	+	+/-	+									
3.3 Meeting need and fitting with school		-		+	+/-	+					+				
4. Resources	4.1 Capacity	Competing priorities and responsibilities	-	-	-	-	-	-	-	-	-				
		Class size and caseloads				-			+/-		+/-				

Sustainability Level	Factors	Themes	Subthemes	Adamez et al. (2017)	Crane et al. (2021)	Dijkman et al. (2017)	Friend et al. (2014)	Jolivet et al. (2014)	LoCurto et al. (2020)	Loman et al. (2010)	Nadeem & Ringle (2016)	Ruby et al. (2019)	Ertesvåg et al. (2010) †
		4.2 Funding	-			+				-	-		
Wider System Level	5. External support	5.1 District support	-							+/-	+/-		
		5.2 Consistency and shifting priorities	-							-	-		
		5.3 Higher level support	-	+									

+ = facilitator, - = barrier, +/- = discussed as both a barrier and a facilitator † Ertesvåg et al. (2010) do not distinguish between two data collection timepoints (initial implementation and sustainability follow-up), and consequently it is not possible to isolate factors specific to sustainability (see Strengths and Limitations for details)

4.3.5.1 School leadership

The influence of the school leadership team on the sustainability of an intervention was cited as a key factor in nearly all the papers included in this review. This factor is broken down into three themes below, with subthemes italicised in the text.

4.3.5.1.1 Support and prioritisation

School leaders *prioritising the intervention* was identified as a key facilitator of sustained delivery, with teachers stating that leadership support was crucial to ensure that intervention activities would continue in the school timetable (Adametz et al., 2017; Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; LoCurto et al., 2020). In contrast, conflicting priorities were found to be a barrier for some schools, where leadership teams were less actively involved and prioritised other tasks (often related to academic results) over the intervention (Crane et al., 2021; Dijkman et al., 2017; Ertesvåg et al., 2010; Nadeem & Ringle, 2016).

Strong leadership and communication around the intervention was found to facilitate sustained use, with successful leaders making clear decisions regarding the interventions and communicating priorities to staff (Crane et al., 2021; Dijkman et al., 2017; Ertesvåg et al., 2010; Friend et al., 2014; Loman et al., 2010). However, lack of communication and the resulting lack of awareness among staff about the programme could be a barrier to implementation, particularly with an intervention such as 'First Step to Success'. This intervention involved teachers using a tool to identify students with high levels of anxiety and then referring them to school clinicians (Loman et al., 2010). In this case, participants thought the lack of communication about what the intervention actually was and why it should be used may have led to insufficient numbers of referrals in the sustainability phase of their research (Loman et al., 2010).

4.3.5.1.2 School culture, values and policies

Promotion of a *culture of support* in a school from the senior leadership team was also discussed as a facilitator to sustaining programmes, along with a general willingness to try new things (Crane et al., 2021; Friend et al., 2014; Nadeem & Ringle,

2016). For some, this meant the school leaders being involved in the programme and being supportive of the philosophy: “school administrators make the decisions about what classes to offer so teachers mentioned administrators’ support as crucial for ensuring the class could continue” (Friend et al., 2014, p. 329). However, for others, support was more passive, with one school clinician saying that the senior staff were “very supportive of whatever I wanted to do. They didn’t particularly get involved or ask questions, they just let me run it again” (Nadeem & Ringle, 2016, p. 137). This leadership support also led to increased motivation and commitment from staff (Adametz et al., 2017).

Another way for school leaders to demonstrate support for the programme was to make the *intervention part of school policy*, cementing commitment to the intervention (Dijkman et al., 2017; Ertesvåg et al., 2010). In Dijkman et al.’s (2017) study on the Good Behaviour Game (GBG), the GBG was mentioned in the policy plans of all the highly-sustained schools but in none of the weakly-sustained schools’ policy plans.

4.3.5.1.3 Allocation of resources

Having a designated programme lead was discussed both as a facilitator and a barrier to sustainment. A leadership-assigned programme coordinator or champion facilitated programme delivery by pushing for the programme to be implemented, promoting the programme, encouraging sustained use of the programme and using relationships to overcome implementation barriers (Crane et al., 2021; Dijkman et al., 2017; Ertesvåg et al., 2010). One of the participants in Dijkman et al.’s (2017) study highlighted this fundamental role as a coordinator for the Good Behaviour Game: “Honestly, I think that if it was not one of my tasks, the GBG would have just fallen over. No coordination – no GBG in the school” (Dijkman et al., 2017, p. 86). However, the role of programme coordinator only worked if the individual staff member had enough allocated time to fulfil their responsibilities and stayed in the same role; champion staff turnover was identified as a barrier to continued delivery (Crane et al., 2021; Dijkman et al., 2017).

School leaders were also important for sustaining practices through their provision of *practical support*, such as scheduling the intervention into the timetable, providing rooms for intervention delivery (e.g. a private office or a space for group activities) and access to computers and technical resources (Adametz et al., 2017; Crane et al., 2021; Friend et al., 2014; Jolivette et al., 2014; Nadeem & Ringle, 2016). Allocating *time for training* was also identified as a facilitator, with teachers needing to be released from other duties to attend training sessions and some schools planning in annual training for staff (Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Loman et al., 2010).

4.3.5.2 Staff engagement

Staff engagement in the delivery of interventions was the only factor discussed in every article in this review, with motivated staff contributing to the sustainment of interventions in some cases, and a lack of engagement creating barriers for delivery in others. This factor is broken down into four themes below, with subthemes italicised in the text.

4.3.5.2.1 Commitment from individuals

Sustained delivery was facilitated by *individual effort from staff members*, with some teachers and school staff making adaptations in order to continue intervention delivery (Crane et al., 2021; Dijkman et al., 2017; Ertesvåg et al., 2010; Friend et al., 2014; Nadeem & Ringle, 2016). In Crane et al. (2021) mental health staff set up peer consultation to troubleshoot difficulties, and in Friend et al. (2014) teachers did not have time in their week to deliver 1:1 counselling meetings for pupils, but instead incorporated individual meetings into the class. Some clinicians in Nadeem and Ringle's (2016) article also mentioned adapting the intervention resources slightly to engage the students more effectively (e.g. use of additional role plays or games). Similarly, in Dijkman et al.'s (2017) study on GBG, the ability and willingness to take the initiative and make adaptations was found to be a key difference between the schools with weaker sustainment and those that sustained the GBG. Many schools perceived the intervention to be less suitable for children ≤ 6 years and ≥ 10 years, but in highly sustained schools the teachers worked with the GBG trainer to make

adaptations, enabling the continuation of the intervention. In contrast, teachers in schools with weaker scores on a scale of sustainment stopped using the programme completely when they encountered a problem (Dijkman et al., 2017). With targeted interventions, it was also important for teachers to be involved in the process and take an active role in identifying and referring students (Crane et al., 2021; Friend et al., 2014; Loman et al., 2010).

School staff reported *enjoying delivery* of the interventions, stating that they were motivated to continue because the classes and sessions were fun to teach and in some cases made a pleasing change from normal lessons (Adametz et al., 2017; Friend et al., 2014; LoCurto et al., 2020; Nadeem & Ringle, 2016). Additionally, individual staff members also contributed to successful continuation by *allowing time out of class* for pupils to receive the interventions, and in some cases even walked the child to their intervention session (Crane et al., 2021). Conversely, a lack of willingness for pupils to miss lessons was found to be a barrier to sustaining, with some teachers “protective” over students’ time (Crane et al., 2021; Nadeem & Ringle, 2016).

4.3.5.2.2 Staff turnover

Turnover of staff who were trained in intervention delivery was referenced as a key barrier to sustainment (Adametz et al., 2017; Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Loman et al., 2010; Nadeem & Ringle, 2016). In one instance, a successfully sustaining school had provided training for new members of staff to introduce them to the principles of the programme (Ertesvåg et al., 2010). However, in most cases the lack of availability to send new members of staff on training greatly reduced the capacity of a school to deliver these mental health interventions. For some schools, staff turnover contributed to lower intervention fidelity, as teachers who had not received training or materials were delivering only parts of the intervention (Friend et al., 2014), while in other instances, the programme was completely discontinued (Crane et al., 2021; Loman et al., 2010; Nadeem & Ringle, 2016).

4.3.5.2.3 *Perceived benefit for pupils*

Staff perceiving benefit for pupils was identified solely as a facilitator to sustaining these types of programmes. While some studies reported that school staff had seen the benefit of the intervention with regard to the *mental health and wellbeing* of the pupils (Adametz et al., 2017; Friend et al., 2014; Nadeem & Ringle, 2016), the most frequently reported benefit was pupil *behaviour and classroom climate* (Adametz et al., 2017; Dijkman et al., 2017; Friend et al., 2014; Jolivet et al., 2014; Nadeem & Ringle, 2016). In Dijkman et al.'s (2017) research, noticing results in terms of improved behaviour and a more positive classroom climate made teachers more willing to continue delivery. This study also referenced improved *academic performance* as an incentive for schools to continue delivering the intervention (Dijkman et al., 2017).

More *general benefits for pupils* were also referenced, with schools saying they had experienced a range of positive outcomes and benefits for their pupils, motivating staff to maintain intervention activities (Jolivet et al., 2014; LoCurto et al., 2020; Nadeem & Ringle, 2016; Ruby, 2019). This was highlighted in LoCurto et al.'s (2020) quantitative study, where regression analyses were used to explore predictors of sustained use. Along with scales measuring the acceptability and difficulty of delivering the intervention, a statistically significant predictor was that clinicians with more positive beliefs that the intervention improved their students' outcomes were more likely to continue to use the treatment (LoCurto et al., 2020).

4.3.5.2.4 *Pupil and parent engagement*

Pupil engagement in the intervention was a facilitator involved in sustainability as staff were more likely to continue delivery when they thought pupils were enjoying and engaging in the sessions (Adametz et al., 2017; Crane et al., 2021; Friend et al., 2014; Jolivet et al., 2014; Loman et al., 2010; Nadeem & Ringle, 2016). In contrast, low levels of engagement were a barrier to sustainment. This was noted in Friend et al. (2014), where low levels of pupil motivation were a barrier, and in Crane et al. (2021), where some pupils' behavioural problems or the severity of their anxiety symptoms made it too difficult for them to engage in the programme.

Three studies referenced *parent participation* as an additional influence on sustainability; parent willingness to complete questionnaires and work with the school was a facilitator, but engaging parents for consent and treatment could also pose a challenge (Crane et al., 2021; Loman et al., 2010; Nadeem & Ringle, 2016).

4.3.5.3 Intervention characteristics

The different characteristics of each intervention were frequently cited in participants' discussions around sustainability; the content, training opportunities, intervention materials and resources were all found to influence schools' use of the intervention. This is broken down into three themes below, with additional subthemes italicised in the text.

4.3.5.3.1 Content and design

The design of interventions was referenced in multiple studies, with the *acceptability of interventions for staff* highlighted as a facilitator to sustainability. Programme materials that were more acceptable and less difficult to implement were more likely to result in continued use (Adametz et al., 2017; Crane et al., 2021; LoCurto et al., 2020; Nadeem & Ringle, 2016). In LoCurto et al.'s (2020) study, one of the strongest predictors was staff perceptions of the intervention materials: "clinicians who perceived the intervention materials as more acceptable, (i.e., easy to use, realistic/practical and fun to teach) and less difficult to implement, were more likely to report continued use" (LoCurto et al., 2020, p. 686). Similarly, the *practicality and ease of use* of each intervention impacted sustainability. Interventions that were sustained were described as 'easy to use/implement', 'manageable' and 'well organised' (Crane et al., 2021; Jolivette et al., 2014; LoCurto et al., 2020). Conversely, some elements of interventions were not deemed to be practical, such as the lengthy screening tool in CCAL (Crane et al., 2021) and the time required out of class for pupils receiving CBITS (Nadeem & Ringle, 2016); these both created challenges for sustainability.

4.3.5.3.2 *Quality of materials and training*

The quality of intervention materials was cited as a facilitator to sustainability, with school staff noting the importance of ready-made sessions and professionally prepared resources (Adametz et al., 2017; Crane et al., 2021; Nadeem & Ringle, 2016). Similarly, having sufficient training in intervention delivery was found to be a facilitator for some with school staff feeling confident and ready for delivery (Adametz et al., 2017; Friend et al., 2014; Loman et al., 2010), and others suggesting more training was required (Crane et al., 2021).

4.3.5.3.3 *Meeting need and fitting with school*

The intervention meeting a need within a school influenced the likelihood that it would be sustained, with staff highlighting ongoing need for the programme as a key facilitator (Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Nadeem & Ringle, 2016). This was demonstrated in Dijkman et al.'s (2017) research, where schools with high sustainability explained that the programme was needed to continue to solve behavioural problems in the school, whereas schools that were not sustaining the GBG felt this need was no longer there. This is highlighted by one of the participants in Dijkman et al.'s (2017) study, who explained: "The most important reason for not doing it anymore is that the necessity is gone. A lot of teachers left and new teachers came. These new ones are another type of teacher, they don't need it anymore" (Dijkman et al., 2017, p. 85).

4.3.5.4 Resources

A barrier to sustainability mentioned in nearly all included articles was access to resources, both in relation to staff capacity and funding. This is broken down into two main themes below, and the subthemes are italicised in the text.

4.3.5.4.1 *Staff capacity*

A frequent barrier to sustainability was staff having enough capacity to facilitate intervention delivery. *Competing priorities and responsibilities* for school staff often led to challenges, with some intervention activities going undelivered or being delivered with less consistency than during initial implementation (Adametz et al.,

2017; Crane et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Jolivet et al., 2014; Nadeem & Ringle, 2016). Examples of this include the cessation of lunchtime activities due to other staff responsibilities (Friend et al., 2014), and intervention coordinators being unable to provide adequate supervision for teachers (Dijkman et al., 2017). In two articles, school clinicians reported having less time for direct therapy as a result of competing priorities such as administrative tasks, psychological testing and crisis management (Crane et al., 2021; Nadeem & Ringle, 2016).

Class sizes and caseloads were also barriers to sustainability, with class sizes that were either too large or too small posing a challenge; large class sizes created difficulties with classroom management, but small groups were not sustainable as it was hard to justify offering the class (Friend et al., 2014). Caseloads were also cited as a factor affecting sustainability; clinicians with smaller caseloads found it easier to continue use of interventions, and higher caseloads were cited as one of the key reasons for stopping delivery (LoCurto et al., 2020; Nadeem & Ringle, 2016).

4.3.5.4.2 Funding

Lack of funding and appropriate resource was mentioned as a barrier to delivering the interventions. If activities could be integrated easily into the school's usual provision or the specific duties of a staff member, lack of funding for an intervention posed less of a problem (Dijkman et al., 2017). However, activities that required additional funds, such as hiring guest instructors to deliver sessions or paying for staff and parents to receive training, were not sustained (Friend et al., 2014; Loman et al., 2010). In the case of the total de-adoption of one intervention, a budget crisis at a higher level led to significant job restructuring and staff layoffs which resulted in the programme being cut (Nadeem & Ringle, 2016).

4.3.5.5 External support

While most of the included articles focused on sustainability at the school level, some higher-level factors were also discussed. The most salient factor was external support for interventions, which was found to be both a barrier in some instances and a facilitator in others. This factor is broken down into three themes below.

4.3.5.5.1 District support

Two articles from the US discussed district-level support (similar to local authority level in England) as an important facilitator for sustainability. Loman et al. (2010) observed that most of the schools that sustained implementation of First Steps to Success adopted the programme as a part of a districtwide initiative, while the non-sustaining schools initiated the programme independently. District infrastructure, coordination and leadership all contributed to the likelihood of a school continuing delivery of an intervention (Loman et al., 2010; Nadeem & Ringle, 2016).

4.3.5.5.2 Consistency and shifting priorities

While support at the district level could facilitate sustainability, this was found to be dependent on specific personnel, and schools reported district-level leadership changes as a barrier to continuing delivery. A participant in Nadeem and Ringle's (2016) study explained that "without someone from the top supporting it and paving the way, it was very difficult to use [Cognitive Behavioural Intervention for Trauma in Schools] again" (p. 138). With new leadership came shifting priorities; school clinicians reported that the focus had moved away from the programme, often on to academic success (Nadeem & Ringle, 2016). Similarly, Loman et al. (2010) found that when key personnel moved from the district, the intervention quickly ceased to be implemented.

4.3.5.5.3 Higher-level support

One article mentioned that political endorsement of the prevention effort would be helpful, particularly when it came to school staff defending the intervention in front of colleagues (Adametz et al., 2017).

4.3.6 Relationships between factors affecting sustainability

While conducting the analysis and writing up these themes, it became clear that many of these barriers and facilitators to sustainability were also interconnected. In order to capture the relationship between the overarching factors, I created Figure 4.2, a thematic map.

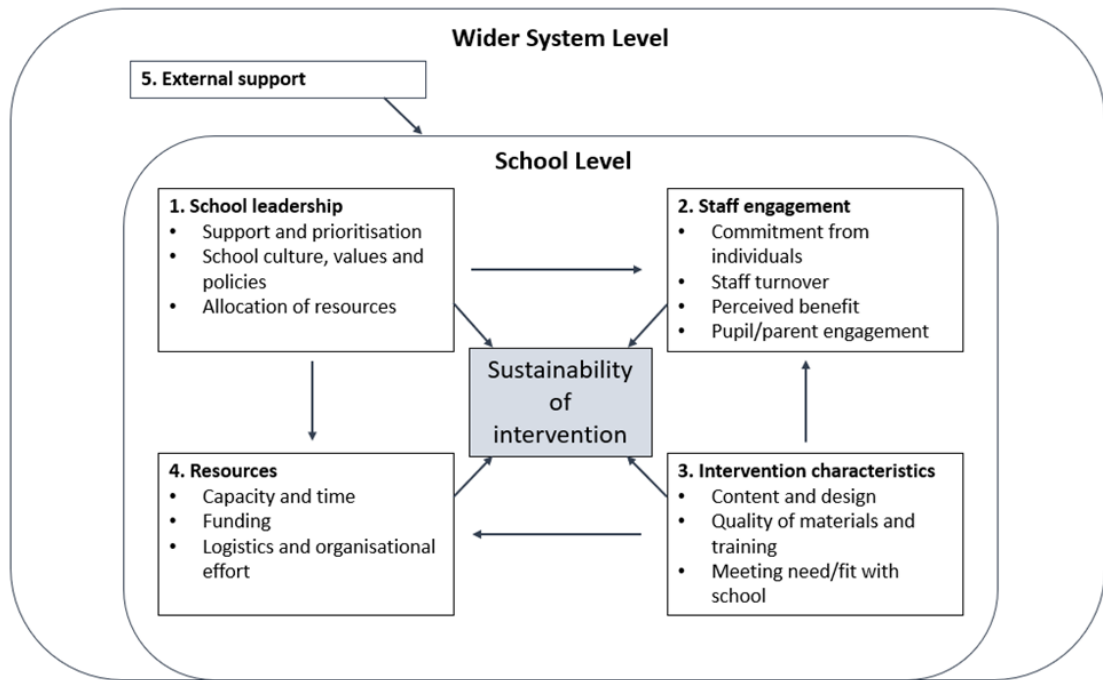


Figure 4.2 Thematic map of factors affecting sustainability

The arrows between the key sustainability factors identified here highlight the directional relationships between themes. For example, support and prioritisation of the intervention by school leaders (1) was linked to the allocation of resources (4), affecting the capacity of staff. Similarly, school culture, which was shaped by the school leadership (1), fed into staff engagement (2). The characteristics of a given intervention (3) affected the logistics and organisational effort (4) required for successful delivery, along with the engagement by individual staff members (2).

4.4 Discussion

Given the increasing emphasis on schools to provide mental health education and support for children and young people, as well as significant local and national investment in this support, the aim of this research was to review systematically the factors involved in the sustainability of school-based mental health and emotional wellbeing programmes. The literature searches retrieved articles on both targeted and universal mental health interventions trialled in schools. These articles included a range of barriers and facilitators to sustained delivery. While some wider system-level factors were noted, most sustainability factors discussed in included articles

were at the school level, particularly in relation to school staff and leadership. Key facilitators to sustainability were leadership support and school staff members' perceived benefit of the intervention for pupils, while key barriers included staff turnover, capacity and competing priorities.

Some themes were similar across both the school and wider system level – most notably, the importance of consistency and limited turnover of key personnel. Turnover amongst individual teachers (who had received intervention training), programme coordinators, the senior leadership team of a school or even a district created a considerable barrier to sustainability. This is consistent with broader literature on sustaining programmes in schools, where staffing issues are noted as a major barrier (Arnold et al., 2021; McIntosh et al., 2016; Pinkelman et al., 2015). Similarly, commitment and prioritisation across all levels of staff was a facilitator to sustained delivery of the mental health and wellbeing programmes in this review. This maps onto findings which identify continued engagement at all stakeholder levels as crucial (Arnold et al., 2021; Askeil-Williams & Koh, 2020; Pinkelman et al., 2015). For interventions to be sustained in schools, maintained commitment and prioritisation is required at all levels of the school system.

In addition, several barriers and facilitators identified here for mental health and wellbeing interventions are consistent with previous reviews. For example, Herlitz et al.'s (2020) review on public health interventions in schools and Askeil-Williams and Koh's (2020) review on the sustainability of school initiatives both note the importance of school leadership support, staff turnover, perceived effectiveness, funding and resources, school policies and plans, belief in intervention and fit with school. This indicates that these themes may be central to sustainability irrespective of the nature of the intervention being implemented. However, there were some departures between the current review and other research. For instance, in both the Herlitz et al.'s (2020) review and a recent qualitative study (Arnold et al., 2021), a lack of confidence in school staff to deliver health promotion was a barrier to sustainability which did not feature in the current review. In contrast, while the importance of training was noted in the current review, there was greater emphasis

on staff enjoying delivering the sessions and simply having the capacity to do so. It is also perhaps surprising that self-efficacy of staff which was highlighted in previous reviews did not come up in the current review given the potentially sensitive content of these interventions. However, this may be due to schools' growing remit to provide programmes around mental health and wellbeing, or perhaps it is the result of a wider cultural shift in recent years towards openness and discussion on these topics in Western societies (Royal Foundation of the Duke and Duchess of Cambridge, n.d.; World Health Organization et al., 2020).

The importance of evaluation and feedback around the intervention has also been cited as a key factor affecting the process of sustainability in previous work (Askell-Williams & Koh, 2020), yet this was not observed here. In their development of a framework for sustainable implementation specifically relevant to educational contexts, Askell-Williams and Koh (2020) highlight the need for such data collection but note that it often seems to be an afterthought. While the literature recommends the analysis of good quality implementation and sustainment data, the findings from the current review also show that this may be a gap as these data are not regularly collected by schools.

4.4.1 Strengths and limitations

A strength of this review was that it used a broad definition of mental health and emotional wellbeing to capture a range of different types of school-based intervention, including both targeted and universal programmes. This allowed for a wide exploration of barriers and facilitators to sustainability in school settings pertaining to mental health and emotional wellbeing. This review included rigorous double screening of titles, abstracts and full texts (both with high Kappa statistics) and the involvement of multiple researchers in thematic synthesis. This mitigates the risk of systematic bias at the screening stages whilst also decreasing the total number of errors or missed studies (Waffenschmidt et al., 2019).

There are some limitations to this review. Despite attempts to conduct a comprehensive and broad search, with any systematic review there is a possibility

that all relevant literature is not captured. This may be particularly relevant to sustainability as the construct is not well defined in the literature. To limit this, experts in the field were consulted and the reference sections of full text articles were searched. However, it is possible that articles may have used a different synonym from those included in this search. In addition, the articles in this review have been limited to those published in English and after the year 2000, excluding potentially relevant studies that may have been published in other languages or before this date.

To explore sustainability in relation to these school-based interventions, stringent criteria were employed regarding research being conducted after the initial implementation period when external support and funding had finished. As a consequence, some papers on the sustainability of mental health programmes in schools were not included in this review as their models either explicitly involved continued external support for schools, or it was not possible to discern what schools in the sample had received in terms of district-level support or funding (e.g. Arnold et al., 2021; McIntosh et al., 2016; Pinkelman et al., 2015). In the research conducted by Ertesvåg et al. (2010), school staff were interviewed both toward the end of the initial programme period and again two and half years later. However, in the results section of this paper, the authors do not distinguish between the two data collection timepoints. Therefore, it is not possible to ascertain which themes are specifically relevant to the research question of this review. In order not to omit potentially relevant information for this review, Ertesvåg et al.'s (2010) findings were included in the thematic analysis, and the barriers and facilitators identified were included in the discussion of the results, whilst also noted in grey at the end of Table 4.4.

4.4.2 Implications

In keeping with Wiltsey Stirman et al.'s (2012) review on the sustainability of interventions, over half of included studies did not include definitions of sustainability and there are also inconsistencies in the language used in these studies. It is important for future studies to address this lack of cohesion, providing clear definitions and drawing on implementation and sustainability frameworks to shape their research.

This review found that perceived benefit of the interventions by school staff was a facilitator to sustainment, but it was not possible to draw conclusions about a link between effectiveness data regarding the interventions and sustained use. As in Herlitz et al.'s (2020) review, there were gaps in reporting evidence of effectiveness and sustainment. This is a key question for future research and must be considered carefully when designing intervention trials. Future research could explore whether evidence of effectiveness (in terms of mental health or emotional wellbeing outcomes) actually alters the likelihood that schools will continue to deliver an intervention, or whether *perceived* benefit carries more weight. The studies included in this review did not report on schools being notified of the results of effectiveness evaluations, so it is unclear how much knowledge school staff held about the interventions they were, or were not, sustaining.

It is also important to note that the studies included in this review all investigate sustainability in schools that have participated in research trials, but delivery as part of a research paradigm is not always the model of rollout for school-based mental health interventions. It would be useful to understand more about the decision processes that lead to schools introducing these types of interventions. Is research-based evidence of effectiveness taken into consideration by school leaders? This could be particularly important for those at the wider system level (e.g. policy makers) who are looking to introduce mental health interventions in schools.

The issue of staff turnover and shifting priorities at all levels of school systems is also an important area of focus, particularly as long-term delivery seems to be driven forward by individual members of school staff with little or no consideration of a wider network of responsibility and support. Crane et al. (2021) set out to interview members of school staff at three timepoints (Year 1 - implementation phase, Year 2 - sustainability phase and Year 3 – sustainability phase) but encountered low response rates at Year 3 due to staff turnover and participant attrition. In this instance, staff turnover proved to be a barrier to the research as well as to sustaining the intervention. A move towards whole school approaches might mitigate issues of turnover, as they aim to integrate skill development into daily interactions and define

the entire school community as a unit of change (Goldberg et al., 2019). These approaches often involve whole staff training, changes to policies and organisational structure and extended learning through family and community partnerships. Examples of such approaches include Social and Emotional Aspects of Learning (SEAL) in the UK and KidsMatter Primary in Australia (Dix et al., 2012; Humphrey et al., 2010; Slee et al., 2011). However, reviews of these approaches have found mixed results regarding both impact and successful implementation, and, as discussed in Chapter 1, there have been reports of poor programme sustainment in relation to both SEAL and KidsMatter (Askill-Williams, 2017; Goldberg et al., 2019; Humphrey et al., 2010; Langford et al., 2015). Further research is needed into sustaining these wider, whole school programmes; as many studies exploring effectiveness of these approaches also do not provide long-term follow-up data, the influences on the sustainability of these approaches are largely unknown (A. Clarke et al., 2021; Langford et al., 2015).

In this review, studies were often limited to exploring sustainment at just one moment in time; only one of the studies included here interviewed participants across multiple timepoints (Nadeem & Ringle, 2016). While some studies evaluated interventions at initial implementation as well as at a sustainability follow-up, this lack of longitudinal research highlights a gap in our understanding of sustainability as a dynamic process. Rather than viewing sustainability only as an outcome (where activities are maintained), future research would benefit from longitudinal designs involving multiple timepoints to allow for the exploration of sustainability as a process involving adaptation and development (Lennox et al., 2018).

Studies in this review also did not explicitly discuss the interaction between factors that influence sustainability. The thematic map in Figure 4.2 addresses this by highlighting the interdependencies between the barriers and facilitators, but further research is required to explore the weighting of different components of sustainability and how these components interact. This has been highlighted by Koh and Askill-Williams (2020) in relation to school interventions more generally and will be addressed in this thesis in subsequent chapters.

4.5 Conclusions

There is little high-quality research on the sustainability of mental health and emotional wellbeing interventions in schools. Although there are promising findings on the effectiveness of some school-based interventions for mental health (A. Clarke et al., 2021), research on long-term implementation and sustainability is very limited. Despite this, a range of barriers and facilitators to sustaining these types of intervention in schools have been identified in this review. The majority of these barriers and facilitators to mental health interventions are at the school level and are very similar to health interventions and educational improvement interventions more generally (Askell-Williams & Koh, 2020; Herlitz et al., 2020). Given this, it is important for sustainability researchers to focus broadly on the difficulties of delivering interventions in school settings and the unique challenges of working within such complex systems (Keshavarz et al., 2010; Koh & Askell-Williams, 2020). Barriers such as constantly shifting priorities and high levels of staff turnover may be particularly salient in schools and consequently may require specific approaches to increase sustainment.

In the UK, there has been a significant policy shift communicating that pupils' mental health and emotional wellbeing falls at least partly in schools' remit (Department for Education, 2019). This has paved the way for greater infrastructure to provide mental health support in schools. It is yet to be established whether these changes might remove some of the barriers described in this review and improve the capacity of schools to sustain these types of interventions. Given that only one study in this review explored sustainability in the context of English schools (Ruby, 2019), the following chapters seek to develop our understanding of sustainability by investigating the sustained delivery of the EfW mental health and wellbeing interventions. This begins in Chapter 5 with a qualitative exploration of the barriers and facilitators to sustaining mental health interventions in an English school setting.

Chapter 5 Staff perspectives on the barriers and facilitators to sustaining the Education for Wellbeing interventions over time

5.1 Introduction

As outlined above and in Chapter 1, there is generally limited evidence on factors that affect the sustained delivery of mental health interventions in schools and there are many reports of low levels of sustainment. Yet in Chapter 3, when asked about the following academic year, staff from The Guide, SSW, Mindfulness and Relaxation schools in the EfW programme all discussed plans to continue future delivery of the interventions. While some members of staff were less sure than others when discussing their intentions, others reported concrete plans for both embedding the interventions into their timetable and, in some cases, spreading the lessons and activities to other year groups. At this initial stage of implementation, staff seemed to believe that sustaining delivery was both worthwhile and feasible.

However, it seems that school staff struggle to sustain interventions despite initial enthusiasm, and the systematic literature review in Chapter 4 highlighted a number of potential barriers to delivery, such as staff turnover, capacity to continue delivery and competing priorities. These findings are in line with wider research in school settings (Askell-Williams et al., 2017; Herlitz et al., 2020) and were echoed in a recent qualitative study in the US that assessed barriers and facilitators to sustaining a trauma-informed universal mental health intervention in schools (Arnold et al., 2021). Unlike the interventions in the EfW programme and the studies included in the systematic literature review, the design of this intervention included support beyond the initial efficacy trial, such as free training for teachers in subsequent years and free consultation regarding implementation (Arnold et al., 2021). Yet despite this additional support to promote sustained use, none of the schools had continued delivering RAP (Relax, be Aware, do a Personal rating) Club when interviewed 1-2 years after the trial. A number of factors influencing sustainment were identified through analysis of staff interviews and intervention documents (e.g. fidelity logs). These included individual-level factors, such as the acceptability of the intervention,

perceived effectiveness and self-efficacy; school-level factors, such as leadership, decision structure, staff turnover and resources; and macro-level factors, including district policies and financing and university/community partnerships (Arnold et al., 2021). It is notable that even when intervention developers and researchers considered sustainability and made plans to support schools with continued use, the barriers to sustained delivery seemed to outweigh the facilitators. There is clearly much more to be understood about why schools are not able or willing to sustain these types of programmes.

As highlighted in Chapter 4, there is generally limited evidence on factors that affect the sustained delivery of mental health interventions in schools, and this is especially true in the context of UK schools. Previous literature reviews on sustainability have also called for the inclusion of views from a range of school participants (Herlitz et al., 2020; Wiltsey Stirman et al., 2012). This chapter uses data from the EfW programme to explore staff perceptions of the barriers and facilitators to sustaining four teacher-delivered universal mental health interventions (Mindfulness, Relaxation, The Guide and SSW). Through analysis of interviews with staff in a range of roles, this chapter aims to answer the following question: what are staff perspectives on the barriers and facilitators to sustaining the EfW interventions?

In line with the definitions in Chapter 1, sustaining, sustainment and sustained delivery are used here to mean the continuation of intervention activities, in a recognisable form, after external support has been withdrawn.

5.2 Methods

5.2.1 Setting for the study

This chapter draws on qualitative interview data collected from Wave 1 schools in the EfW programme at least one year after the initial trial delivery period. This data collection was originally planned to take place in March 2020 but was interrupted by the COVID-19 pandemic. The data collection is described in detail here and the timeline is presented in Figure 5.1.

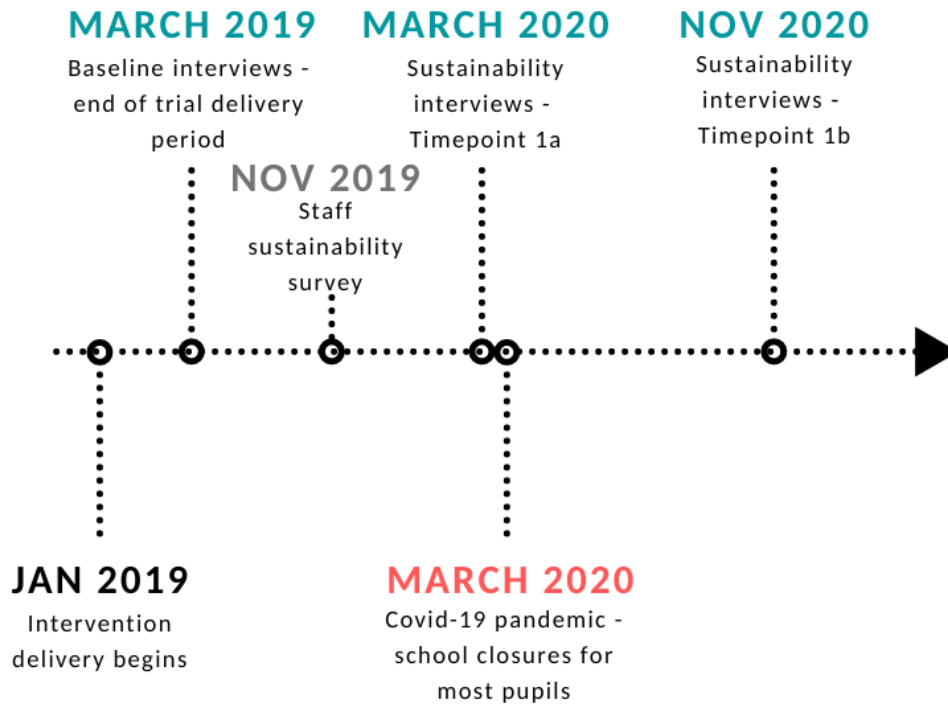


Figure 5.1 Initial qualitative data collection timepoints for Wave 1 of EfW

As discussed previously (see 3.2.1), alongside the collection of effectiveness data regarding pupil mental health and wellbeing, the project also included an implementation and process monitoring strand to explore the real-world delivery of these interventions. Part of the implementation and process monitoring strand of the EfW trial involved a sample of 20 case study schools across all five interventions. In the second year of the trial the research team proposed to the Department for Education (DfE) that we conduct further qualitative visits to explore what happened to the interventions after the trial delivery period. While DfE agreed that this was interesting to explore, it was outside of the initial contract remit, so no additional funds were allocated. Consequently, it was decided that we would follow up with just five schools. The remit of this small piece of qualitative work was to explore schools' experiences after the mandatory research delivery period.

However, with the increased capacity granted by my PhD research it was possible to increase this follow-up timepoint one year after intervention delivery to 20 case study schools. As the scope of this work was to explore a range of different school

experiences regarding sustained use of the interventions, I decided to sample schools with a range of responses on a sustainability survey which took place in November – December 2019. In this sustainability survey, which is discussed in more detail in Chapter 6, participants were asked to complete a series of questions about their use of the interventions since the official trial delivery period. This included a question about the current delivery of their intervention (e.g. *Are you delivering the Mindfulness programme now?*). As the YAM intervention is delivered by external professionals, and consequently there was no opportunity for schools to continue delivery, we sampled five schools from each of the remaining interventions (Mindfulness, Relaxation, SSW and The Guide).

Along with other colleagues in the wider research team, I grouped schools' responses to the survey question on continued delivery into: delivering as recommended, partially sustaining, and not sustaining. The 'delivering as recommended' group included schools where at least one respondent to the sustainability survey had said they were delivering their allocated intervention as designed. The 'partially sustaining' group was formed of schools where at least one respondent said they were using some of the resources or activities, and schools where no respondents said they were using any of the intervention resources were grouped as 'not sustaining'. I prioritised the original case study schools for each category, but where they were homogenous (e.g. all four Relaxation schools from the previous sample were partially sustaining delivery) we invited different schools to take part to gain some spread in terms of the degree to which schools were still delivering the interventions (or not). In the sample size of 20 for this study we aimed to have at least one school per intervention that reported no sustained delivery, along with a mixture of schools reporting partial delivery and delivery as recommended across a range of our four geographical hubs. In total, 31 schools were invited to take part (10 former case study schools), and by the end of February 2020 we had confirmed case study visits with 20 schools (including 6 original case study schools). Of the 11 invited schools that did not agree to participate, some did not reply, while others said they did not have capacity to facilitate a visit.

Eight of the case study visits, involving interviews with staff and focus groups with pupils, were successfully conducted (five by my research colleagues and three by me) before the country was locked down in March 2020 as a result of the COVID-19 pandemic. The research team then received instruction from DfE to stop all field research work with schools and we were unable to visit the remaining 12 schools.

Once research work with schools was able to resume, I contacted all of the schools that we had not been able to visit before the end of the summer term (July 2020). I asked them if they would be interested in taking part in an online interview, instead of a visit, in the autumn. Some schools replied but others did not respond, and I decided to try again in November 2020. Unfortunately, schools were still experiencing significant disruption at this time and most contacts in schools did not reply to my communications (at least one of the contacts had moved jobs) and only one school from the remaining 12 agreed to organise an interview. Given the remit to gather information from a range of schools with a range of different experiences across the different EfW interventions, I then sent emails out to the wider pool of schools involved in the project to see if other members of staff were willing to participate. I organised interviews with staff from nine further schools in November 2020. As such, this study uses data from the staff interviews conducted in March 2020 (Sustainability Timepoint 1a) and November 2020 (Sustainability Timepoint 1b).

5.2.2 Participants

In total, there were 29 staff participants across 19 schools. Table 5.1 illustrates the different data collection points and characteristics for each of the schools and individual school staff in this sample.

Table 5.1 School characteristics and participant roles at each timepoint

School ID	Intervention	School Type	Single/Mixed	Urban/Rural	Staff Roles	Sustainability Timepoint	
						1a (March 2020)	1b (Nov 2020)
G1	The Guide	Secondary	Mixed	Major city	Senior – PSHE or Pastoral	✓	✓
G2	The Guide	Secondary	Mixed	City/town	Teacher SLT	✓ ✓	
G3	The Guide	Secondary	Mixed	Major city	Senior – Other		✓
G4	The Guide	Secondary	Single sex - boys	Major city	SLT Teacher	✓ ✓	
M1	Mindfulness	Primary	Mixed	Major city	Senior – PSHE or Pastoral Teacher	✓ ✓	
M2	Mindfulness	Primary	Mixed	City/town	Senior – PSHE or Pastoral		✓
M3	Mindfulness	Primary	Mixed	Major city	Senior – PSHE or Pastoral Pastoral		✓ ✓
M4	Mindfulness	Primary	Mixed	City/town	Pastoral		✓
R1	Relaxation	Middle	Mixed	City/town	Senior – PSHE or Pastoral		✓
R2	Relaxation	Primary	Mixed	City/town	SLT Teacher	✓ ✓	
R3	Relaxation	Primary	Mixed	City/town	SLT		✓
R4	Relaxation	Primary	Mixed	City/town	Pastoral		✓
S1	SSW	Primary	Mixed	City/town	SLT Teacher	✓ ✓	
S2	SSW	Primary	Mixed	Major city	Pastoral		✓
S3	SSW	Primary	Mixed	Major city	Teacher Teacher	✓ ✓	
S4	SSW	Primary	Mixed	City/town	Teacher Teacher	✓ ✓	
S5	SSW	Secondary	Mixed	City/town	SLT Senior – Other Teacher Teacher Pastoral	✓ ✓ ✓ ✓ ✓	

Demographic data were self-reported by staff along with their job role (see Table 5.2). Five members of staff did not report their age. Of those who did, ages ranged from 26.08 to 59.92 years ($M = 45.28$, $SD = 9.71$).

Table 5.2 School staff demographics

Demographic Categories	Frequency	Percentage of sample
Gender		
Female	23	79%
Male	5	17%
<i>MISSING</i>	1	3%
Ethnicity		
White British	24	83%
Asian or Mixed White and Asian	3	10%
Prefer not to disclose	1	3%
<i>MISSING</i>	1	3%
Job Role		
Senior Leadership Team (SLT)	7	24%
Senior – PSHE or Pastoral Lead	5	1%
Senior – Other	2	6%
Classroom Teacher	10	34%
Pastoral (Non-Teaching)	5	17%

5.2.3 Data collection

Across both timepoints, interviews were conducted using a semi-structured approach, allowing flexibility for participants to tell their stories while also covering specific topics of interest (Galletta, 2013). Interview questions for staff aimed to explore if and how the intervention was still being delivered, including any challenges or facilitators to delivery over time. The section around intervention delivery included questions on consistency, adaptation, personnel and the degree of embedding and/or spread of the intervention (see Table 5.3 for the main interview questions, full interview schedules can be found in Appendix E).

Table 5.3 Example staff interview questions

Example staff interview questions (SSW)
Can you tell me about your role at the school?
Your school was delivering Strategies for Safety and Wellbeing last year as part of the INSPIRE project. What has been happening since Easter 2019 (if anything) in terms of this programme? Are there any differences this year in how the programme is being delivered? What/why?
Have other classes/year groups in your school begun implementing SSW this year?
a) How consistently do you think the SSW programme is being delivered now, compared to when it began?
b) Do you think that SSW will continue to be delivered in your school next year? If so, why? Would this take the same form? If not, why not?
What factors do you think have enabled your school to continue delivering SSW?
<i>OR</i>
What factors do you think have prevented your school from continuing to deliver SSW this year?
a) Has there been anything (else) that has made implementing SSW more difficult in your school?
b) Have any of these challenges been overcome?
Have there been any changes to your school as a result of the implementation of the SSW programme? What?
What advice would you give to another school looking to achieve long-term delivery of the SSW programme (i.e. beyond just one academic year)?
Finally, when thinking about a programme like SSW, what does the <i>sustainability</i> of the programme mean to you?

Face-to-face interviews (14 in total) were conducted in private rooms (e.g. empty classrooms or school offices) and online interviews were conducted using Microsoft Teams (9 in total). All participants were given an information sheet in advance which was also explained to them in person or via Microsoft Teams, and all had the opportunity to ask questions. All staff provided written informed consent. It was made clear to all that participation in the research was voluntary, they could withdraw at any time, and that all data would be kept confidential within the research team with transcripts anonymised (e.g. names of people and places removed). It was also highlighted at the start of each interview that I (along with other researchers) had not been involved in designing the interventions or any of the materials. All interviews were audio-recorded using encrypted Dictaphones and transcribed verbatim by a transcription company with a non-disclosure and confidentiality agreement with the research team. Interviews with staff lasted around 30 minutes ($M = 30.93, SD = 8.10$).

Barriers and facilitators to sustained delivery were discussed by school staff throughout the interviews, but particularly in response to the following questions:

- What factors do you think have enabled your school to continue delivering SSW?
OR
What factors do you think have prevented your school from continuing to deliver SSW this year?
- Has there been anything (else) that has made implementing SSW more difficult in your school?
- Have any of these challenges been overcome?

5.2.4 Data analysis

Data from the interviews with school staff were analysed using reflexive thematic analysis, where analysis is understood as always subjective and occurring at the intersection of the researcher and the data (Braun and Clarke, 2022). In recent updates to their 2006 paper, Braun and Clarke (2022) clarify the method of ‘reflexive thematic analysis’ and emphasise that objectivity is never possible, and that analysis will be inflected by researcher positioning. This fits well with the critical realist position I have taken throughout this thesis. I was aware that my knowledge on the subject would inevitably shape the analysis and I wanted to ensure I took a reflexive approach. I chose reflexive thematic analysis as it works especially well for a single researcher and is a more open and iterative analysis process than some other forms of thematic analysis (Braun & Clarke, 2022). In this section I provide a detailed account of the analysis process. I started the analysis with a deductive approach using the factors affecting sustainment that were identified in my literature review (Chapter 4), but then moved to coding inductively in order to identify codes specific to the experiences of schools delivering the EfW interventions. Analysis was conducted through engaging with Braun and Clarke’s (2019, 2022) six steps:

Phase 1 – Data familiarisation

As outlined above, I conducted the majority of the interviews with school staff myself and then checked all of the transcripts against the audio files. In the initial stages of analysis I read and re-read the interview transcripts and made notes in relation to how these data fitted with the factors and themes identified in the systematic literature review.

Phase 2 – Systematic data coding

I conducted line-by-line coding using NVivo (QSR International Pty Ltd., 2018). I imported the literature review themes and sub-themes into the software and starting coding the interviews. Where staff discussed barriers or facilitating to sustained delivery that did not fit into themes from the literature review framework, I created additional codes. The majority of this coding was semantic, sticking closely to explicitly-expressed meaning and using participants' words (Braun and Clarke, 2022). Once initial coding was complete, I was careful to re-read areas of relatively sparse coding to make sure I had not missed or neglected any data. I then shared this initial coding with my supervisor (ES), and we talked through the data allocated to each code. ES highlighted that some of the excerpts from staff that I had coded initially were not relevant to the research question regarding barriers and facilitators to sustained delivery, but instead were more general comments about the interventions or initial implementation. Following this discussion, I went through the entire dataset to ensure that the coded data were directly relevant to the specific research question of this study.

Phase 3 – Generating initial themes

In order to generate initial themes, I condensed some codes together and started thinking about different ways to interpret patterns across the data. I met once more with ES and, through discussion, decided to move away from the overarching themes from the systematic literature review that I had started with. While some coding was similar to the literature review themes, I felt that the participants in this dataset were

emphasising slightly different sustainability components. It was somewhat challenging to move away from the coding structure I had spent so much time working on, but I had also identified some themes that cut across both the school and wider system levels, and so decided to remove this distinction. Instead, I identified five overarching topic summaries, each containing a number of subthemes.

Phase 4 – Developing and reviewing themes

After a break away from the dataset for nearly two weeks, I returned to begin developing and reviewing the themes. The space away from the data made it easier to identify overlap between certain sub-themes and to finalise the titles of my main topic areas. Throughout this iterative process I consistently returned to the codes and raw data to try to make sure that I did not stray too far away from the data in my interpretation.

Phase 5 – Revising and defining themes

Through starting to write descriptions for some of the themes, I continued to revise and develop the theme names. Once I felt clear on the differences between themes, I tried to use quotations from participants where possible to name each theme. Thinking about this and selecting some quotations as theme names helped me to keep the themes closely linked to the data.

Phase 6 – Writing the report

I then wrote the results section of this chapter and selected quotations from participants that I felt represented each theme. The main topic areas and subthemes are discussed in detail below.

5.3 Results

This section presents the five overarching topics developed from the dataset: 1) *Culture*, 2) *Passion, interest and enjoyment*, 3) *Capacity to continue delivery*, 4)

Prioritisation and 5) *Adaptation*. Each of these topics contains subthemes that are outlined in Table 5.4 and discussed in detail below.

Table 5.4 Topics and subthemes - barriers and facilitators to sustaining the EfW interventions

Overarching Topic	Subthemes
1. Culture	1.1. "Mental health, we are really quite hot on it" 1.2. Leadership support
2. Passion, interest and enjoyment	2.1. Commitment and interest from staff 2.2. Wider staff engagement 2.3. "The kids seemed to really engage" 2.4. "Staff are seeing the impact"
3. Capacity to continue delivery	3.1. "The demands of the curriculum" 3.2. Intervention requirements 3.3. Staff turnover 3.4. Staff confidence delivering the interventions 3.5. "Then COVID came along"
4. Prioritisation	4.1. Senior leadership prioritisation 4.2. Wider system level prioritisation
5. Adaptation	5.1. Adding new resources or activities 5.2. Flexibility and autonomy for delivery staff

5.3.1 Culture

This topic includes two themes relating to school culture, ethos and the effects of school leadership, which were discussed by school staff as facilitators to sustainment. These subthemes are: *"Mental health, we are really quite hot on it"* and *Leadership support*.

5.3.1.1 "Mental health, we are really quite hot on it"

Staff discussed already having a wider culture or ethos around supporting pupils with their mental health and wellbeing, and this was described as a key facilitator to sustaining the EfW interventions.

"We are very focused on mental health, we're very focused on student wellbeing and welfare... There's a lot of focus here on that. Which therefore

makes it much easier to be able to get this kind of programme put into our timetables compared with a school where it wasn't quite so much of a focus."

Guide 3, Senior – Other

Some participants felt that the interventions were a good fit with other activities around mental health and wellbeing, such as assemblies on mental health that were already being delivered. Staff also talked about the lessons and activities fitting well with values around being kind, caring, authentic and promoting a culture where mental health and wellbeing is seen as important.

"Even though it wasn't perfect in its form... We thought it added a lot to our curriculum and it fitted well with our school's values... There's a belief that the teaching of wellbeing and mental health issues is important... We're fully behind the delivering of mental health provision in that way." **Guide 2, SLT**

5.3.1.2 Leadership support

Staff described a culture of support amongst school leaders as a facilitator to sustaining the interventions, particularly in relation to leaders being positive, encouraging and open-minded regarding the potential benefits of the programme.

"They can sort of empower people to go with it and give it a go... I guess it's the forward-thinking of the SLT within the school." **Relaxation 4, Pastoral**

Senior leaders also discussed attempts to ensure that staff felt supported in their work and in the delivery of the interventions, by providing spaces for sharing and feedback (e.g. allocating 10 minutes of a staff meeting to discuss delivery) and regularly checking in with staff. This was described as a facilitator to sustaining activities and promoting cultural change in the schools.

"We check... 'how's this going?' 'is anybody struggling with that?'... And if there is a genuine barrier for a particular class, then we can address that together." **Relaxation 2, SLT**

5.3.2 Passion, interest and enjoyment

Across all those involved in the EfW interventions, a key factor affecting sustained delivery was the passion, interest and enjoyment of senior leaders, delivery staff and the pupils themselves. This engagement in mental health and wellbeing and some of the reasons behind it are discussed below in the four following subthemes: *Commitment and interest from staff*, *Wider staff engagement*, *“The kids seemed to really engage”* and *“Staff are seeing the impact”*.

5.3.2.1 Commitment and interest from staff

Delivery staff highlighted their belief in the importance of supporting pupils with their mental health and wellbeing. A number of staff also described their own or others’ passion for the subject as driving the intervention forward in school.

“I’m certainly not paid any more to do it. You know, it’s just, a passion that we’ve both got.” SSW 5, Senior – Other

This commitment from staff was often discussed in relation to perceived need, with participants highlighting increasing numbers of pupils with mental health difficulties. Staff explained that the need for support in their pupil population was a key reason behind continued delivery of the programmes.

“I think with more and more students having mental health issues and being at the forefront, I think it’s really important that students and staff are aware of the issues and what support is available.” Guide 4, SLT

A number of participants who were interviewed at the later timepoint (November 2020) also noted increased need and emphasis on mental health and wellbeing support when pupils returned to school after closures due to the COVID-19 pandemic.

“I mean especially coming back from lockdown, mental wellbeing was a really big part of our return. So teachers were doing it a couple of times a day I would

say... To get children... feeling less stressed, less anxious, that sort of thing.”

Relaxation 3, SLT

However, this perceived need could also lead to staff deciding against delivering the intervention again. In one Mindfulness school, a teacher felt their current class did not require the intervention in the same way as the pupils who took part in the trial.

“I think this year, because of the nature of the class, like I say they’re a really happy, calm class. I don’t think it’s something I’ve felt that they’ve needed.”

Mindfulness 1, Teacher

Regarding individual effort and commitment, some of those responsible for coordinating or delivering the intervention were also pursuing qualifications in the field of mental health (e.g. training to be a counsellor) and brought these additional skills and experience to their delivery of the EfW interventions. Senior staff commented that members of their staff team who had previous experience of similar activities were more likely to sustain delivery.

“The staff that recognise the value and perhaps are practitioners themselves, they do it religiously, religiously.” **Mindfulness 3, SLT**

Delivery staff also said how much they had enjoyed teaching pupils these interventions. For some this was because the activities were novel or different from standard subjects, while others described the good conversations they had with their pupils during intervention sessions. This enjoyment was a reason behind continued use of the lessons and activities.

“I enjoyed doing it and I think it was successful. Yeah, and I think very, very worthwhile.” **SSW 3, Teacher**

5.3.2.2 Wider staff engagement

As well as key leadership or pastoral staff, participants also discussed the beliefs and interests of the wider staff team. Here they highlighted the importance of having

‘everyone on board’ in order to embed the interventions into school life and sustain delivery over time. In some schools, leaders described their staff as open to trying new things and noted the commitment from staff as a key facilitator to delivery.

“Some projects you set up or little things you know are just going to die a death within half a term once the impetus has gone. But this has kept going, and I think that’s because the teachers firmly believe in it too.” **Mindfulness 4, Pastoral**

In other schools, staff described wider staff attitudes as a barrier to sustained use, with some colleagues unwilling to engage or continue delivering the interventions beyond the initial trial. In some instances this was attributed to teachers wanting to focus more on their academic subject than pupil wellbeing. Others mentioned generational differences between staff members, with some older staff less likely to be enthusiastic than their younger colleagues.

“Staff are quite funny on it. Especially I find like old, older staff have been quite negative towards most stuff on mental health and some of them have been very much like ‘oh we have to do this again’ or ‘we did this last month or earlier in the year’. So I definitely think there’s, I mean not totally, but I think there is a bit of a generational divide on it. I think younger members of staff are much more on board with it and see the value of it may be a bit more.” **Guide 4 – Teacher**

In one instance this difference between younger and older staff members was attributed to older staff members being more likely to view the new intervention as a trend, and therefore showing less enthusiasm.

“I wonder with mindfulness, if people do think that it might be a bit trendy. And you know we’ll all be talking about it for the next couple of years, and then there will be something else that people think is better, or the new thing.” **Mindfulness 1, Senior – PSHE or Pastoral**

Intervention coordinators, who were trying to engage the wider staff team, explained the importance of ensuring staff understood the reasons behind the interventions and why they were being asked to do these activities with their pupils.

“So you need I think everybody to understand why it’s important before you’re just giving them strategies. So it’s not just about lying on the floor and looking at shapes in the clouds, it’s about why is that an important skill.” **Mindfulness 3, Senior – PSHE or Pastoral**

5.3.2.3 “The kids seemed to really engage”: Pupil engagement

A facilitator to sustained delivery was staff witnessing the pupils engaging in and enjoying the interventions.

“The children all said how much they loved it. The children commented, which was lovely, about how they’d shown their family and friends at home, so they were teaching their parents how to do it, some of the relaxation exercises.” **Relaxation 4, Pastoral**

Staff also reported that pupils ask their teachers for activities or remind them to deliver the intervention. Pupils in some schools also were involved through leading activities.

“There’s always children in the class who are willing to take the session then they kind of get more ownership of it themselves anyway.” **Relaxation 3, SLT**

This was described as a facilitator to sustained delivery partly because staff could see the engagement and enjoyment of pupils, but also as it takes the pressure off of teachers to lead every session.

Pupils were also reported to be sharing learning and expectations around regular intervention delivery with new teachers or children that join the school.

“We’ve had two or three new children that have come in. And then, when they’ve seen everybody then just doing their own breathing and focusing... they

automatically engage, because it's almost like perceived general practice or routine in the class that they've come into." **Relaxation 2, Teacher**

However, in some schools a lack of engagement from pupils and some issues with behaviour were cited as reasons for stopping delivery or switching to different types of support.

"There were some characters in Year 7 and 8 that were just making it really difficult. And once the trial was finished, I think a lot of the teachers were just glad to stop it." **Relaxation 1, Senior – PSHE or Pastoral**

5.3.2.4 "Staff are seeing the impact": Perceived benefit for pupils

Staff from many schools described seeing the benefits of the interventions for their pupils and linked this to the motivation to continue delivering the lessons and activities. Benefits of Mindfulness and Relaxation included calming and destressing pupils, as well as helping with their emotional regulation.

"[Pupils] use it as a self-regulating mechanism at times, where they come in at one o'clock and they'll use it to calm themselves down... They would almost self-regulate and need that little five minutes of just reflective, calming, and breathing time. And then you could see them physically just resetting ready for the afternoon. The very fact that you've seen it work practically would make you continue using it." **Relaxation 2, SLT**

Staff delivering SSW and The Guide described changes in pupils' awareness of mental health and their ability to talk about or seek help for themselves or for others.

"I think now the children are very used to talking about mental health and emotional wellbeing and so on. I think, I just think it's easier. I think that it's been a bit of a break-through." **SSW 3, Teacher**

"I think that some of them are much more concerned about friends and peers and will go and speak to staff... I think that is maybe a change we've seen. So, they feel more confident to go and approach people and seek help." **Guide 4, Teacher**

Participants also discussed benefits such as better behaviour and a calmer start to lessons.

*“We could see a difference with the children, because there didn’t seem to be as much bickering and petty chatting around playtimes and lunch times, and there did seem to be a calmer atmosphere around the school, so I think that really, really helped.” **Mindfulness 4, Pastoral***

Some of these benefits were useful for staff, too, who described the techniques and activities they had learned on the training as useful in de-escalating bad behaviour and managing the class.

*“When [teachers] can feel that they need to bring the class back down, that is what they will turn to, so I suppose it’s a classroom management tool as well. You know, like after dinner time when the children come in particularly hyped.” **Relaxation 4, Pastoral***

Staff in Mindfulness and Relaxation schools also mentioned that pupils were more focussed after doing five minutes of the activities and consequently more ready to learn.

*“It is a way of getting the children into the right frame of mind for learning, moving from that mindset of being on the yard where they can scream and shout and run and jump to being calm and more still and ready to listen and learn.” **Relaxation 2, SLT***

Some participants were less specific about impact but talked broadly about the interventions as a success or having had a positive effect on pupils.

*“We decided to roll it out to all of Key Stage 2 because it was so successful, a positive experience for all the children.” **Mindfulness 2, Senior PSHE or Pastoral***

5.3.3 Capacity to continue delivery

While some staff referenced characteristics of certain interventions and described the ease with which they were able to introduce and embed activities in their schools, discussions around capacity generally highlighted the challenges of sustaining delivery over time. These are detailed in the following five subthemes: *“The demands of the curriculum”*, *Intervention requirements*, *Staff turnover*, *Staff confidence delivering the interventions* and *“Then COVID came along”*.

5.3.3.1 “The demands of the curriculum”

Staff from nearly every school across all four interventions discussed pressure to deliver an already packed curriculum and the lack of time as a barrier to sustained delivery.

“Safeguarding that time, ring fencing the time, is really tricky, because there always seems to be something more important or something urgent that has got to be done.” – Relaxation 1, Senior – PSHE or Pastoral

“I’d probably only say about... time. I know I keep on saying that for almost every answer, but if we have 39 weeks a year in school, so it’s one lesson every two weeks on [citizenship]. So basically we’ve got about 18 weeks, 18 lessons to cover everything from politics, there’s sex education, to mental health... That’s a problem.” Guide 4, Teacher

Timetabling proved to be a significant barrier to some schools. Participants discussed the challenges of trying to fit daily activities such as Mindfulness or Relaxation into tutor time, and others mentioned the need for it to be formalised as part of the school day.

“I think last year it was very much more kind of in our timetable, very regimental, like we were really committed to it. Whereas this year, I think because of the curriculum and the demands of the curriculum we don’t do it as often.” Mindfulness 1, Teacher

In one primary school, the class allocations and pupil groups had changed, resulting in some classes where half of the pupils had received SSW the previous year and the other half had not. This was also cited as a reason not to continue delivering the following year. Another school had taken pupils out of their normal lessons to deliver the intervention during the trial period, and now delivered PSHE in termly drop-down days instead of on weekly basis. This was cited as a key barrier to sustained delivery of The Guide.

For some schools, however, the EfW intervention allocated to them in the trial fitted easily into a space in their curriculum and was consequently easier to sustain.

*“One of the reasons we chose Year 9 was because we could deliver it within a slot on our curriculum. So, it was purely mechanical and fitted in with the logistics of the wider school curriculum.” **Guide 2, SLT***

5.3.3.2 Intervention requirements

Having interventions that were well-designed and required minimal preparation and planning input from teachers was a facilitator to sustainment. Some participants said that the interventions were straightforward and easy to deliver, while others noted that staff did not have to invest extra time in planning or preparing.

*“It’s all done for you... and it’s not eating into other members of staff’s planning and preparation time in finding those resources. It’s there, it’s done, it’s quick, it’s accessible.” **Relaxation 4, Pastoral***

One member of SLT emphasised how helpful it was to have a structured programme such as SSW, with lesson plans and activities that could easily fit into their school day.

*“It was more structured than some of the other things we have... because lots of these things don’t have sufficient clarity, there’s lots of great resources, but because they haven’t got the clarity about how to deliver them or how they’re going to fit into your overall curriculum, you have to invest more time into figuring out how you’re going to use them.” **SSW 1, SLT***

However, in one school, the Guide lesson plans and materials did not fit with their standard lesson structure, which included a 'starter' and 'finisher' activity in every lesson. Consequently it was not sustained in subsequent years.

"Some things didn't suit our school and didn't suit how our school teaches. That was difficult." **Guide 1, Senior – PSHE or Pastoral**

5.3.3.3 Staff turnover

Staff turnover was described as a key barrier to sustaining delivery of the interventions in schools. This included key delivery personnel leaving the school, going on maternity leave or switching roles, for example teachers who were trained and delivered SSW to Year 4 pupils during the trial moving to another year group. Schools with minimal turnover of staff, including consistency in the leadership team, described this as a facilitator to sustainment.

"I think what's helped is that we've had two members of staff from the original project are still in situ, so that really helps. You know, those ones we sent up to London." **Mindfulness 2, Senior – PSHE or Pastoral**

Some schools talked about actions they had taken to mitigate staff turnover, including sharing the initial training with staff. Two of the Mindfulness schools also discussed training teaching assistants and support staff to maximise capacity within the school.

"When we did the teacher training, when we disseminated it, we still had the core of the four teachers that were part of the project. One of them has now moved on. But actually, when we delivered the training, she was part of... we asked the four of them to deliver it to whole staff as part of the training. So, we all got it. Everybody got it. It was teaching assistants, teachers, everybody." **Mindfulness 2, Senior – PSHE or Pastoral**

5.3.3.4 Staff confidence delivering the interventions

Some staff discussed challenges when teaching pupils about mental health problems and described a lack of confidence in delivering certain lessons. Participants expressed concern about raising sensitive topics with pupils, noting that their lack of in-depth knowledge of the subject could make it difficult to respond to questions from pupils. This, combined with a strong sense of responsibility to say the right thing, made some teachers hesitant to engage.

“Students are, like, ‘So, how do you diagnose that? How does a doctor diagnose that?’ and I find myself thinking, ‘I don’t know...’ and that’s what’s incredibly difficult about delivering this curriculum is, as a history teacher, I don’t know the answers to those questions. I have to be honest... It is quite heavy-going to teach though. It is... a lot. And you feel incredibly responsible teaching it.” **Guide 2, Teacher**

However other members of staff felt that the training had equipped them well enough to deliver the interventions and had given them a newfound confidence.

“...being able to do the initial training and to practise it was really useful. Because it empowered [staff] to be able to deliver that to children. They didn’t feel so anxious about it.” **Mindfulness 2, Senior – PSHE or Pastoral**

5.3.3.5 “Then COVID came along”

When discussing the COVID-19 pandemic, staff said that for the most part the lockdowns and school closures were a barrier to continuing delivery as intervention activities were not delivered remotely to pupils. Many schools also mentioned changes to their timetables or procedures when all pupils returned to school, such as pupils being grouped in ‘bubbles’ that could not mix, or changes to the structure of the school day. This also affected delivery of the interventions. For some schools this created an insurmountable barrier to delivery:

“We used to have five lessons a day pre-COVID, so you had hour lessons; we did six one-hour lessons on your project. Now we have 100-minute lessons,

*and we only have three lessons a day, and if you are missing like Wednesday, period one, and you're missing English for 100 minutes for six weeks, it's not doable." **Guide 1, Senior – PSHE or Pastoral***

However, in another school, timetabling adjustments as a result of pandemic measures had led to extra time in certain lessons. This had created more space for the intervention than in previous years.

"Since we've come back the timetable has changed now. So we get an extra 10 minutes; we've got fewer lessons but they're longer. So I've taken the opportunity to reintroduce it back in PSHE, so one lesson a week, in all the year groups, to either start or end the lesson with the breathing exercises again."

Relaxation 1, Senior – PSHE or Pastoral

5.3.4 Prioritisation

Prioritisation of the interventions was the only theme that was discussed at two distinct levels: *Senior leadership prioritisation* and *Wider system level prioritisation*.

5.3.4.1 Senior leadership prioritisation

School leaders prioritising and committing to the intervention was described as a key facilitator to sustained delivery. This included communicating clear expectations (e.g. scheduling lessons into the timetable or making certain activities 'non-negotiable') and putting the interventions into school policy documents (e.g. wellbeing policy), as well as ensuring that intervention coordination and delivery was formally part of someone's role.

"[Relaxation is] part of my role, and we've had a big push on it, especially with lockdown...anything to do with the children's mental health is part of my role."

Relaxation 1, Senior PSHE or Pastoral

Senior staff also prioritised the intervention through allocating time for internal training (e.g. during an Inset day in school) and creating space for delivery staff to feedback and contribute to decisions about the lessons/activities.

*“Our head was very, very keen that once we’d received the training, that we actually then did an Inset and... we taught the rest of the staff about the mindfulness study we were doing, and actually she wanted the whole school to take on mindfulness.” **Mindfulness 4, Pastoral***

*“**Participant:** It was, the staff that delivered it last year said, ‘yeah there’s some good stuff in it, stick with it’. So, we’ve kept it in Year 9...*

***Interviewer:** So the staff that did it last year, they were part of that decision?*

Participant:** Yeah, yeah.” **Guide 4, SLT

Senior staff being actively involved in delivery and attending the training were also described as facilitators to sustainment.

*“[Deliverer] is a part of leadership and she’s quite influential with the staff so the fact that she’s been doing it has meant that she’s kind of pulled the rest of the staff with her to some extent.” **SSW 1, SLT***

In contrast, schools where senior leaders did not prioritise the intervention found it challenging to continue delivery over time. Some participants said that senior staff had decided to prioritise alternative PSHE or mental health programmes (e.g. Jigsaw PSHE or the Thrive Approach) instead of sustaining the EfW interventions.

*“I think because at the time they’d bought into Thrive, um, that’s where [the headteacher’s] kind of allegiance was.” **SSW 4, Teacher***

Other participants discussed the fact that academic subjects such as English and Maths had been prioritised over these interventions and PSHE more generally. Staff in primary schools noted that this was particularly relevant for Year 6 pupils who were preparing for national examinations (SATs).

“Year 6 would be too pressured and would just be like ‘We haven’t got enough time for this, because we’ve got to get ready for SATs’.” **Mindfulness 3, Senior – PSHE or Pastoral**

PSHE was often described as the first subject to drop off the timetable if schools were busy, and one PSHE lead commented that ensuring staff were trained proved challenging as a result of constantly shifting personnel.

“The problem with this has always been, PSHE has been given to anyone with gaps in timetables. So, I might have 15 different people doing it... It changes every year.” **Relaxation 1, Senior – PSHE or Pastoral**

5.3.4.2 Wider system level prioritisation

When discussing an increased focus on pupil mental health and wellbeing in their school, a number of participants linked this to a wider focus from government departments such as DfE and the Office for Standards in Education, Children's Services and Skills (Ofsted). Staff talked about a commitment from DfE and clearer expectations for schools to prove that they are supporting children and young people's mental health. This was an incentive for some schools to sustain delivery and embed the EfW interventions into the curriculum.

“Well, every school has to have a mental health lead... and the DfE have issued mental health guidelines. So we’ve actually made wellbeing a whole part of our school curriculum. So we’ve got subjects, but we’ve got wellbeing alongside it as a separate thing.” **Relaxation 3, SLT**

However one participant suggested that a lot more could be done by higher level bodies such as DfE and Ofsted to secure the place of mental health and wellbeing promotion in the curriculum.

“I don’t think enough is done, perhaps, in terms of making time for mental health in the curriculum. I’d be a huge advocate of something being done, more kind of widespread across the country. I think there’s lots of talk about

it... but I think actually coming down to the bottom line of what are we going to do, and what's going to give in order to fit that in." **SSW 4, Teacher**

5.3.5 Adaptation

This topic contains two themes relating to staff adaptations of the EfW interventions and the reasons behind these changes. These are discussed in the two following subthemes: *Adding new resources or activities* and *Flexibility and autonomy for delivery staff*.

5.3.5.1 Adding new resources or activities

Across all four interventions participants talked about creating or finding additional resources to supplement the materials provided during the initial trial. This was described as a key facilitator to sustained delivery. Staff delivering the daily Mindfulness and Relaxation exercises were positive about the original resources but felt they needed to keep the activities novel and engaging for pupils.

"It was great to start with because it was all new, but if you've got a child who's been doing it for three years now, they don't want to be doing the same one, you know, so we have to keep finding other things as well." **Relaxation 3, SLT**

In some schools, these adaptations were led by individual teachers who searched for new exercises online and introduced activities from websites such as Calm or GoNoodle. In other schools, the wellbeing lead or pastoral team collated additional resources for classroom teachers. The intention behind this was to save teachers' time and reduce the effort required for regular delivery.

"We've found that there are mindfulness apps and this sort of thing that they can log into as well to use, so it keeps it fresh. So, I think that's why it's sustainable really." **Mindfulness 4, Pastoral**

“Making life easier for the class teachers without having to do much more than a couple of clicks on a computer... we've made it more accessible and taken the pressure off them to find the resources or to think of the resources.”

Mindfulness 3, Senior – PSHE or Pastoral

Some staff delivering SSW and The Guide, however, discussed issues with the original resources that had led to adaptations. All staff who were delivering The Guide mentioned the need for more variety, and some participants had introduced new activities to the lesson plans to make the programmes more engaging or to add more practical information for pupils.

“It was just a little bit too, students being quite passive and sitting there for long periods of time... All I've done is just introduced activities and taken away the sort of, almost like, lecture-style.” **Guide 2, Teacher**

Staff delivering The Guide also discussed reducing the content covered in order to engage pupils and focussing in on areas they felt were more relevant to their classes.

“There was so much stuff to get through, so much content. And I think a lot of it was very much the same, the presentations were very similar, and it was, you know, as soon as got to the fourth or fifth thing along the students were a bit ‘oh here we go’. So [we] focused on various things or cut things out. Just to try and make it more enjoyable for students...” **Guide 4, SLT**

5.3.5.2 Flexibility and autonomy for delivery staff

A facilitator to sustained delivery was teachers having the flexibility to adapt the intervention for different classes or groups of pupils. Delivery staff (e.g. tutors) in some SSW and Guide schools had been given more time by senior leaders than originally allocated in the trial. This allowed staff to be responsive to pupils' needs and interests, spending more time on topics that were particularly relevant to a given group and increasing pupil engagement.

“I think the sessions were originally supposed to be one 45-minute session... We broke it down to two 30-minute sessions... and it just gave a bit more time for teachers to become a bit more autonomous with tweaking it a little bit or tailoring it to the interest of the class.” SSW 5, Senior – Other

One member of staff delivering Relaxation also talked about the variety and flexibility within the intervention materials. This teacher highlighted the fact that staff can use the activities to suit each cohort (e.g. depending on pupil preferences, class gender composition), and that the range of different activities helps to engage more pupils in the intervention.

“I had to slightly adapt it this year because the class that I’ve got this year is particularly boy heavy... So I use a lot of the fact of this is how the navy seals train and actually control their breathing... ready to do the activities they need to do. So the boys engage with that more. Last year we were able to go through some more of the exercises, like the, the bunny jump... When you had a mixed class, that was far easier to deliver because you had more that could relate to that. Whereas sometimes the boys don’t relate to the little bunny bit.” Relaxation 2, Teacher

5.4 Discussion

The aim of this study was to explore barriers and facilitators to sustaining the EfW interventions from the perspective of school staff. Five main factors affecting sustainment were developed from the data: *culture, capacity to continue delivery, prioritisation, adaptation* and the *passion, interest and enjoyment* of staff and pupils. The majority of factors discussed by staff were at the school level. In line with other research, school culture or ethos was identified as an important component in embedding and sustaining programmes (Adametz et al., 2017; Askill-Williams & Koh, 2020; Crane et al., 2021; Nadeem & Ringle, 2016). The findings here were similar to others in highlighting a culture of supportive leadership and willingness to innovate as facilitators to sustainment (Adametz et al., 2017; Askill-Williams & Koh, 2020;

Crane et al., 2021; Nadeem & Ringle, 2016). However, in this study participants also mentioned the importance of already having a school ethos specifically around supporting mental health and wellbeing in their schools. In the broader literature reviews exploring health interventions or school improvement initiatives more generally, a culture specifically relevant to the aims of a given intervention was not discussed (Herlitz et al., 2020; Koh & Askell-Williams, 2020). This may be because subjects like physical education and health are already firmly established in the national curriculum and have clear learning outcomes that are monitored, while the topic of mental health and wellbeing is a new addition (Department for Education, 2019). This ties into the idea from the previous chapters that subjects traditionally considered outside the scope of schools may be more difficult to sustain, or that there may be greater variety between schools as a result of different school cultures or priorities.

The majority of the themes relating to capacity were similar to those identified in the literature review in Chapter 4, including timetabling pressures and the importance of interventions that are practical and easy for staff members to implement. Once again, staff turnover was discussed as a key barrier to sustained delivery. This is consistent with the wider literature on sustaining programmes in schools, where staffing issues are noted as a major challenge (Arnold et al., 2021; McIntosh et al., 2016; Pinkelman et al., 2015). However, participants here also discussed plans to mitigate the effects of staff turnover through sharing the training and increasing capacity by involving all adults in the school instead of just specific class teachers. This is in line with research by Ertesvåg et al. (2010), where a successfully sustaining school had provided training for new members of staff and introduced them to the principles of the programme.

A deviation from Chapter 4 was the theme on self-efficacy and staff confidence, which was not identified in the systematic literature review. Self-efficacy was discussed particularly in relation to The Guide curriculum, where staff felt unsure about covering certain topics and being able to answer the questions posed by their pupils during the lessons. This was also found by Arnold et al. (2021), where school staff delivering a trauma-informed mental health intervention explained that they

were not confident in their ability to deliver the programme on their own without support. Herlitz et al. (2020) also found that teachers delivering a health programme outside of their usual expertise were less likely to sustain it. The authors provide examples of classroom teachers delivering PE, or PE teachers delivering nutrition education. This is perhaps also very relevant for PSHE and teaching topics around mental health and wellbeing, as few members of staff in UK schools have received extensive training on how to teach these subjects. In this study, staff delivering shorter activities like Mindfulness and Relaxation did not mention self-efficacy as a barrier to sustained delivery. However, a number of those teaching The Guide discussed issues around confidence. It is perhaps unsurprising that an in-depth curriculum such as The Guide, which covers topics like self-harm and serious mental illness, was challenging for staff to deliver. This could have important implications for intervention developers and policy makers, though, who may need to invest more in training staff if they wish to see sustained delivery of these types of programmes.

Another new theme was the ways in which the COVID-19 pandemic affected capacity in schools. In general, the lockdowns, school closures and changes to school timetables were described as considerable challenges to sustaining delivery. Staff also mentioned the 'recovery curriculum' which focussed on catching up with lost learning during the pandemic and led to some schools prioritising academic work (Department for Education, n.d.-a). However, the effects of the pandemic were not entirely predictable, and staff reported instances where timetabling changes or the increased focus on the wellbeing of pupils had facilitated intervention delivery rather than creating barriers.

The themes under the topic of passion, interest and enjoyment were all very similar to those identified in the literature review in Chapter 4 and in the wider literature on sustainability (Friend et al., 2014; Herlitz et al., 2020; Loman et al., 2010; Nadeem & Ringle, 2016). Individual commitment from staff members was often driven by perceived benefit of the interventions for pupils and the engagement of pupils who appeared to be enjoying and engaging in the sessions. In contrast, low levels of pupil engagement or motivation were a barrier and had led to staff deciding not to sustain

activities. However, one theme that has not been identified elsewhere was that of difficulties engaging the wider staff team in delivery, and intervention champions coming up against members of staff who did not believe in the importance of the interventions. While other studies have found teachers who are occasionally protective of students' time and emphasise the importance of academic results (Crane et al., 2021; Nadeem & Ringle, 2016), here participants talked about some members of staff actively resisting the interventions. Some noted generational differences, explaining that this resistance or lack of enthusiasm was more likely to occur among slightly older colleagues. This was also noted in Ertesvåg et al.'s (2010) study, where in one case study "an older and not very innovative staff was one reason given... for the lack of continuation" (p. 339). The authors suggest that a high average age among staff must be taken into consideration when trying to introduce a new school initiative, as strong leadership may not be sufficient to overcome this challenge (Ertesvåg et al., 2010). In the research with EfW staff, one instance of a lack of engagement from older staff members was put down to a reluctance to teach outside of their academic subject, while in another school it was suggested that older members of staff might be more likely to view a new intervention such as Mindfulness as a trend. It could be that school staff who have been working in these settings for longer will have seen many of the interventions discussed in Chapter 1 (see timeline in Figure 1.1) come and go, and consequently may be less willing to invest time in a new programme. This was also noted by Hargreaves (2005) in his exploration of teachers' emotional responses to educational change, where previous experience of failed change efforts dampened the enthusiasm of older members of staff. However, as I did not directly interview members of staff who resisted delivery, it is difficult to understand exactly why there was less enthusiasm for these interventions.

In their description of schools as complex adaptive systems, Keshavarz et al. (2010) describe the individual agents (e.g. school staff) as acting based on a combination of their experience, knowledge and environment. In Chapter 3 we saw some of this complexity and how school systems can be hard to predict, with variation across different schools in who took responsibility for the intervention and its future

(Keshavarz et al., 2010). The potential for disparity between school settings was also apparent in the findings of this study, where individual staff members who were passionate and brought previous skills and knowledge were described as being much more likely to sustain the interventions than those with limited knowledge or enthusiasm. This is also linked to staff self-efficacy and confidence, as noted above. While there has been a lot of discussion about the environment (school culture and ethos, perceived need, leadership direction) as a key influence on the actions of individual members of staff, more research is required to understand exactly why in some schools everyone 'gets on board' and in others this proves more of a challenge.

Staff with particular enthusiasm for the topic were also instrumental in making adaptations to the intervention lessons and materials in order to sustain delivery over time. While only mentioned very briefly in the Chapter 4 systematic literature review, intervention 'workability' (fitting the intervention into time available and matching the intervention to pupils' needs) was a theme in Chapter 3, where staff discussed plans for a number of adaptations in order to sustain the EfW interventions. Some of these adaptations discussed in Chapter 3, such as reducing the content of The Guide, had taken place in some schools by the time of the sustainability interviews. Other suggestions, however, such as adapting the interventions for different year groups, were not discussed by the participants of this study. Cutting some materials may have been easier and more achievable than adapting the intervention content and language for different year groups, which would require more of a time commitment.

Workability and adaptation were also identified to be of particular significance to sustaining health programmes in schools (Herlitz et al., 2020). The themes identified by Herlitz et al. (2020) were similar to those here, with staff reducing the amount of content in response to time constraints or incorporating elements into an existing curriculum. Adaptation is also described by Koh and Askill-Williams (2020) as a key component in their scoping review on sustainable school-improvement. In this review the authors highlight the need for flexibility and adaptation of interventions for successful long-term delivery. While adaptations to an educational initiative may sometimes be viewed by evaluators as departures from fidelity, local adaptations are

often inevitable and can be a key facilitator to sustained delivery (Koh & Askell-Williams, 2020; Lendrum & Humphrey, 2012). The idea of making continuous adaptive changes and responding to the needs of certain pupils or cohorts provides further support for viewing schools as complex systems and suggests that sustainability may be best viewed as a process that takes place over time.

5.4.1 Strengths and limitations

This study is the first of its kind to explore barriers and facilitators to sustaining universal mental health and wellbeing interventions in UK schools from the perspective of school staff. The research provides important insight into the challenges faced by schools in this setting when trying to sustain these types of activities. In contrast with other sustainability research that has focussed only on the views of school leaders or only on one specific intervention (Arnold et al., 2021; Askell-Williams, 2017), a strength of this study is the range of staff roles and the different types of intervention (e.g. daily activities vs 8-week curriculum). The differences here in staff confidence delivering an intervention like Mindfulness in comparison to a more in-depth curriculum like The Guide have highlighted particular challenges for school staff delivering content on a topic beyond their usual expertise.

There are some limitations to this study, including a potential lack of transferability to other schools. As with the other studies in this thesis, the members of staff who engaged with this element of the research and volunteered to be interviewed were those who were likely to be engaged with the project and likely had positive experiences of delivering the intervention. Although I did try to recruit participants from schools that stopped sustaining the interventions soon after the trial finished, I was unable to speak to staff in these schools due to a lack of engagement in the research. Consequently, there may be additional barriers to sustainment that are not identified here. Similarly, we were not able to interview all of the delivery staff in each school and may have heard mainly from those who were particularly passionate and committed. However, with the variety of interventions and staff in different roles there is at least some diversity in school staff's experiences.

As with the research in Chapter 3, interview responses may also have been influenced by social desirability bias if staff felt that they *should* be sustaining the EfW interventions (Collins et al., 2005; Hewitt, 2007). However, I and other researchers made it clear at the beginning of each interview that we had not conceived of or contributed to the design of any of the EfW interventions and that we had absolutely no expectations regarding sustained delivery.

5.5 Conclusions

Given the limited high-quality research on the sustainment of mental health and emotional wellbeing interventions in schools, analysis of the rich data in this chapter provided important insight into staff experiences in England. While many of the themes in this study are similar to wider evidence on sustaining school-based programmes more generally, this chapter has highlighted a number of factors of importance to sustaining mental health and wellbeing interventions, in particular, in school staff members' own words. These include school culture, staff confidence, prioritisation and engaging the wider staff team in delivery. While the increased focus on mental health and wellbeing from the wider system around schools (e.g. DfE and Ofsted) may facilitate sustainment, the ever-pressing concerns around logistics, limited time and training in schools suggest that more is required from leaders and policymakers for mental health and wellbeing interventions to be successfully sustained.

Whilst identifying these factors or components of sustainability is an important first step, as Koh and Askill-Williams (2020) note, "the weighting or importance of certain components over others in various times and contexts remain largely unknown" (p. 30). It was not clear, for example, in this analysis why some schools or individuals who identified the need for adaptation (e.g. issues with the content of The Guide) were able to make these adaptations and sustain delivery, while others did not. To take a few factors as an example, we do not know if it is the combination of school culture, passion from individual staff members *and* a directive from Ofsted that makes a school more likely to sustain delivery, or if one of these factors may carry

more weight. The following chapters address some of these gaps in our understanding, with a quantitative study on the predictors of sustainment (Chapter 6) and longitudinal qualitative analysis in Chapter 7 that explores schools' journeys and experiences of the EfW interventions over time.

Chapter 6 Exploring factors that predict sustained delivery of the Education for Wellbeing interventions

6.1 Introduction

The systematic literature review in Chapter 4 and the qualitative study in Chapter 5 highlighted a number of barriers and facilitators to sustainability, both at the school-level and at the wider system level. Participants in Chapter 5 identified many similar challenges and barriers to sustainment, yet it remains unclear if particular factors carry more weight or are key predictors of whether an intervention will be sustained. The literature review in Chapter 4 identified two studies that used quantitative methods to explore intervention sustainment. LoCurto et al. (2020) used regression analyses to investigate predictors of sustained use of a modular CBT intervention by school clinicians, while Loman et al. (2010) used descriptive analyses to explore differences between sustained school-level implementers and non-sustained implementers of a targeted behaviour intervention. Using an intervention-specific sustainability questionnaire, LoCurto et al. (2020) found that significant predictors of sustained use were greater perceived acceptability and benefits (for pupils and clinicians) and lower perceived difficulty of administering the various components of the CBT intervention. Additional factors, including clinician characteristics (age, years of experience, previous experience with CBT) and school-level factors such as competing demands, time and training were not found to be significant in this analysis (LoCurto et al., 2020). The strongest predictors of continued delivery were intervention acceptability (e.g. easy to use, fun) and perceived benefits for pupils, and the authors suggest that these are key factors for intervention developers to consider in order to improve sustainment.

Researchers working on the School-Wide Positive Behaviours and Supports (SWPBIS) intervention in the US have also examined predictors of sustainability in recent years (Mathews et al., 2014; McIntosh et al., 2016). SWPBIS follows a different model from the interventions in EfW and those included in Chapter 4's systematic literature review as it is a whole-school approach that uses system change methodology

(Mathews et al., 2014). These studies were not included in the systematic literature review as schools delivering SWPBIS are also supported with their implementation by researchers and district, region or state teams. In research by Mathews et al. (2014), high fidelity at initial implementation was the strongest predictor of sustained delivery of the SWPBIS programme three years later. Mathews et al. (2014) also commented that “implementer acceptance and commitment to the practice is an essential feature contributing to sustainability” (p. 169). Also looking at the SWPBIS intervention, McIntosh et al. (2016) explored the predictive power of certain school characteristics and the speed of initial implementation on sustained fidelity of implementation at 1, 3 and 5 years. Fidelity in this study was measured using two self-assessments of the delivery of SWPBIS components, along with an implementation assessment completed by an external evaluator (McIntosh et al., 2016). The largest differences in fidelity were found to be at the level of the state, but also the education/grade level of schools and the speed of initial implementation were significant predictors of sustained implementation (McIntosh et al., 2016). Elementary (primary) schools were more likely to sustain delivery than high (secondary) schools and schools that reached successful implementation criteria in year 1 were more likely to sustain SWPBIS. This suggests that initial planning and implementation phases may be an important factor in long-term delivery.

With limited literature on sustaining school-based mental health and wellbeing interventions, no studies have investigated the predictors of sustainment in relation to teacher-delivered programmes after initial support is withdrawn. This study draws on data collected in the AWARE and INSPIRE trials to explore if the factors identified in the literature are significant predictors of sustainment for four of the EfW interventions: Mindfulness, Relaxation, Strategies for Safety and Wellbeing and The Guide. As the YAM intervention was delivered by external providers there was no opportunity for school staff to sustain the programme at the end of the trial delivery period (see Chapter 2). The first aim of this study was to investigate sustained delivery of the four teacher-delivered interventions nine to ten months after the initial trial rollout, and to explore patterns of sustained delivery. The second aim was to explore

contextual factors, initial implementation measures (fidelity, dosage, acceptability, adaptation) and sustainability processes as predictors of sustained delivery.

6.2 Methods

6.2.1 Setting for the study

As outlined in Chapter 2, recruitment for the EfW programme began in March 2018 for Wave 1, and January 2019 for Wave 2. Schools in the INSPIRE trial (both primary and secondary) were randomised to one of four conditions: Mindfulness, Relaxation, Strategies for Safety and Wellbeing (SSW) and Usual Practice (control). Focusing only on secondary schools, the AWARE trial involved randomisation to one of three conditions: Youth Aware of Mental Health (YAM), the Mental Health and High School Curriculum Guide (The Guide) and Usual Practice (control). The scope, age group and aims of the interventions were outlined in Chapter 2, Table 2.1, and full details can be found in the trial protocols (Hayes et al., 2019a; Hayes et al., 2019b).

As part of the implementation and process monitoring strand, school staff members involved in coordinating and/or delivering the programme were asked to complete an implementation survey at the end of the trial delivery period (March), and then a sustainability survey in November (see Figure 6.1). These implementation and sustainability surveys sit within the wider effectiveness measurement schedule, where pupil surveys were conducted prior to the intervention (baseline) and then again 3-6- and 9-12-months post intervention (see Figure 2.1 for EfW measurement schedule). All questionnaires throughout the project were completed online.

For the implementation surveys, each participating member of staff within a school was linked to one or more delivery groups (often classes) of pupils. Some of the measures in the survey were answered only once (e.g. acceptability of intervention), while others repeated where teachers were responsible for delivery with more than one group of pupils, such as fidelity and dosage.

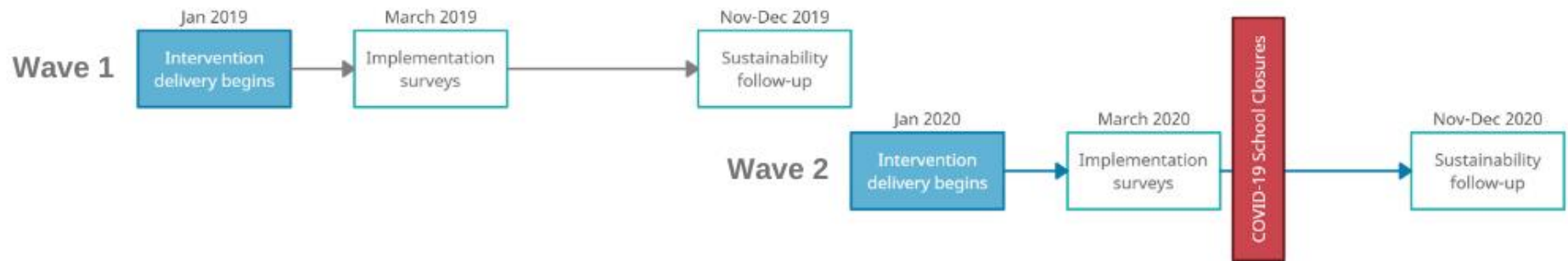


Figure 6.1 Process chart with timelines and implementation and sustainability assessments in each wave

6.2.2 Sample

The sample in this study consists of those who completed sustainability surveys from across Wave 1 and Wave 2 of the EfW programme (see **Error! Reference source not found.** for demographic information). A total of 740 members of school staff across 235 schools were invited to take part in the survey (159 schools in Wave 1 and 76 in Wave 2). In total $n = 271$ (61.73%) completed the survey in Wave 1, while $n = 130$ (43.20%) completed it in Wave 2. Consequently, this study reports on 401 participants (54.19%) across both waves who were members of school staff involved in the coordination and/or delivery of the Mindfulness, Relaxation, SSW and Guide interventions. As noted previously, the YAM intervention was delivered by external providers and consequently school staff were not asked to complete a sustainability survey.

Participants in this study ranged in age from 22 to 64 years ($M = 40.01$, $SD = 10.27$). Gender information was reported for $n = 396$ (98.25%) members of school staff responding to the survey, of which 76.31% were women. This is very similar to the DfE reported gender of teachers across England, which currently stands at 75% women (Department for Education, n.d.-c).

Participants were also asked the number of years they had been working in this sector, and this was reported by $N = 401$ (100%) of the sample. On average, school staff had been working in education for 11.03 years ($SD = 8.29$), ranging between 0 and 39 years. All participants provided information on their current role. Just under half of the participants ($n = 171$, 42.6%) reported being in a teaching role only, and seventy-one (17.7%) were in middle leadership roles (e.g. head of year or head of key stage). Sixty-five (16.2%) were in senior leadership roles and $n = 57$ (14.2%) were in specialist lead roles relevant to this project (e.g. Special Educational Needs and/or Disabilities Coordinator (SENDCo) or PSHE lead). Finally, $n = 19$ (4.7%) were teaching support staff (e.g. teaching assistant), and $n = 18$ (4.6%) reported other roles (e.g. family link worker, pastoral support manager, school counsellor). Regarding their role on the project, $n = 143$ (35.7%) were key contacts responsible for coordination of the research trial, while $n = 258$ (64.3%) were intervention deliverers only.

Table 6.1 Demographic statistics for survey participants

Variable	Frequency	Percentage
Intervention		
Mindfulness	117	29.18
Relaxation	97	24.19
SSW	108	26.93
Guide	79	19.70
Wave		
Wave 1 (pre-pandemic)	271	67.58
Wave 2 (pandemic)	130	32.42
School Type		
Primary	226	56.36
Secondary	175	43.64
Gender		
Female	306	76.31
Male	85	21.20
Non-binary/prefer not to say*	5	1.25
<i>MISSING</i>	5	1.25
Staff role		
Head teacher	13	3.24
Deputy head	32	7.98
Assistant head	31	7.73
SENCo/Inclusion coordinator	30	7.48
Senior manager	20	4.99
Head of key stage	8	2.00
Head of year	18	4.49
PSHE coordinator	27	6.73
Senior teacher	14	3.49
Teacher	171	42.64
Teaching assistant	12	2.99
Learning mentor	7	1.75
Other	18	4.49
Years in sector		
[0-4]	103	25.69
[5-9]	110	27.43
[10-14]	63	15.71
[15-19]	49	12.22
[20-24]	39	9.73
[25-29]	23	5.74
≥ 30	14	3.48
Project role		
Key contact	143	35.66
Intervention deliverer	258	64.34

* Two of the gender response options have been collapsed together as numbers were too small to report separately

In total, 193 out of the potential 235 schools are represented in this sample by at least one member of staff. The characteristics of EfW schools represented by this sample are outlined in Table 6.2.

Table 6.2 Characteristics of EfW schools represented in this survey sample

Characteristic	School represented by at least one member of staff (%)	School not represented (%)
Intervention		
Mindfulness	55 (89)	7 (11)
Relaxation	48 (77)	14 (23)
SSW	51 (84)	10 (16)
The Guide	39 (78)	11 (22)
Type of School		
Primary	110 (85)	19 (15)
Secondary	83 (78)	23 (22)
School sex		
Mixed	183 (84)	35 (16)
Single sex – male	3 (50)	3 (50)
Single sex – female	7 (64)	4 (36)
Funding		
State-funded	112 (84)	22 (16)
Academy	78 (80)	20 (20)
Private	3 (50)	3 (50)
Rural/urban		
Major city	70 (78)	20 (22)
City or town	88 (82)	19 (18)
Rural	35 (92)	3 (8)

Over half of the schools were state funded (n = 107, 55.4%), n = 78 (40.4%) were academies, and the remaining eight schools (4.2%) were privately funded or foundation schools. The majority were mixed sex (n = 183, 94.8%). 110 (57.0%) were primary schools and n = 83 (43.0%) were secondary schools. Just under half of the schools in this sample were located in smaller cities and towns (n = 88, 45.6%), with n = 70 (36.3%) in major cities and 35 (18.1%) in rural settings. Due to certain project requirements (e.g. for staff to attend training sessions) this sample contains fewer rural schools proportionally than the total school population in England (26.9%) and more schools from major cities (currently 29.8% of schools in England; Department

for Education, n.d.-b). Schools were also asked to provide the percentage of pupils receiving free school meals and this ranged between 0 and 62% ($M = 17.6\%$, $SD = 14.87\%$). This sample is similar to the broader English school population which was 16.8% in the 2019/20 academic year (Department for Education, n.d.-b).

6.2.3 Measures

Each intervention (Mindfulness, Relaxation, SSW and The Guide) had a corresponding sustainability survey in which participants were asked to complete a series of questions about their use of the interventions since the official trial delivery period. I developed these surveys with the project team using information provided by the intervention developers. These questions varied across interventions as a result of the different structure and format of each (i.e. five minutes a day for Mindfulness and Relaxation, compared with a 6- or 8-week curriculum for The Guide and SSW).

Surveys included questions about their current delivery of the intervention (e.g. *Are you delivering the Mindfulness programme now?*), adaptations, and their plans for future delivery of the intervention (e.g. *Do you plan to deliver Relaxation in the remaining terms of this academic year?*). The measures that are included in this study are discussed in detail below. As a result of school closures during the global coronavirus pandemic, an additional question was included in the Wave 2 (Nov-Dec 2020) sustainability surveys around intervention delivery during the first lockdown in England (e.g. *Were you able to continue delivering the EfW Mindfulness programme during the lockdown (March – July 2020)?*). See Appendix F for the complete list of sustainability survey questions.

6.2.3.1 Sustained intervention delivery

The primary outcome for this study was sustainment, the continued delivery of the intervention at the point of completing the sustainability survey (after external support and expectation around the EfW interventions had been withdrawn). Participants were asked about current delivery (e.g. *Are you delivering the Relaxation programme now?*). This outcome variable had multiple response options including some partially sustaining scenarios such as using Mindfulness activities only on some

days or using just some of the resources from the SSW curriculum (see Appendix F). Response options varied across interventions and there were small numbers in some of the response categories. Consequently, to afford consistency, responses were coded as either 1: sustained in some way or 0: not sustained.

6.2.3.2 SITE

The presence or absence of systemic components of sustainable implementation according to school staff were assessed using the behavioural subscale of the sustainability self-assessment site improvement tool (SITE; Askill-Williams & Koh, 2020). This is a new tool based on a new comprehensive framework for the sustainability of interventions which is specific to educational settings. The measure was developed based on an extensive literature search and interviews with 70 school leaders and teachers (Askill-Williams & Koh, 2020). This framework consists of 105 items across six themes: organisational culture (e.g. school improvement), personal dispositions (e.g. agency, resilience), implementation processes (e.g. planning, commitment), organisational capacity (e.g. funding, staffing), data (e.g. implementation and outcomes data), and change (e.g. adaptability and relationships). Each theoretical component is represented by four to six attitude questions (e.g. *The initiative is presented to staff as a long-term commitment*) and a behavioural question (e.g. *I had productive discussions with team members about the Mindfulness programme*). The attitude questions are scored on a Likert scale from 1 - very strongly disagree to 9 - very strongly agree, while behavioural questions have responses options of yes, uncertain, no, not applicable. As this is a new measure, only very limited psychometric testing has taken place. However, reliability testing in a sample of 208 school staff in Australia showed good reliability, with Cronbach alphas ranging from 0.785 to 0.958 (Askill-Williams & Koh, 2020).

Due to the data collection burden on participants in the EfW programme, the full 105 item version of SITE was deemed by me and the wider research team to be too long for all staff members to complete. Finding time for staff members to participate in research activities can be a key barrier to school-based research, and we did not want to increase the time pressures on school staff (A. Moore et al., 2022; Powers, 2007).

After discussion with the tool developer, a shorter version of SITE was created for use in this project, formed of just the 19 'behavioural items' (see Appendix F). These behavioural indicators cover the key components of SITE (e.g. agency, selection, planning, funding, staffing), with the same response options of yes, uncertain, no, not applicable as the full version. As the SITE tool was designed not only to be used in research, but also to be practically useful to school leaders, the tool developer chose to include the response option 'uncertain'. In pilot studies involving SITE, school leaders reported that a staff member selecting 'uncertain' is an important indicator that communication processes in the school are not working as they should. That is, staff should know about the topics covered by SITE. However, in this research the short version of SITE is relevant as an indicator of the overall presence or absence of systemic components of sustainability; so for the current analyses, scores were recoded as binary responses (i.e., yes = 1; uncertain, no and n/a = 0).

As this scale is untested when recoded in this way, an exploratory factor analysis was conducted to explore the underlying factor structure of 19-item scale. The factor analysis (see Appendix F) resulted in three factors. I discussed this analysis with supervisors and defined Factor 1 as *preparation and delivery*. This included seven items on planning, active involvement in decision-making, sufficient training, teamwork, funding, staffing and time. Factor 2 was defined as *feedback and reflection* and consisted of four items on feedback, adaptations as a result of feedback, and discussions around changing processes and relationships in schools. Finally, factor 3 was defined as *wider school culture* and included three items on school improvement, advocating for new initiatives and positive coping strategies. Five of the items in the original 19-item measure (selection, leadership support, external environment, commitment and implementation feedback) did not load onto any of the three factors and so were removed for this analysis (see Appendix F). The three factors had good internal reliability in this sample according to the Kuder-Richardson Formula 20 (KR-20) for binary variables: *preparation and delivery* (KR-20 = 0.73), *feedback and reflection* (KR-20 = 0.77) and *wider school culture* (KR-20 = 0.70). After checking for collinearity with other variables in the regression models, these three factors were included as independent predictors in the logistic regressions.

6.2.3.3 Fidelity, dosage, adaptation and implementation outcomes

Fidelity is a percentage average of the reported extent to which the intervention guidance was followed for either specific activities (Mindfulness and Relaxation) or specific sessions (SSW and The Guide). Participants were asked about delivering core components each intervention, as defined by the intervention developers. For example, the Mindfulness intervention contained different activities across three areas (the body, the mind and the world) and school staff were asked to deliver a range of different activities over the three-month delivery period. Questions in the Mindfulness implementation survey covered these core components, for example: *Did you teach any of "the body" mindfulness based activities (e.g. balancing, notice your feet, body scan)? Please indicate the extent (%) to which you followed the guidance in the manual in terms of the structure (e.g. following the scripts) and content (e.g. covering all points within an activity).* Where participants delivered to multiple groups, an average fidelity score was created for each survey participant.

Dosage is the proportion of the intervention delivered. For Mindfulness and Relaxation, this was an overall percentage of the recommended number of minutes per day (five minutes per day, five days a week), and for SSW and The Guide it was a percentage proportion of the maximum number of minutes recommended (60 minutes per session). For example, in the SSW survey participants were asked about each of the eight sessions: *Did you teach Session 1: It's Safe to Talk About Mental Health? How long did Session 1 last (in minutes)?* Where members of staff delivered to multiple groups, an average dosage score was created.

Adaptation is a binary variable (yes/no) in response to the question: *Did you make any changes to the activities?*

Implementation outcomes were measured using Weiner et al.'s (2017) measures on acceptability (AIM), appropriateness (IAM) and feasibility (FIM). Each scale contains four items that prompt participants to rate on a 5-point Likert scale, from completely disagree to completely agree, the extent to which they find the intervention acceptable (e.g. *I like the Anna Freud Relaxation programme*), appropriate (e.g. *The*

Anna Freud Relaxation programme seems like a good match), and feasible (e.g. *The Anna Freud Relaxation programme seems doable*). The four ratings in each scale are then averaged to yield a score for acceptability, appropriateness and feasibility. These measures have been shown to demonstrate promising psychometric properties, with alphas for internal consistency between 0.87 and 0.89 and test-retest reliability coefficients ranging from 0.73 to 0.88 (Weiner et al., 2017). In this sample there was good reliability for each construct: acceptability ($\alpha = 0.94$), appropriateness ($\alpha = 0.96$) and feasibility ($\alpha = 0.93$).

6.2.4 Statistical analyses

Data analyses were conducted in Stata version 16.1 (StataCorp, 2019). To address the first aim of this study, descriptive statistics were used to report participant responses to the sustained intervention delivery variables. For the second aim, mixed effects logistic regression models were used to explore predictors of sustained delivery. Due to the relatively small sample size and the similarities between the interventions in terms of content, design and primary outcome, the two daily, lighter-touch interventions (Mindfulness and Relaxation) were grouped together in one model. Similarly, the two curriculum-based interventions (SSW and The Guide) were grouped for the second regression. Multilevel modelling was selected as the most appropriate analysis as it accounts for clustering, rather than assuming all observations are independent (Twisk, 2006). The likely correlation between the individual responses of staff in the same school means that it is important to nest participants within schools. Ignoring clustering can result in type one errors, where unrealistic standard errors and confidence intervals can lead to interpreting random variation as a real effect (Twisk, 2006). Consequently mixed effects logistic regression analyses have been conducted, allowing for different school intercepts.

6.2.5 Missing data

The rate of missing data on the independent predictor measures used in these analyses ranged from 9.98% to 37.66% (a breakdown of missing data across variables is included in Appendix F). The rates and predictors of these missing data were

examined before a decision was made regarding how to treat missing data in this dataset. While a technique such as listwise deletion may be suitable when a small proportion of data is missing (e.g. <5%), deleting entire cases can be problematic when missing data is more substantial as it results in less statistical power (Azur et al., 2011; Lodder, 2013). It may also lead to bias if there is a pattern behind the missing data (e.g. when data are Missing at Random or Missing Not at Random).

The technique of multiple imputation has been developed as a principled method of addressing missing data (Azur et al., 2011; Rubin, 1987). Multiple imputation uses observed data to predict missing data and does not delete cases with partial missing information. Instead, multiple imputation computes multiple predictions of missing values and combines these, resulting in reduced imputation uncertainty (Azur et al., 2011).

The patterns of missingness in this dataset were examined through looking at rates and predictors of missingness. As this analysis involved merging sustainability and implementation survey datasets, the main cause of missing data was where one of the data sources was incomplete. For the majority of the independent variables in these analyses, the missing data was caused by certain participants not having completed the initial implementation survey. As the missing data here was consequently not Missing Completely at Random, multiple imputation was used. Multiple imputation using chained equations was conducted to create 20 data sets for missing values in Stata version 16.1, prior to running the logistic regressions.

6.3 Results

6.3.1 Sustained intervention delivery

Across the four interventions nearly half of the participants (n = 197, 49.45%) reported not using their allocated intervention at all when they completed the sustainability survey 9-10 months after the start of the delivery period, while 73 (18.25%) said they were using the intervention as designed. Table 6.3 provides a breakdown of the different interventions across waves (pre- and during COVID-19

Table 6.3 Sustained delivery 9-10 months after initial delivery period

Intervention	Categories	Total	Wave		School Type	
		Frequency (%)	Wave 1 (%)	Wave 2 (%)	Primary School (%)	Secondary School (%)
Mindfulness	Yes, as recommended (every day)	14 (12.0)	9 (10.3)	5 (16.7)	13 (17.1)	1 (2.4)
	I deliver Mindfulness activities most days	12 (10.3)	12 (13.8)	0 (0.0)	11 (14.5)	1 (2.4)
	I deliver Mindfulness activities some days	41 (35.0)	36 (41.4)	5 (16.7)	30 (39.5)	11 (26.8)
	No, not at all	50 (42.7)	30 (34.5)	20 (66.7)	22 (28.9)	28 (68.3)
Relaxation	Yes, as recommended (every day)	10 (10.3)	9 (12.5)	1 (4.0)	10 (14.3)	0 (0.0)
	I deliver Relaxation activities most days	8 (8.3)	8 (11.1)	0 (0.0)	8 (11.4)	0 (0.0)
	I deliver Relaxation activities some days	30 (30.9)	25 (34.7)	5 (20.0)	25 (35.7)	5 (18.5)
	No, not at all	49 (50.5)	30 (41.7)	19 (76.0)	27 (38.6)	22 (81.5)
SSW	Yes, full curriculum (eight lessons)	17 (15.9)	16 (18.8)	1 (4.6)	11 (13.8)	6 (22.2)
	I have used certain lessons from the programme	7 (6.5)	6 (7.1)	1 (4.6)	5 (6.3)	2 (7.4)
	I have used key themes from the programme	17 (15.8)	14 (16.5)	3 (13.6)	14 (17.5)	3 (11.1)
	I have used resources/activities from the programme	7 (6.5)	6 (7.1)	1 (4.6)	7 (8.8)	0 (0.0)
	No, not at all	59 (55.1)	43 (50.6)	16 (72.7)	43 (53.8)	16 (59.3)
Guide	Yes, full curriculum (six lessons)	18 (22.8)	13 (48.2)	5 (9.6)	<i>n/a</i>	18 (22.8)
	I have used certain lessons from the programme	7 (8.9)	0 (0.0)	7 (13.5)	<i>n/a</i>	7 (8.9)
	I have used key themes from the programme	8 (10.1)	5 (18.5)	3 (5.8)	<i>n/a</i>	8 (10.1)
	I have used resources/activities from the programme	7 (8.9)	2 (7.7)	5 (9.6)	<i>n/a</i>	7 (8.9)
	No, not at all	39 (49.4)	7 (25.9)	32 (61.5)	<i>n/a</i>	39 (49.4)

pandemic), along with the percentages of sustained delivery in primary and secondary schools.

Wave 2 schools allocated to deliver SSW and The Guide were scheduled to deliver all sessions by the end of the spring term (2nd April 2020). However, as a result of the coronavirus pandemic all schools were closed by 20th March 2020. The sustainability survey in Wave 2 included a question on whether schools were able to deliver all sessions of SSW or The Guide before schools shut down to the majority of pupils. Of staff members who completed the survey in SSW schools (N = 23), 13 (56.5%) completed all eight sessions before the lockdown. SSW staff members who did not complete the programme (n = 10, 43.5%) delivered between two and seven sessions. Nearly half of the participants from Guide schools also did not complete the programme and instead had delivered between one and five sessions when schools closed (n = 25, 48.1%).

For schools in Wave 2 of the trial, participants were also asked about whether they had continued delivery during the lockdowns and school closures due to the pandemic between March – July 2020 (see Table 6.4).

Table 6.4 Sustained delivery during March 2020 – July 2020 COVID-19 lockdown

Intervention	Categories	Total Frequency (%)
Mindfulness	Yes, as recommended (every day)	0 (0.0)
	I delivered Mindfulness activities most days	1 (3.3)
	I delivered Mindfulness activities some days	4 (13.3)
	No, not at all	25 (83.3)
Relaxation	Yes, as recommended (every day)	0 (0.0)
	I delivered Relaxation activities most days	1 (4.0)
	I delivered Relaxation activities some days	2 (8.0)
	No, not at all	22 (88.0)
SSW	Yes, full curriculum (eight lessons)	0 (0.0)
	I used certain lessons from the programme	2 (20.0)
	I used key themes from the programme	1 (10.0)
	I used resources/activities from the programme	1 (10.0)
	No, not at all	6 (60.0)
Guide	Yes, full curriculum (six lessons)	0 (0.0)
	I used certain lessons from the programme	1 (4.0)
	I used key themes from the programme	2 (8.0)
	I used resources/activities from the programme	1 (4.0)
	No, not at all	21 (84.0)

6.3.2 Mixed effects logistic regressions

Results from the first mixed effects logistic regression exploring sustainment of the Mindfulness and Relaxation interventions (N = 214) are reported in Table 6.5. Only one of the predictor variables was significant at the $p \leq .05$ level; working in a secondary school significantly reduced the odds of participants reporting sustained delivery (OR = 0.144, $p < .05$). None of the other predictors were significant. A complete case sensitivity analysis was also conducted to compare the findings with this multiple imputed model, but it produced identical results with respect to predictors of the sustained delivery outcomes (see Appendix F).

Table 6.5 Mixed effects logistic regression for sustained delivery of Mindfulness and Relaxation

	OR	P	95% CI	
Fixed effects				
School				
Wave (pre- or during-pandemic)	0.380	0.174	0.094	1.532
Type of school (primary/secondary)	0.144	0.008*	0.034	0.605
Intervention (mindfulness/relaxation)	1.796	0.296	0.599	5.384
Initial implementation				
Fidelity	0.995	0.801	0.956	1.036
Dosage	1.009	0.504	0.983	1.036
Acceptability	2.496	0.212	0.590	10.560
Appropriateness	0.689	0.614	0.161	2.947
Feasibility	1.086	0.891	0.334	3.527
Adaptation	1.401	0.552	0.459	4.275
Sustainability behaviours				
Preparation and delivery	1.158	0.317	0.869	1.542
Feedback and reflection	1.313	0.149	0.907	1.901
Wider school culture	1.508	0.088	0.941	2.416
_Constant	0.015	0.096	0.000	2.128
Variance Components				
School-level	2.531		0.662	9.680

* = ≤ 0.05

Results from the second multilevel logistic regression exploring sustainment of SSW and The Guide (N = 214), the two curriculum-based interventions, are shown in Table 6.6. As The Guide is only delivered in secondary schools, the school type variable (primary/secondary) was removed from this model due to issues of collinearity; there was crossover between the intervention variable and the school type variable. However, separate analyses were run confirming that school type was not a significant predictor of sustained delivery (see Appendix F). In the final model, two of the predictor variables were significant at the $p \leq .05$ level; participating in the trial during the pandemic significantly reduced the odds of participants reporting sustained delivery (OR = 0.231, $p < .05$), and schools delivering SSW also had significantly reduced odds of sustaining the intervention (OR = 0.360, $p < .05$). None of the other predictors were significant. Another complete case sensitivity analysis was also conducted to compare the findings with the multiply imputed model (see Appendix F). In this sensitivity analysis fidelity at the initial implementation stage was a significant predictor, highlighting the importance of using multiple imputation to reduce issues of bias in these models.

Table 6.6 Mixed effects logistic regression for sustained delivery of The Guide and SSW

	OR	P	95% CI	
Fixed effects				
School				
Wave (pre- or during-pandemic)	0.231	0.010*	0.076	0.701
Intervention (Guide/SSW)	0.360	0.047*	0.131	0.989
Initial implementation				
Fidelity	0.979	0.370	0.936	1.025
Dosage	0.996	0.759	0.974	1.020
Acceptability	0.990	0.985	0.358	2.739
Appropriateness	1.727	0.363	0.529	5.634
Feasibility	0.780	0.653	0.264	2.308
Adaptation	0.811	0.698	0.279	2.356
Sustainability behaviours				
Preparation and delivery	1.002	0.989	0.806	1.244
Feedback and reflection	1.265	0.152	0.917	1.745
Wider school culture	1.051	0.790	0.728	1.516
_Constant	5.370	0.493	0.279	2.356
Variance Components				
School-level	0.780		0.110	5.524

* = ≤ 0.05

6.4 Discussion

The first aim of this study was to explore patterns of sustained delivery across the four interventions delivered by school staff as part of the EfW programme. When the sustainability survey was conducted nine to ten months after the initial trial, nearly half of the participants reported that they were not using any elements of their allocated intervention. Participants reported a range of levels of sustained delivery, with some staff delivering the interventions as designed and others reducing the frequency of delivery or using only certain themes or resources. Very few school staff continued delivering the programmes during the school closures and national lockdown in 2020 as a result of the COVID-19 pandemic.

The second aim was to explore predictors of sustainment, including contextual factors (e.g. primary vs secondary schools), initial implementation measures (e.g. fidelity, dosage, acceptability, adaptation) and sustainability behaviours (e.g. feedback and reflection) as predictors of sustained delivery. For school staff delivering Mindfulness and Relaxation, those working in primary schools had increased odds of sustaining the interventions in some way. In the second model, which included curriculum-based approaches, school staff delivering The Guide had

increased odds of sustaining in comparison to SSW, and schools that took part in the first wave of the trial (2018 – 2020) also had increased odds of sustaining in comparison to those in Wave 2 (2019 – 2021). Across both models, none of the initial implementation measures or sustainability behaviours entered as predictors were found to be significant.

As we know from previous chapters, there is little empirical literature on the sustainment of similar interventions in schools, yet there have been numerous reports of poor programme delivery across school-based interventions (Askill-Williams, 2017; Herlitz et al., 2020). This is reflected in the findings from this sustainability survey, where nearly half of participating school staff stopped using the resources. LoCurto et al. (2020) found a slightly higher rate of continued use, with 63% of school clinicians reporting sustained use of a new CBT intervention 3 years after the initial trial, although the majority reported using it with modifications. While the training model for this intervention was similar to that of the EfW interventions (1-day training), this was a targeted programme for pupils with anxiety disorders. This was delivered by school clinicians rather than universal interventions delivered by non-specialist teachers. These differences may explain the slightly higher rates of sustained use in LoCurto et al.'s (2020) research, as the school clinicians were trialling a new intervention design that did not fall outside of their standard role or already-allocated time to support pupils. Additionally, 42% of the clinician sample reported a theoretical orientation that was already cognitive or cognitive behavioural before the start of the trial (LoCurto et al., 2020). This prior knowledge of CBT may have influenced sustained use, along with the fact that it was a targeted intervention for pupils with identified anxiety disorders as opposed to the preventative universal interventions delivered by non-specialist staff in the EfW trials. However, with such limited literature on the successful sustainment of school-based mental health interventions the difference between universal and targeted approaches remains unexplored.

While not specific to mental health, in their evaluation of a programme designed to reduce obesity and improve nutrition in schools Schetzina et al. (2009) found that

50% of teachers reported teaching students the curriculum component less than one year after the trial delivery period, which is similar to the curriculum-based interventions here. However, at the same follow-up timepoint all teachers reported using the daily 5-minute movement exercise component (combinations of stretching, strengthening and aerobic exercises) with their classes. In contrast, many staff trained in the EfW 5-minute interventions were not using the resources at the sustainability follow-up; 42.7% of staff in Mindfulness schools and 50.5% of staff in Relaxation schools reported no delivery of these activities. Findings from the regression may help explain this difference, as in the model for Mindfulness and Relaxation interventions those working in primary schools had increased odds of continuing to deliver activities. Schetzina et al.'s (2009) research took place only in elementary schools with the equivalent of Year 4 and 5 pupils in the UK, so the difference in sustaining a 5-minute activity may be due to the type of school and the age of pupils.

This disparity between types of school was also found by McIntosh et al. (2016) who explored the predictive power of various school characteristics on fidelity of the School-Wide Positive Behaviour Support (SWPBIS) programme at Year 3 and Year 5. This programme in the US followed a different implementation model from the EfW interventions, as schools received primary support from researchers, as well as from district, region or state teams. However, despite a model involving more external support, as with the Mindfulness and Relaxation interventions the type of school was the strongest predictor; compared with elementary (primary) schools, middle and high (secondary) schools were less likely to meet SWPBIS fidelity criteria in both years 3 and 5 (McIntosh et al., 2016). While they do not comment on potential reasons for the difference between types of school, the authors suggest that high schools may require additional support during the initial stages of implementation. It seems that primary school settings may find it easier to sustain delivery of these types of interventions. This could be due to the size and complexity of secondary schools or may be related to the differences in timetabling. In primary and elementary schools, classes stay predominantly in the same room with the same teacher every day, whereas secondary school pupils move throughout the school and are taught each

subject by a different teacher. The primary school structure allows for staff consistency when delivering an activity like mindfulness, and also flexibility for a teacher to fit it in throughout the day. The differences between school settings will be explored further in Chapter 7. Prioritising academic results has also been identified as a barrier to delivering school-based mental health interventions and this may be more relevant in secondary schools with increased pressure around exams.

For the curriculum-based interventions (SSW and The Guide) the only two significant predictors were the interventions themselves and the external factor of the COVID-19 pandemic. Schools that were trained in The Guide and delivered this intervention to their pupils had significantly increased odds of sustaining the intervention, compared to schools allocated to SSW. It is difficult to speculate as to why there may be a difference between the two interventions in this sample without further nuance regarding the components that were sustained and/or the reasons schools decided not to deliver the interventions. However, it is possible that the content of SSW may have had more similarities with schools' usual psychoeducation provision than the content of The Guide, which provides detailed resources on specific mental illnesses. If some schools were already covering topics similar to those in the SSW programme before the trial started, they may not have seen the benefit in switching to new lesson plans and resources. This may have led to schools returning to their previous curriculum instead of continuing to deliver SSW. An example of this is demonstrated in Chapter 5, where staff in one SSW school reported that the SLT had already committed to the Thrive framework and consequently decided not to sustain delivery of SSW. It may also be that a programme with more sessions (8 lessons in SSW, compared to 6 in The Guide) may have been more difficult to fit into an already busy timetable.

Another potential explanation for staff in schools in Guide schools being more likely to report sustained delivery is the fact that SSW was a brand-new programme, while there is already evidence for the effectiveness of The Guide in other settings (Kutcher et al., 2013, 2015, 2017; Mcluckie et al., 2014; Milin et al., 2016). In their research on school-based mental health programmes, Han and Weiss (2005) included programme

effectiveness as a key ingredient for a sustainable school-based programme. While the schools in the EfW programme did not have access to effectiveness data on the interventions in the UK context, it is possible that knowledge of successful trials elsewhere may have influenced some schools in their decision to continuing delivering The Guide. However, the literature review in Chapter 4 found that effectiveness data are often not reported, and no links were identified between evidence of effectiveness and sustained use of school-based interventions. As with the articles identified in the literature review, it is unclear in the EfW programme how much staff engaged with the evidence-base for these interventions. As noted in Chapter 4, more research is required on how schools receive and interpret evidence of effectiveness for these types of intervention, and the effect this has on sustained use. Staff opinions on the EfW interventions will also be explored in more detail in Chapter 7.

Regarding the COVID-19 pandemic, schools that participated in Wave 2 of the trial had significantly reduced odds of continuing to deliver SSW and The Guide or use any of the activities or resources. While there was an increased focus on the impact of COVID-19 on children and young people's mental health and the importance of pupil wellbeing, the government support and 'catch-up' funding released during the pandemic emphasised the importance of catching up on missed learning (Department for Education, n.d.-a). Schools were told to use additional funding for "specific activities to support their pupil's education recovery in line with the curriculum expectations" (Department for Education, n.d.-a). It may be that this focus on missed learning and academic recovery led to these interventions dropping out of already overloaded school timetables. Across all interventions very few of the Wave 2 schools were able to deliver during the national lockdowns in 2020. With schools closed to most pupils from 16th March 2020 and continued disruption into the autumn of 2020, it is perhaps unsurprising that just 17.8% of Wave 2 schools reported sustaining intervention delivery in any way. As discussed in Chapter 1, government investment in mental health for young people has grown over the course of the EfW trials (e.g. training for senior mental health leads, PSHE curriculum, Mental Health Support Teams). It is unclear whether or not this increased focus will eventually lead

to longer term sustainment of mental health and wellbeing interventions in schools; the challenges of the pandemic may have undermined any effects of these wider system changes on Wave 2 schools.

It is notable that, across both models, measures related to the initial trial delivery period such as fidelity, dosage and acceptability were not significant predictors of sustainment in this sample. In research by Mathews et al. (2014), a measure of fidelity at initial implementation was the strongest predictor of sustained delivery of the SWPBIS programme three years later. Mathews et al. (2014, p. 169) also comment that “implementer acceptance and commitment to the practice is an essential feature contributing to sustainability”. However, in this study none of the measures from the initial implementation survey (fidelity, dosage, acceptability, appropriateness, feasibility or adaptation) were significant predictors of sustained delivery for any of the interventions.

Similarly, none of the factors relating to sustainability behaviours (preparation and delivery, feedback and reflection or wider school culture) were found to be significant predictors of sustained delivery in these models. This scale was designed after an extensive literature review to try to capture all of the different components that may affect intervention sustainment in a school system (Askell-Williams & Koh, 2020). Yet it is interesting that none of these supposedly essential components predicted the sustained delivery of the EfW activities and lessons. This may be due to the use of a shorter survey in this analysis containing only the behavioural items. This study was not able to investigate some components that have been identified as key barriers and facilitators to sustainment in the literature, such as: the inclusion of the intervention in school policies or planning documents, the intervention fitting or meeting certain needs in school, and staff turnover and capacity. These are all factors that may be relevant for sustainability that were not captured in this study.

For school staff in this sample, their continued use of the programmes was affected by higher-level or external predictors: level of education (primary or secondary); intervention design and content; taking part in the trial before or during the COVID-

19 pandemic. This differs from previous literature as none of the predictors regarding initial implementation, staff members' attitudes towards the intervention, or behaviours linked to increased sustainment were significant in these models. Previous research, including the systematic literature review in this thesis, has focused on this first step of identifying factors that affect sustainability and created lists of different components that primarily focus on individual schools (Herlitz et al., 2020; Koh & Askeil-Williams, 2020). However, these results suggest that in fact wider system factors may have more influence over sustained delivery than factors such as staff buy-in, school culture and the acceptability of the intervention.

6.4.1 Limitations

Although the results of this study provide valuable information regarding the predictors of sustainment, there are some limitations. Firstly, this sample is biased towards individuals who were still engaged with the research at the time of the follow-up sustainability survey and is likely over-representative of those who were sustaining delivery in some way. Schools and staff members who did not respond to the survey (38.3% in Wave 1 and 56.8% in Wave 2) may well have disengaged from both the research and intervention delivery. There may also have been issues with social desirability bias (Groves, 1989), as school staff were self-reporting their use of the resources. To mitigate this, every effort was made in communication about the survey that there were no right or wrong answers and it was not a requirement of the project to continue using the interventions. However social desirability may still have influenced the response of some participants.

Another limitation is the sample size, which led to having to collapse the outcome variable for each of the regression models into a binary variable. This meant that some nuance in the data was lost and I was not able to explore different levels of fidelity or sustainment in my regression models. However, this highlights a wider issue in sustainability research as very few studies will have a large enough sample size across different settings that will enable exploration of sustainability in this way. The issue of dichotomous outcomes has been noted by others as a challenge for research in this field (Shelton et al., 2018). The issue of data completeness may also

have biased the estimates in this study, as there were up to 38% missing data for some implementation predictor variables. This is counterbalanced, though, by the use of imputation methods and complete case sensitivity analyses to assess the influence of imputation on the results.

While most studies are only able to investigate one intervention, a strength of this study is the inclusion of different interventions with different designs. However, comparison between the interventions is difficult as Mindfulness and Relaxation were designed to be delivered every day and consequently a one-off survey could capture whether or not school staff were using the resources. In contrast, the curriculum-based interventions (SSW and The Guide) may not yet have been delivered by staff at the point of completing the sustainability survey but may have been scheduled in for later on in the academic year.

When identifying possible questionnaires for the sustainability survey it was very apparent that there is a lack of measures for exploring influences on sustainment. Consequently, along with the research team I had to adapt a very new and untested tool for the sustainability surveys (Askell-Williams & Koh, 2020). It is important to note that while the items are described by the authors as ‘behavioural’, some items relate to concrete actions (e.g. *‘I have read one or more of the Relaxation programme planning documents’*) whereas others are opinions (e.g. *‘I was supported by school leader(s) to implement the Relaxation programme’*). Once again this highlights the need for well-tested and reliable measures regarding sustainment.

6.4.2 Implications

This study provides strong evidence for the need to investigate sustainment alongside effectiveness evaluations, as only 9-10 months after the initial delivery period the interventions were no longer being used by nearly half of the participants. If the EfW interventions are found to be effective but are no longer delivered by many members of school staff this will represent a missed opportunity to capitalise on the potential benefits of these programmes beyond only the pupils involved in the trial. Due to pandemic-related delays, the effectiveness findings are not yet available -

these are key predictors missing from the statistical analyses here. Once these data are available, in 2024, it will be very important to explore any interactions between sustainment and effectiveness for these interventions.

While not possible to explore here, it would also be helpful to have further investigation into staff members' attitudes towards the different EfW interventions. This will be explored in the following chapter looking at sustainability across timepoints and is an example of the benefits of using multiple methods, as qualitative data can provide insight into the reasons behind certain findings.

6.5 Conclusions

In this study nearly half of the schools in the sample were no longer delivering any aspects of the EfW interventions 9-10 months after the start of the trial delivery period. The only significant predictor of sustained use in the Mindfulness and Relaxation model was working in a primary school. For the curriculum-based interventions, school staff had increased odds of sustaining The Guide over SSW, and schools that took part in the trial during the COVID-19 pandemic had reduced odds of sustained delivery. Initial implementation, school staff attitudes towards the intervention, and behaviours linked to increased sustainability were not found to affect sustainment significantly in this sample.

When framing this study and the initial chapters of my thesis I sought to understand *what* affected the sustained delivery of school-based mental health interventions and, specifically here, to explore which factors were the most significant predictors of sustainment. However, these findings suggest the need to shift the focus from identifying and comparing factors that affect sustainment towards trying to understand the complexities of the sustainability process in schools. In their scoping review on sustainable school improvement, Koh and Askell-Williams (2020, p. 30) reach a similar conclusion and suggest future studies should “collect longitudinal practice-based evidence from real world school settings” to explore how different components of sustainability interact and how the importance of certain factors over

others may vary in different contexts and at different times. The following chapter addresses this by exploring sustainability across time in eight different school settings, and framing schools more explicitly as complex adaptive systems.

Chapter 7 School sustainability journeys

7.1 Introduction

This chapter moves away from measuring sustainment and focuses on the broader concept of sustainability as a dynamic process. The previous chapters have identified a range of factors at the school and wider-system levels that influence the sustainability of mental health and wellbeing programmes in school. Yet the analysis thus far has not allowed for exploration of how the factors interact over time or in different settings. While elements of complexity have been discussed in previous studies, this chapter explicitly frames schools and their experiences with the EfW interventions within the lens of complex adaptive systems (see 1.6.4). Complex adaptive systems, consisting of interconnected components that interact and adapt in self-organising ways, behave in a non-linear fashion and may lead to unpredictable results (Koh & Askeff-Williams, 2020). Thus, viewing schools as complex adaptive systems makes us consider the interaction between the intervention and the operations, structures and relations that exist in each setting (Shiell et al., 2008). In the context of the EfW trials, the interventions can be expected to have different trajectories in different school contexts and settings.

Recent reviews have also conceptualised schools as complex adaptive systems and have called for more longitudinal research that explores the sustainability process (Herlitz et al., 2020; Koh & Askeff-Williams, 2020). Koh and Askeff-Williams (2020) in particular emphasise the need for evidence that explores change over time and points of emergence. A qualitative approach provides the opportunity for developing an in-depth understanding of the interaction between sustainability components in real-world settings. Yet only two qualitative studies identified in the literature review in Chapter 4 set out to collect longitudinal data from participants in relation to sustainability (Crane et al., 2021; Ertesvåg et al., 2010). Crane et al. (2010) interviewed staff at the end of an implementation phase of a computer-assisted programme for child anxiety (Year 1) and again one year later (Year 2). The authors had also planned to include a timepoint at year 3 but did not analyse this as a result

of low response rates due to staff turnover and participant attrition. While Crane et al. (2021) reported a number of barriers (e.g. staff turnover, lack of clear communication from school leaders, time) and facilitators (e.g. pupil engagement, timetabling flexibility, acceptability of intervention to deliverers) the authors collapsed the themes across data collection timepoints and did not analyse or discuss differences across time.

Ertesvåg et al. (2010) followed four schools through their experiences of implementing a whole-school approach to reduce and prevent problem behaviour, interviewing staff at the end of the first implementation phase (Year 1) and again two and a half years later (Year 4). Ertesvåg et al. (2010) used a case study approach which allowed for more discussion of school experiences over time. Schools in their study had different trajectories with the whole-school approach. One school was described as hardly getting off the starting block, and struggled to implement the programme from the beginning. The authors explain that fragmentation and division among the staff team, combined with a lack of management oversight, meant that the programme was not prioritised in the first year and the consequent lack of continuation was not unexpected (Ertesvåg et al., 2010).

There were also two schools that managed successful delivery in the first year, but implementation faded over time and “staff gradually lost motivation and enthusiasm for the work” (Ertesvåg et al., 2010, p. 339). This was attributed in part to a staff team who were older and less innovative, and also to a headteacher who was unable to maintain leadership and constructive discussions about the approach. The authors noted in particular how staff had not implemented the many plans for the programme that they had outlined at the first timepoint (Year 1). The findings from the previous studies in this thesis also point to a lack of concordance between staff plans and aspirations for an intervention and the reality of sustained delivery. In Chapter 3, all staff interviewed at the end of the 3-month delivery period discussed plans to continue implementation. However, the quantitative survey (Chapter 6) found that just 6 months later nearly half of the participants were no longer using any activities or resources. Similarly, a lack of concordance between initial

implementation and later sustainment was also found in results of the analysis of quantitative predictors in Chapter 6; fidelity and dosage during the trial period were not significant predictors of sustained delivery.

In Ertesvåg et al.'s (2010) study, just one school was found to be successfully sustaining most elements of the intervention into the fourth year. The authors noted how the school "gradually integrated the principles of the programme in the schools' ordinary work" (p. 340). Leadership at multiple levels was described as a key facilitator to sustaining the programme, with the management team continuously monitoring and evaluating the work. The diversity of schools experiences led the authors to suggest that it is an interplay of different factors that leads to successful sustainment (Ertesvåg et al., 2010). It may be that context and the interaction of different factors over time play an important role in the process of sustainability.

Using a longitudinal qualitative sample of school staff and some pupils, this chapter explores how barriers and facilitators to sustaining the EfW interventions play out in different schools over time. No other research on sustainability has included the views of school pupils, and this has been highlighted as an important step in understanding sustainability (Herlitz et al., 2020). Within the complex systems of schools, it is important to hear from different 'agents' and to explore how their interactions inform decisions and lead to adaptations. This study draws on the views of a range of school participants, from senior to more junior members of staff, along with pupils, although this data collection was somewhat limited by the COVID-19 pandemic.

Koh and Askill-Williams (2020) call for longitudinal research that moves away from cross-sectional or retrospective descriptions of implementation and instead explores how different sustainability components interact. There is a risk that explorations of complexity may become so focused on the almost infinite uncertainties of a system that they provide very little in the form of useful feedback for those trying to introduce interventions or bring about change. A conclusion that 'every school is different' is not particularly helpful in moving the field forward. Instead, this study

asks the question: are there any patterns that can be identified in schools' journeys with the EfW interventions? Exploring different patterns in the trajectories of schools has the potential to provide important insight for policy makers and intervention developers looking to design and deliver programmes at scale (e.g. across English schools).

7.2 Methods

7.2.1 Setting for the study

To incorporate the full sustainability journeys, some of the staff interview data used in the analysis of this study is the same as in Chapter 5 (see 5.2.1). This includes interviews conducted at the end of the trial period (March 2019), the sustainability timepoints 1a (March 2020) and 1b (November 2020), along with additional data collected in November 2021. The timeline of all interviews is represented in Figure 7.1.

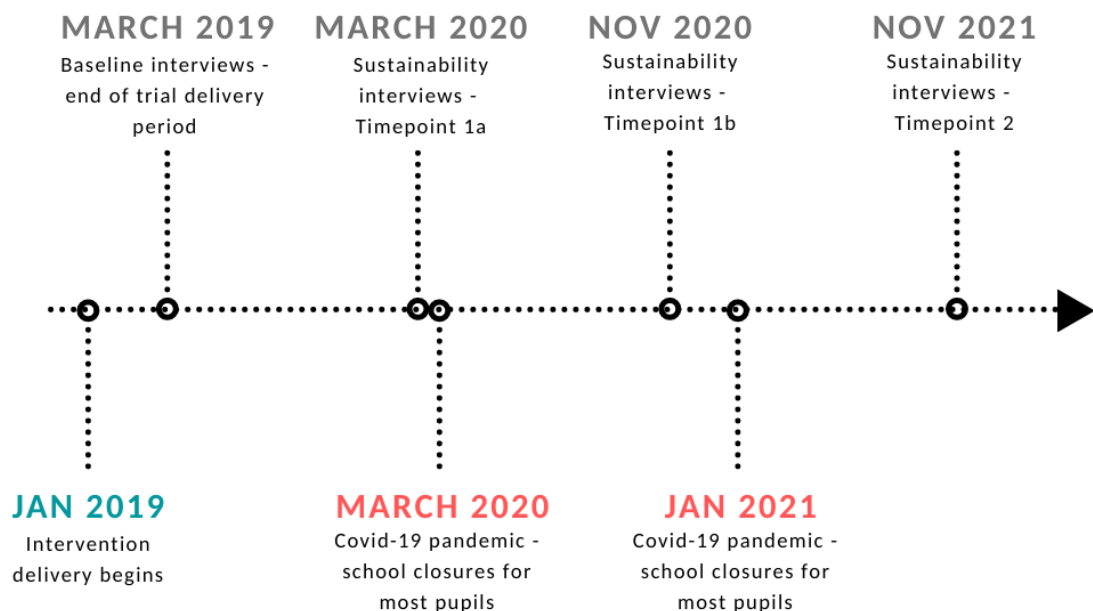


Figure 7.1 Extended qualitative data collection timepoints for Wave 1 of EfW

The additional data for this chapter comes from a final round of data collection with schools that had participated in Wave 1 of the trial. In October 2021, I contacted all

17 schools who had been involved in the 2020 sustainability interviews to ask if they would speak with me again. Only eight contacts who had participated in either Timepoint 1a or Timepoint 1b replied and agreed to participate in my final round of interviews – these took place in November 2021. As with the previous data collection, some contacts did not reply to my emails, while others said they did not have time to participate. I conducted all online interviews myself.

This study uses data from the eight schools where we had been able to conduct staff interviews at two or more timepoints (see Table 7.1). This chapter also draws on data collected from pupils in three of these schools. I had planned to conduct focus groups with pupils at every school participating in the sustainability interviews. However, pupil focus groups were conducted with only two schools in this sample at Timepoint 1a (March 2020) before the national lockdowns as a result of COVID-19. At Timepoint 1b (November 2020) I contacted staff to organise interviews and I also asked if it would be possible to arrange online focus groups with some of the pupils who had been involved in the interventions. This involved seeking parental consent in advance and booking a private room in the school for me to speak to pupils over Microsoft Teams. Most replied to say that this would be too difficult to coordinate, but I managed to conduct focus groups with pupils in one primary school at Timepoint 1b.

In the final sample for this study, only one of the schools had taken part in the original case study visits during the trial delivery period and three schools had some pupil data (see Table 7.1).

Table 7.1 School characteristics and participant roles at each timepoint

School ID	Intervention	School Type	Single/Mixed	Urban/Rural	Participants	Sustainability Timepoint			
						Baseline (March 2019)	1a (March 2020)	1b (Nov 2020)	2 (Nov 2021)
G1	The Guide	Secondary	Mixed	Major city	Senior – PSHE or Pastoral			✓	✓
G2	The Guide	Secondary	Mixed	City/town	Teacher SLT Senior – PSHE or Pastoral Pupils		✓ ✓ ✓		✓
M1	Mindfulness	Primary	Mixed	Major city	Senior – PSHE or Pastoral Teacher SLT		✓ ✓		✓
M2	Mindfulness	Primary	Mixed	City/town	Senior – PSHE or Pastoral			✓	✓
M3	Mindfulness	Primary	Mixed	Major city	Senior – PSHE or Pastoral Pastoral Pupils	✓		✓ ✓ ✓	✓ ✓
R1	Relaxation	Middle	Mixed	City/town	Senior – PSHE or Pastoral			✓	✓
S1	SSW	Primary	Mixed	City/town	SLT Teacher Pupils		✓ ✓ ✓		✓
S2	SSW	Primary	Mixed	Major city	Pastoral			✓	✓

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7.2.2 Participants

Demographic data were self-reported by staff along with their job role (see Table 7.2). The staff members' ages ranged from 31.58 to 60.92 years ($M = 45.34$, $SD = 9.50$).

Table 7.2 School staff demographics

Demographic Categories	Frequency	Percentage of sample
Gender		
Female	12	86%
Male	2	14%
Ethnicity		
White British	10	71%
Asian or Mixed White and Asian	3	21%
Prefer not to disclose	1	8%
Job Role		
Senior Leadership Team	3	21%
Senior – PSHE or Pastoral Lead	5	36%
Classroom Teacher	4	29%
Pastoral	2	14%

Pupils also self-reported their demographic data (see Table 7.3). Pupils' ages ranged from 9.67 to 14.33 years ($M = 11.81$, $SD = 2.02$).

Table 7.3 Pupil focus group demographics

Demographic Categories	Frequency	Percentage of sample
Gender		
Female	12	80%
Male	3	20%
Ethnicity		
White British	8	53%
Any other ethnic group	3	20%
MISSING	4	27%
Year Group		
Year 5	6	40%
Year 6	4	27%
Year 9	5	33%

7.2.3 Data collection

Across all timepoints, interviews were conducted using a semi-structured approach, allowing flexibility for participants to tell their stories while also covering specific topics of interest (Galletta, 2013). As this study aimed to explore different experiences and journeys over time, this approach was particularly useful in this context; the semi-structured interview “creates openings for a narrative to unfold” and allows space to explore contextual influences (Galletta, 2013, p. 2). Interview questions for staff aimed to explore if and how the intervention was being delivered at each timepoint, along with any challenges or facilitators to delivery over time. The section around intervention delivery included questions on consistency, adaptation, personnel and the degree of embedding and/or spread of the intervention. The focus group schedules for pupils asked about their experiences of receiving the intervention over time and their broader thoughts on the reasons behind schools delivering these activities/lessons (see Table 7.4 for the main interview and focus group questions). Full staff interview schedules can be found in Appendix E and pupil focus group interview schedules are provided in Appendix G.

In advance of the case study visits I was able to share the proposed focus group questions with a group of young people in Year 10 at a local school. These students had participated in Wave 2 of the AWARE trial. I ran three sessions where I introduced them to my work and explained the basics of different research methods, including qualitative interviewing. I then asked the students to help prepare the interview schedules for my focus groups with young people, with a view to making sure that my questions would be understood by the target group. The students discussed the phrasing of my questions and suggested some changes, such as using the word ‘help’ instead of ‘support’.

Table 7.4 Example interview and focus group questions

Example staff interview questions (SSW)	Example focus group questions (SSW)
<p>Can you tell me about your role at the school?</p> <p>Your school was delivering Strategies for Safety and Wellbeing last year as part of the INSPIRE project:</p> <ul style="list-style-type: none"> • The trial required you to deliver between Jan – April 2019. What happened at the end of the formal trial delivery period? • Did you continue delivering SSW the following academic year (Sept 2019)? • During lockdown did you deliver any of the SSW intervention? • What's happening now? <p>Are there any differences this year in how the programme is being delivered? What/why?</p> <p>Have other classes/year groups in your school begun implementing SSW this year?</p> <ol style="list-style-type: none"> a. How consistently do you think the SSW programme is being delivered now, compared to when it began? b. Do you think that SSW will continue to be delivered in your school next year? If so, why? Would this take the same form? If not, why not? <p>What factors do you think have <i>enabled</i> your school to continue delivering SSW? <i>OR</i> What factors do you think have <i>prevented</i> your school from continuing to deliver SSW this year?</p> <ol style="list-style-type: none"> a. Has there been anything (else) that has made implementing SSW more difficult in your school? b. Have any of these challenges been overcome? <p>Have there been any changes to your school as a result of the implementation of the SSW programme? What?</p> <p>What advice would you give to another school looking to achieve long-term delivery of the SSW programme (i.e. beyond just one academic year)?</p> <p>Finally, when thinking about a programme like SSW, what does the <i>sustainability</i> of the programme mean to you?</p>	<p>What year group(s) are you all in?</p> <p>What kinds of activities have you been doing?</p> <p>How often do you do these lessons/activities?</p> <p>When did you start doing these lessons/activities?</p> <p>Have you ever done anything like this at your school before? What was it?</p> <p>Why do you think your school has been teaching you these lessons/activities?</p> <p>What difference (if any) do you think that the lessons/activities have made for you?</p> <p>Do you think your school will continue to teach these lessons/activities in future years? Why/why not?</p> <p>Would you recommend the lessons/activities to others? If yes, who and why? If no, what would need to change before you recommended them?</p>

Face-to-face interviews and focus groups were conducted in private rooms (e.g. empty classrooms or school offices) and online interviews were conducted using Microsoft Teams. In total there were six interviews with staff and two focus groups with pupils that were face-to-face (March 2020). Across the following timepoints there were 13 staff interviews and two pupil focus groups conducted online. All participants were given an information sheet in advance which was also explained to them in person or via Microsoft Teams, and all had the opportunity to ask questions. All staff provided written informed consent. Parental informed consent was provided for pupils under the age of 16, and the pupils provided written assent. It was made clear to all that participation in the research was voluntary, they could withdraw at any time, and that all data would be kept confidential within the research team with transcripts anonymised (e.g. names of people and places removed). It was also highlighted at the start of each interview that I (along with other researchers) had not been involved in designing the interventions or any of the materials. All interviews were audio-recorded using encrypted Dictaphones and transcribed verbatim by a transcription company with a non-disclosure and confidentiality agreement with the research team. Interviews with staff lasted around 30 minutes ($M = 31.05$, $SD = 6.08$), and pupil focus groups were around 25 minutes ($M = 25.67$, $SD = 2.43$).

7.2.4 Data analysis

7.2.4.1 Rationale for the analytic approach

A method of analysis was required for this study that facilitated both longitudinal analysis and the exploration of patterns across multiple schools' sustainability journeys. There is limited literature on established and detailed methods for analysing qualitative longitudinal data, although this is a growing area of focus (Calman et al., 2013; Grossoehme & Lipstein, 2016; Stapley et al., 2021). In the field of health research, Grossoehme and Lipstein (2016) outline the use of recurrent cross-sectional and trajectory approaches. They note that recurrent cross-sectional analysis (analysing group-level data) is most appropriate when the research aim is to compare two timepoints, such as before and after a policy change, or when it is not

possible to maintain the same cohort. In contrast, a trajectory approach is useful to explore individuals' experiences over time, and in order to do this the same cohort must be maintained. Whilst the trajectory analysis approach described by Grossoehme and Lipstein (2016) addresses similar aims to those in this study, in a number of cases I was not able to follow the same individual members of staff across timepoints due to staff turnover or schools disengaging from the research. Additionally, while the data collected here represent staff perspectives, the main aim of this study was to explore the school-level journeys.

Given the focus on illuminating schools' experiences over time, a cross-sectional approach of identifying themes across participants' interviews at each timepoint was also not appropriate for this study. This approach can lead to a loss of the specific meaning of experiences for each participant, as their words are taken out of the context of their whole narrative (Stapley et al., 2022). For example, in Chapter 5, where I explored barriers and facilitators to sustainment, thematic analysis enabled me to sort the text from the interview transcripts into units of meaning and then group these together into themes. In this way, sections of data from individual interview transcripts were decontextualised from the wider narrative of each participant as I coded and sorted their words into themes. This approach aligned with aim of Chapter 5, which was to identify similarities and differences across the dataset in relation to participants' views and experiences. However, for this study I sought to understand the experiences of each school in context and over time, and I was not looking to compare two separate cohorts. I therefore did not want to lose the wider narrative within each participant's interview and across all of the data collected for each school at each timepoint.

Other longitudinal approaches include case studies, which enable a rich and in-depth exploration of social phenomena and can be helpful for exploring the process of events and interactions of a phenomenon in a certain context (Yin, 2014). Case study approaches require data from multiple sources (e.g. documents, interviews and observations) to provide thick descriptions of the features and context of a certain phenomenon (Yin, 2014). While valuable for the ability to follow a phenomenon in

its context over time, this approach also reduces possibility for cross-case analysis and understanding (Stapley et al., 2022).

Consequently, this study takes a typology development approach to examine the patterns of implementation and sustainability that can be seen in schools' journeys of delivering interventions over time. Typology development bridges the gap between within-case and cross-case analysis by developing groupings within a dataset based on participants' entire narrative accounts (Stapley et al., 2022). This was important for my analysis as I sought to explore each school's experience over time (within-case) and also look for patterns across schools' sustainability journeys (cross-case). While the concept of developing typologies is not new to the fields of psychology and sociology, to date there has been little methodological guidance available around how to develop typologies from qualitative data (Stapley et al., 2022). This study draws on ideal-type analysis, which has been proposed as a systematic method for developing typologies from qualitative data, involving comparative analysis between and within clusters of qualitative cases (Gerhardt, 1994; Werbart et al., 2011).

A pioneer in the field of sociology, Max Weber (1904) attempted to bridge the gap between approaches concerned with establishing general laws and those tied to the individual experience (Psathas, 2005). For Weber the ideal type was a first step when analysing a little-known topic, whereby the researcher derives a description from their observations of a social phenomenon and uses this as a "methodological yardstick" for measuring similarities and difference between phenomena (Psathas, 2005). The word 'ideal' here refers not to the 'perfect' or 'model' type, but rather describes "something that only exists in the mind" – essentially, an idea (Kühnlein, 1999, p. 217). Gerhardt (1994) later translated this methodology into a qualitative sociology research method: ideal-type analysis. Considering approaches such as grounded theory and ethnographic research to either over- or underestimate the value of evidence from individual cases, Gerhardt sought to create an approach to analysis that ensured methodological rigour while again bridging the gap between focus on the individual case and a focus on patterns arising across cases (Gerhardt,

1994). For this, Gerhardt introduced summaries of each participant's narrative, called "case reconstructions" (Gerhardt, 1994). After identifying groupings of participants with similar narratives, the researcher would select a case exemplar for each grouping, the "ideal type". All other case reconstructions within each grouping could then be compared with the case exemplar to explore patterns, similarities and differences.

This approach has been further developed and clarified by researchers in the fields of psychology and psychotherapy (Stapley et al., 2021). Stapley et al. (2021) have created a detailed seven step approach to analysis which also facilitates researchers exploring change over time. The authors recommend a relatively large and heterogeneous qualitative sample for this analysis to allow for comparisons across groups of participants. As outlined above, due to the difficulties of collecting data from schools over the course of the coronavirus pandemic this chapter has a smaller sample of eight schools. Given the paucity in the literature of longitudinal approaches to qualitative data analysis and techniques that enable a focus both on within- and between-case experiences, I decided to use a similar stepped approach to data analysis as the ideal-type approach outlined by Stapley et al. (2021). The steps of my analysis are outlined in the following section.

7.2.4.2 Data analysis steps

The ideal-type analysis approach involves writing case reconstructions which can then be compared and contrasted (Stapley et al., 2021). A case in ideal-type analysis can be an individual participant (e.g. parents interviewed multiple times during the course of a project; Stapley et al., 2017) or groups of participants (e.g. a young person and their therapist; O'Keeffe et al., 2019). For my analysis each school became a case, with interview data from staff and pupils across multiple timepoints.

Becoming familiarised with the dataset

I conducted the majority (>80%) of the interviews and I also quality and accuracy checked all of the transcripts against the complete audio files, noting some initial ideas and observations.

Writing case reconstructions

Case reconstructions are narrative summaries of the participants' data and, in ideal-type analysis are the unit of analysis, rather than, for example, an interview transcript. In line with Stapley et al. (2021), I made a case reconstruction for each school, using all of the available data (staff interviews or focus groups at varying timepoints) to create eight detailed summaries. The first interview for school M3 took place at baseline/initial delivery and also included questions on other topics, such as the reasons behind the school's participation in the trial, wider mental health provision and perspectives on the intervention training. Consequently, I focused only on a small section of the interview that was about implementation barriers and plans for future delivery. With all other interviews I created case reconstructions for the entire interview transcripts. The first two summaries were shared with my supervisor ES for feedback.

Constructing the ideal types

The full case constructions varied in length between 3000 – 5000 words and were not suitable for presentation in the thesis as the level of detail would have compromised confidentiality. It was also necessary to reduce these down to render the dataset manageable for purposes of comparison, so I created shorter case reconstructions by removing any repetition of themes. An example of the reduction process for the case reconstructions is provided in Figure 7.2. I also created a table for each school, highlighting their delivery status at each timepoint and the salient points regarding challenges and facilitators. This helped me to systematically compare and contrast with the other case reconstructions to identify patterns in the data. Through this process I developed four different types (or clusters of

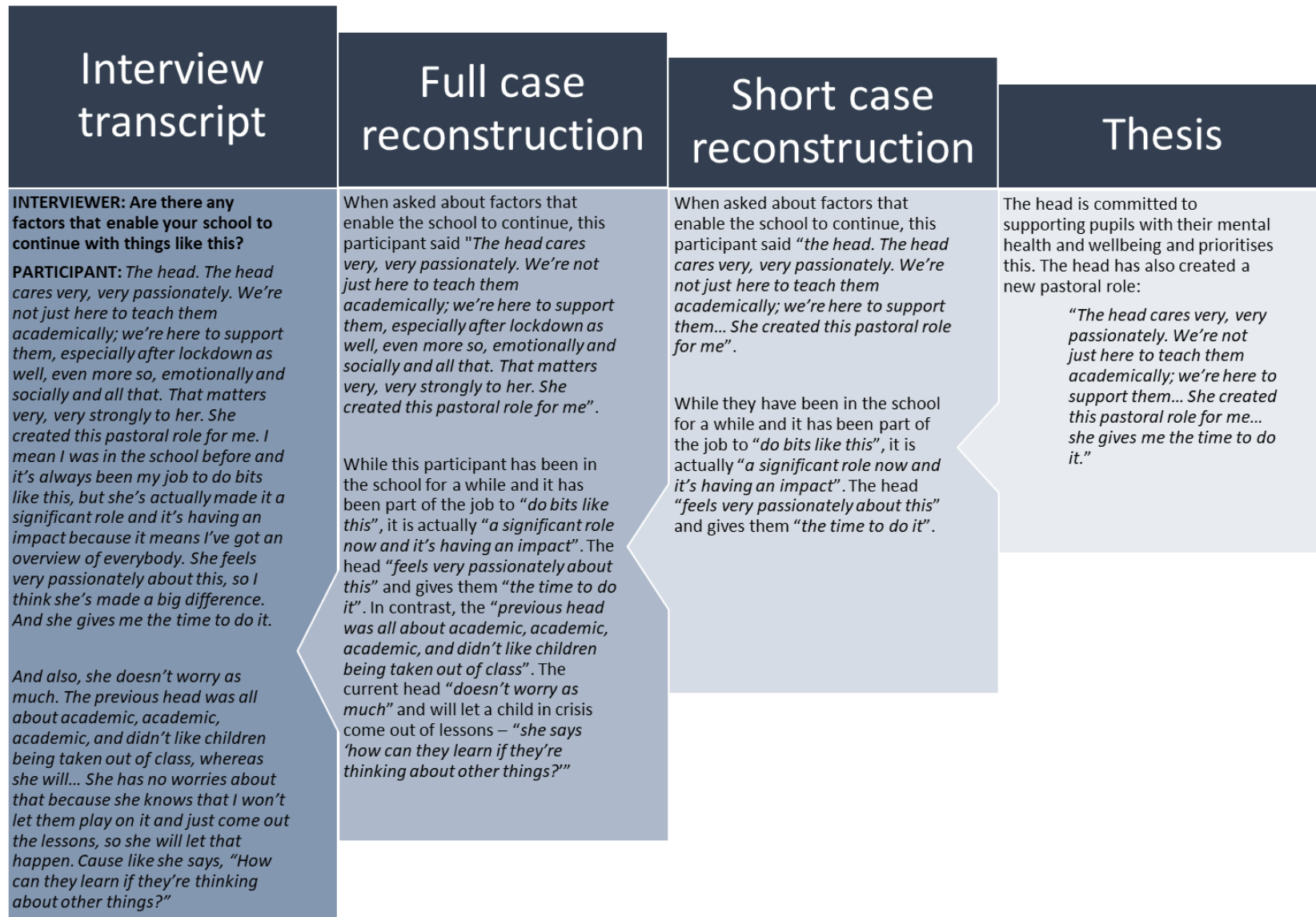


Figure 7.2 Example of the reduction process for the case reconstructions

schools with similar journeys) that were meaningfully distinct from each other and produced suggested names for each group. In ideal-type analysis, each case (school) only belongs to one ideal type, although this does not mean it may not share some characteristics with cases in other types. Ultimately, the types must be homogenous within themselves, but distinct from each other. All of these case reconstructions and the proposed types were shared with ES and we met to discuss the type allocations and names. Some adjustments were made as a result of this conversation, such as using quotations from participants where possible in the type names. At this stage, the four types were: (1) *spreading and embedding*; (2) *embedded... for now*; (3) *trialled and found wanting*; (4) *everything's changed*.

In ideal-type analysis, the next step is identifying the optimal case – with a larger sample, a case from each cluster is chosen to act as an orientation point for comparison with other cases. However, as the sample here consisted of only eight schools, I decided to present short case reconstructions for each school, summarising the narratives from staff and pupils over time.

Forming the ideal type descriptions

I constructed a detailed description of each type, and these were shared with all supervisors (ES, JD, and DH) and discussed together. Once again, the name of one of the types was altered as a result of this discussion, shifting the terminology in Type 2 away from 'embedded' to 'built into the curriculum' as we felt this represented the schools and their journeys with the interventions more accurately. The descriptions of each type are presented in full in the findings section below.

Credibility checks

In line with Stapley et al.'s (2022) ideal-type analysis methodology, an independent researcher (KN) was then brought in to read the full-length case reconstructions and to attempt to regroup the cases into the ideal types. This was another researcher in our department who had not been involved in any of the previous data collection or analysis, but who had some understanding of the EfW programme. The purpose of

this was not for inter-rater reliability, which is sometimes advocated by those taking a more positivist approach to data analysis, but rather to have another opinion on the types and type names (Braun & Clarke, 2022). In line with the critical realist approach outlined in chapter 2, ideal-type analysis acknowledges that different ideal types may be legitimately constructed by different researchers. It is impossible from a critical realist perspective to explore ‘accuracy’ or consensus between researchers as “knowledge is always situated” and there is no such thing as an objective account or an objective analysis (Willig, 2016, p. 7). However, working with another researcher can be useful to check that the descriptions of the ideal types were appropriately grounded in the data and that the types were clear and distinct enough for someone else to be able to group the cases with no prior knowledge of the data.

The independent researcher was asked to assign each school to a type using the type descriptions and this was done with 100% accuracy. I also asked for reflections on the type names and descriptions, and as a result of KN’s comments more detail was added to the description of Type 3, specifically around the project being a catalyst for further mental health support in school. We also decided to adjust the name in light of this and changed Type 3 from ‘trialled and found wanting’ to ‘trialled and moved on’, hoping to capture the sense that the schools had taken something from participation in the research even though they were not continuing their specific intervention. With only one school in Type 4, I also discussed with KN and ES whether or not this journey was distinct enough to separate from Type 3. As Type 3 described less enthusiasm from the beginning regarding the interventions and a number of different barriers to delivery, in comparison to the drastic change in Type 4, we decided to continue with the four distinct types.

Making comparisons

Using the case reconstructions and tables of different barriers and facilitators in each school, the similarities and differences between the cases in each type were explored. In the discussion I also include a summary of the differences and similarities between the types themselves.

7.3 Results

This section presents each of the four types of sustainability journeys, along with short narrative case reconstructions from each school over time. The delivery of interventions for each type at the different timepoints is also summarised in Table 7.5.

7.3.1 Type 1 – spreading and embedding

Two schools, Mindfulness School 2 (M2) and Mindfulness School 3 (M3), are represented by spreading and embedding the intervention. Schools in this group decided to roll the intervention out to other classes and year groups at the end of the trial. The schools have a wellbeing lead who believes in the intervention and who has invested time sharing resources, training staff and driving delivery forward. This is also supported by senior leadership in the school and there is an expectation that the staff will continue delivery. The EfW programme fits with the school and ties into a wider context of mental health interventions and prioritisation of pupil wellbeing. The majority of staff have seen a positive impact on pupils as a result of the intervention, but there are some who do not deliver consistently.

By the second timepoint, additional activities and techniques have been included as part of the school's provision, but the EfW resources are still at the core of the intervention. There have been some barriers to delivery such as finding regular time, some staff not buying into the intervention fully and interruptions due to the COVID-19 pandemic. However, those responsible in the school have overcome these challenges and have invested a lot of time and effort building capacity and resources. Consequently, two years after the trial, the intervention is being delivered consistently across a wider range of year groups than just the trial participants.

While both schools in this type reported similar experiences of facilitators to sustaining the intervention across timepoints, school M3 seemed to encounter more barriers around staff engagement than school M2, with some members of staff reluctant to learn about Mindfulness or deliver to their classes. At the second

timepoint, participants from M3 reported that some colleagues were still not delivering consistently, while no challenges or barriers were mentioned by M2.

7.3.1.1 Summaries of Type 1 schools' journeys

School M2 – Timepoint 1b (Nov 2020)

In the academic year following the trial they decided to *“roll it out to all of Key Stage 2 because it was so successful”* and now mindfulness is *“fully embedded”* with a lot of teachers delivering after lunchtime every day. It is not only delivered by teachers, *“there's a whole breadth of staff embracing it and being able to run with it”*. Staff feel that it is part of the daily routine, and they use a mixture of resources, including the original EfW booklet, along with other mindfulness apps and stories. Of the four teachers who attended the initial training one has moved on. Before she left, all four teachers delivered training to the whole staff team.

The decision to roll it out was made by the senior leadership team and the pastoral lead thinks this is key part of their success: *“it's being led from the top. Always has been”*. This school is also taking part in other initiatives such as trauma perceived practice and *“they all interweave really nicely with mindfulness”*.

The context of the pandemic has also led to increased focus on pupil wellbeing:

“There are a lot of issues around wellbeing and emotional health. I think that's just been made worse by the pandemic. Anything that we can do that gives some extra support? Excellent. Absolutely excellent.”

Pupils have enjoyed the intervention and were positive about sharing it with new children that joined the school. This, *“combined with positive feedback from staff as well”*, has enabled them *“to really run with this”*.

School M2 – Timepoint 2 (Nov 2021)

Nearly three years after initial trial delivery, mindfulness is *“quite well embedded now”*. Activities are delivered on almost a daily basis, and not just by teachers (two of the original four have now left) but support staff as well *“because everybody’s responsible for looking after and supporting mental health in school”*. They still use the booklet but are also led by the children and what they find useful, so they do mindful colouring as well. The staff *“don’t want it to be done to”* the pupils, *“it’s something that they do together”*.

Mindfulness sits in a wider context of therapeutic interventions in the school and is being delivered *“more consistently across a wider breadth of children”* now than at the start of the project. It has been a tool to engage some children where other things can’t *“because it is accessible, gentle and low-level”*. It also doesn’t require a lot of resources.

The intervention is part of the wellbeing policy and the pastoral school development plan – *“it’s been from the leadership down. The head teacher has bought into this... we’ve promoted it from the top down”*. Mindfulness is seen as an accessible way to develop the children’s emotional wellbeing and this is something that the school can demonstrate to external inspectors:

“It evidences... that we are looking at children’s emotional wellbeing. If an Ofsted inspector, or anybody coming with them would say, “Well how do you do that then?” That’s one of the things we use. That’s one of the tools that we use to help support emotional wellbeing and mental health in schools.”

In school they are seeing an *“increasing number of children with poor mental health, displaying those challenging behaviours”*, so the pastoral lead and the headteacher are always trying to be proactive and build capacity.

School M3 – Baseline (March 2019)

This school had been thinking about sustained delivery of the intervention from the start of the trial:

“Some staff were chosen because they’re senior leaders and it would be good practice to have senior leaders alongside colleagues... if this is something we’re going to roll out... so we were doing a bit of forward thinking as well”

At the end of the initial trial period there are already members of staff using the EfW booklet who were not part of the trial and did not attend training. For early years foundation stage (EYFS) they are delivering activities for two to three minutes and they can *“clearly see the benefits”*. The pastoral lead likes the booklet and says it is *“clear and easy to read”*, and it is accessible, *“even for children who have English as an additional language”*.

Taking part in the trial, some of the team *“absolutely feel and are quite passionate about mindfulness and the difference that it makes to the children”* but *“a barrier has gone up”* for others: *“It’s not going to make a difference”*, *“It’s a bit of a waste of time”*. The senior leadership team are very positive about mindfulness, and they are planning a survey to gather feedback from pupils.

School M3 – Timepoint 1b (Nov 2020)

After the trial period, mindfulness was rolled out across the school and the pastoral team went into classes to demonstrate *“different ways of mindfulness. It’s not only sitting down in one place. You can have mindful movement”*. They have delivered training sessions to staff and created a *“wellbeing newsletter”* and in *“every issue there is a part that’s just dedicated to mindfulness”*. The school is also doing Five Ways to Wellbeing and mindfulness sits within this. During lockdown *“lots of video clips”* and *“some noticing challenges”* were shared on their online learning platform for pupils to do at home.

In terms of consistency, there *“are definitely more classes running than ever before”*, and for some pupils it is part of the daily routine: *“when they walk in from after play, they know exactly what to do”*. However, *“there are some classes that haven't actually been as consistent with it”*. The headteacher said it was a *“non-negotiable”*, but *“clearly, it's been negotiated a bit because it's not happening everywhere”*. The pastoral team think that it depends so much on the adult in the room and *“not everyone buys into this mindfulness”*. The pastoral team do not feel as if they have *“ever really got to the bottom of why... it's just not for them”*, but they are *“not important enough people to make it happen!”*

The pastoral lead wonders if staff are just under more pressure at the moment as they have so much to fit in. As a result of the pandemic, they say that teachers have *“been more aware of supporting the children”*, but there are so many other pressures that mindfulness and wellbeing has *“maybe taken a little bit more of a back seat”*. They comment that taking part in the interview has made them stop and think about *“a strategy going forward”*.

School M3 – Pupil focus groups – Timepoint 1b (Nov 2020)

Some Year 6 pupils (who had been involved in mindfulness activities since Year 4) described doing activities nearly every day, while others said their class did it once or twice a week, often after the lunch break:

“It helped because after lunch break I would normally be really tired and stressed, and then we would just listen to calm music and then just do our learning.”

Pupils described having *“a lot of strategies that the teachers have taught us, like finger breathing and deep breathing”* and said they had been doing it for a number of years:

“For as long as I can remember actually. I don't know the exact year we started, but we've been doing it for a long time, I think.”

Pupils were also asked why they thought the school had been teaching them mindfulness, and one pupil noted that *“they’ve been doing this for a long time, which tells you that it’s not just like a one-day thing: it’s like an on-and-on and ongoing thing.”* Participants also noted that school staff were not only teaching these techniques to use now, but also preparing them for the future:

Participant 1: *“I think they have taught mindfulness things for us because they want to help us, not only in school but in high school or in college or university, and basically our whole life, to just make us a nice person, to calm ourselves down...”*

Participant 2: *“Once you’re out of school, most likely that won’t happen again. It’s a six-year lesson where you’ll have to remember it for your whole lifetime, which is like ages!”*

Participants felt that all year groups should be given the opportunity to practice mindfulness:

“It’s useful for all year groups... Reception, Nursery and the lower Key Stage One. I think it’s even useful for them because everyone is human and everyone can get sad or frustrated, so it’s useful for everyone.”

School M3 – Timepoint 2 (Nov 2021)

One of the participants now has new role of school wellbeing lead. Since the start of this academic year (Sept 2021) it has been made *“non-negotiable where every class is expected to have a minimum of five minutes of mindfulness every day”*. The wellbeing lead has been trained to deliver a longer mindfulness curriculum and has put together a six- to eight-week programme for pupils. As a result of this, there are also Year 5 pupils delivering peer-on-peer mindful activities. The pastoral team also recently provided a workshop for parents *“where they talked about mindfulness and the importance of it”*.

Every class teacher in the school has a copy of the EfW mindfulness booklet and around *“75% to 80% of the school”* do mindfulness regularly. This is not all from the EfW booklets though as some staff *“use YouTube videos to just guide them along”*. As with last year, EYFS and Key Stage 1 *“are pretty consistent”* and often do it twice a day. This is the most consistent delivery that the school has ever managed:

“The point of having a wellbeing leader is that we have somebody at the front, pushing, reminding, training, engaging colleagues and children and parents. That's the point, why the headteacher has put a small amount of money behind her commitment. Because without that, things would just peter out, so this is the most successful we have been.”

However, in Years 5 and 6, *“it isn't as consistent as [they] would like”*. When asked why, the pastoral team suggest it is *“the pressure of getting work done. Even five minutes for them could be five minutes of working done”* and that *“the pressure these teachers are under is bonkers”*. Staff buy-in is also still a factor that has made implementing mindfulness more difficult: *“how to get staff to gel with if it's not their thing... it becomes very hard...”*. The pastoral team have been working to try to get staff to see the benefits and have also created more resources to make it as easy as possible for class teachers:

Wellbeing Lead: *“We've made a wellbeing page... And there's a tab for mindfulness so they just click on that and they have a whole heap of options... We've made it more accessible.”*

Pastoral Lead: *“Staff are seeing the impact of it and have begun to mention the change they see in the class... they do get it... and that's been a massive shift, it's taken two years.”*

The new wellbeing lead role *“has given more provision and a plan... there's more direction”*, and the school development plan has stayed the same this year around pupil wellbeing *“because it became apparent that when you keep changing*

everything, you can't embed it properly. And an academic year is not enough, it's just not enough time".

7.3.2 Type 2 – built into the curriculum... for now

Two schools are represented by Type 2, Guide School 2 (G2) and SSW School 1 (S1). By the first timepoint, the EfW interventions have become part of the schools' provision for mental health and wellbeing. The interventions fit with school values and the desire of senior staff to promote positive wellbeing education and support. Staff saw a positive impact on pupils during the trial and this was behind the decision to continue delivery. However, the following academic year school closures as a result of the pandemic prevented delivery. Other barriers included a lack of trained staff members and pupils not engaging with some of the content. This has led to some surface level adaptations (e.g. small changes to PowerPoint slides, creating additional resources).

By the second timepoint greater levels of adaptation have taken place as some of the resources and lessons were deemed to be less relevant or engaging for pupils. These adaptations include reducing the content delivered and tailoring lessons to specific groups of pupils. The interventions delivered by schools in this group are structured sets of lessons, with content designed for specific age groups. As they are delivered once to pupils in a certain year group, schools have decided this will be led by just one member of staff. In both cases, there is uncertainty around what would happen if the individual member of staff left the school as there is nobody else who is trained to deliver these materials.

Both schools in this type had similar journeys regarding adaption. At Timepoint 1 staff had made small tweaks and adjustments to some resources, but by Timepoint 2 they had made substantial changes to the content of the lessons. This nature of the adaptations was different, however, with the staff member at school S1 reducing the number of SSW lessons, and the pastoral lead at G2 taking a very open approach in terms of asking pupils what they would like to cover. Staff from both schools talked about the desire to spend time working on and developing their PSHE curriculum, but

that this had been thwarted by other pressures and disruption as a result of the pandemic.

7.3.2.1 Summaries of Type 2 schools' journeys

School G2 – Timepoint 1a (March 2020)

The school has “*carousel system*” with six to eight-week units on “*a half-termly basis*” and in the trial they “*took one of those units out and replaced it with The Guide*”. The following academic year it was “*introduced as a unit within this carousel, so all Year 9s would get an adapted version of The Guide*”. After initial delivery, staff reviewed all of the materials and “*it was decided it was going to be part of the curriculum... embedded properly*”. They rolled it out in Year 9 because they had a slot: “*so it was purely mechanical and fitted in with the logistics of the wider school curriculum*”.

Before joining the project, mental health provision “*was possibly a gap within the curriculum*” and something they “*wanted to address*”. The member of SLT highlighted that there is “*a belief that the teaching of wellbeing and mental health issues is important, and that fits in with our values as a school*”.

A lot of the learning objectives are the same and they are using a lot of the material “*but just adapting it for the needs*” of the students in their school. The teacher delivering The Guide said there was too much of “*students being quite passive and sitting there for long periods of time*” so they have created some more activities for pupils to complete. “*There’s no plan B*” though if the teacher is away. The class teacher has found it “*quite heavy-going to teach*” and “*a challenge for a non-specialist*” to deliver, and next year the pastoral lead will take over.

School G2 – Pupil focus groups – Timepoint 1a (March 2020)

Pupils in Year 9 who had recently taken part in the Guide thought that the school should continue to teach the lessons, and commented that previous sessions on mental health and wellbeing had not been as useful:

Participant 1: *“We had before this in Year 7 and 8, um, just a simple assembly, possibly a form time lesson. The most effective one was just a day at the end of the year when it was brought up for the majority of it. But none of it really stuck in people’s heads.”*

Participant 2: *“Yeah, I forgot about all of that.”*

They also felt that there should be a curriculum starting in Year 7 and building up through the school: *“if you start in Year 7, give them awareness, but then keep going through the years”*. One participant said that there should be lessons every other week on similar topics and *“not the one random assembly”*, especially as *“it’s so much stress when you’re doing your GCSEs and everything”*.

School G2 – Timepoint 2 (Nov 2021)

Nearly three years on from the trial, the school is still delivering The Guide to Year 9s *“every half-term”*. It has been adapted but it is still an hour-long lesson that is seen as a *“proper lesson with learning objectives”* and they have *“really excellent discussions”* around mental health.

The curriculum is tailored to each class of Year 9 pupils – they *“write down on a post-it note what is it that they want to know”*. The pastoral lead teaches The Guide to all students because they *“wanted the students to have someone who... was really knowledgeable in the field”* and during the previous academic year one class was taught by someone who *“happened to have that time free... and hadn’t done any of the training... the students weren’t getting the same level of education between the two different teachers”*. When everyone was on lockdown The Guide was not delivered as *“it wasn’t a learning experience for the students”*.

The pastoral lead has created a number of new resources including *“an emotional wellbeing section on the school website”*. There is more consistency now than at the beginning *“because it’s being delivered by the same person... It probably looks less like The Guide, but the consistency of what the children get is greater”*.

The Guide has given the school *“evidence... that actually it is worthwhile, and the students benefit from it... and they are engaged with it”*. The headteacher has the ethos of investing in the wellbeing of students and as a school they *“made time for it”*, although the pastoral lead notes:

“I guess it would be interesting if I left... I’d like to think it would carry on... but a lot of the school provision for mental health is led by me and, you know, I’m the advocate”.

The pastoral lead plans to map out provision from Year 7 to Year 13, starting with *“mindfulness and emotional intelligence”* in Year 7 and then *“covering the majority of mental health illnesses by the time students reach the end of Year 13”*. So far, this plan has *“been scuppered slightly by COVID”*.

School S1 – Timepoint 1a (March 2020)

At the end of the trial they *“had a look at restructuring the PSHE programme”*, partly due to changes in the Ofsted framework. As a team they decided to use SSW again, *“so every Year 4 for the foreseeable future, until we decide on the next thing, that unit will be taught”*. One of the teachers delivering SSW was part of the leadership team *“and quite influential with the staff... so her doing it has kind of pulled the rest of the staff with her”*.

The school also use a local authority PSHE programme but have decided that SSW will replace some of these units as it *“fitted in nicely”*. Staff said that the resources were *“very comprehensive”* and *“felt the children really engaged with it”*, so decided that *“Year 4 was actually quite a good place to put it”*. They have *“basically stuck to the book and the lessons in there”*, with a few additional resources made by one member of staff.

Staff are seeing increased need in their pupils:

“I think children are changing. I think children have got a lot more anxiety in their lives. We have certainly seen a big shift here. Huge shift.”

And there has also been *“a slight change in staff attitudes... and the teaching profession in general about mental health... its profile has really been raised”*. Staff could see that SSW was addressing many issues that they often end up having to deal with in their classrooms, so a lot of them *“jumped on the bandwagon”*.

Time is always a struggle, but for the SLT this intervention has been *“one of the more doable things”* as *“the teachers have the training, the resources were there and financially it was supported”*. The structure of the programme was helpful and meant staff did not have to invest more time *“into figuring out how [they are] going to use certain resources”*.

School S1 – Pupil Focus Group – Timepoint 1a (March 2020)

Pupils in this focus group had taken part in the SSW lessons the previous academic year and, while there was some confusion about what PHSE lessons included, pupils remembered the activities:

Participant 1: *“We did signs of our body parts like showing us that we’re nervous or angry...”*

Participant 2: *“We did this helping hand thing for when we’re ever stressed.”*

Participant 3: *“Our teacher read us this thing, and it was a relaxation thing, and we literally had to close our eyes and imagine our safe place.”*

Participants felt that the lessons had made a difference to them and others in their class.

Participant 3: *"I now know if my sister sort of winds me up, I know a couple of places that I could go, or someone I could see, to just calm down and make sure that I don't get angry."*

Participant 4: *"I'm not as embarrassed any more sharing my own thoughts and feelings, because I know who to talk to and who to trust."*

When asked why they thought the school decided to teach these lessons, one pupil said:

Participant 2: *"I think they do it because it's better to know like everything about what we're learning now, when you're younger, so then you know about it in the future and you don't have to worry about all of that."*

School S1 – Timepoint 2 (Nov 2021)

During the pandemic lockdown PSHE *"kind of just fell apart, really"*. They were providing online support for the children but it was *"all things that could be done remotely that weren't teacher led"*, so it was *"primarily Maths and English"*.

Because of Ofsted, schools now have to deliver something on mental health and wellbeing, but there is *"quite a bit in the local authority package"* that they use, and they are *"quite happy and established"* with that programme. However, the Year 4 teacher is planning to deliver some of the SSW sessions this academic year and it is still in the *"curriculum and yearly plan"*. This teacher has said that four of the SSW sessions *"are really good"* and *"stood out as being really valuable and worth doing"*. They have been doing lots of curriculum development over the last couple of years, *"as a response to the new Ofsted expectations"* but *"PSHE is probably something that's maybe less finalised than some of the other subjects"*.

On factors that have prevented SSW from being delivered, the SLT member said:

“The big one is COVID-19... and staff moving to other year groups. As soon as it’s not a whole school thing, as soon as people move around, that gets diluted, which is essentially what has happened here... it was just a thing that was temporarily tacked on, and then we went back to doing what we were doing before”.

7.3.3 Type 3 – trialled and moved on

Three schools, Guide School 1 (G1), Relaxation School 1 (R1) and Mindfulness School 1 (M1) are represented by Type 3. Schools in this group delivered the programmes as required in the research trial but there was no commitment to continuing delivery. At the first timepoint (one year after the trial), schools in this group still use some elements of the interventions sporadically but the programmes were not being delivered as recommended. The schools encountered similar challenges to those in Type 1, but the interventions were not valued in the same way by those responsible for mental health and wellbeing in the school. Reasons for this include lack of engagement from pupils, issues with intervention resources and a lack of evidence or belief (“it’s a trend”, “oh, it’s all that mumbo-jumbo again”) around certain techniques.

By the second timepoint, staff had identified other resources or provision to support their pupils. There is a strong belief from staff interviewed that pupil mental health and wellbeing should be prioritised, and this also fits with wider school ethos and values, but timetabling proved a consistent barrier. For some, participation in the research was a catalyst for addressing the mental health and wellbeing needs of pupils. However, rather than continue delivery of the specific EfW intervention, prioritisation from leadership has led to the introduction of other support. For example, schools have bought in counsellors for targeted support or invested financially in a PSHE curriculum that can be used with all year groups.

Although all schools in this type decided to prioritise other support for pupils, there was some variation in the reasons behind this. The lead in G1 reported a lower level of acceptability regarding the intervention materials and resources in comparison to

staff in the other two schools. While the pastoral lead was positive about some of the Guide resources, there were repeated comments about the quality and relevance of the lesson plans. In contrast, staff across schools R1 and M1 spoke highly of the EfW intervention materials but appeared to face greater challenges engaging the wider staff team in delivery.

7.3.3.1 Summaries of Type 3 schools' journeys

School G1 – Timepoint 1b (Nov 2020)

In the trial delivery period in 2019 they did not use PSHE lessons but *“took a cohort out of main lessons”* for six weeks to receive The Guide. Since then, rather than delivering the six sessions again, the school has adapted some of the resources:

“We harvested what we felt were the best bits... some things didn't suit our school and didn't suit how our school teaches... we've used some of the things in assemblies and for mental health awareness week”

The Guide sessions did not fit with their standard lesson format (each lesson is structured with a *“starter activity and a strong finish”*), and, partly due to this, the students didn't *“take it really as a lesson, it was just a bit of fun”*. Staff also found some of the content lacked relevance for their pupils:

“Some of it was too lengthy... some of the things the students weren't as interested in, because it didn't affect them... and there weren't enough things for them to write; you know, enough activities”

Now, due to the pandemic, the timetable in school has changed and all lessons are 100 minutes which has made it *“a lot harder”* for PSHE to be delivered. The pastoral lead liked the booklets about different mental health disorders (mini-mags) and they have printed these off to share with pupils or parents they feel *“would benefit from the contents”*. They did not deliver any of The Guide sessions during lockdown, but they did have *“the mini-mags accessible”*.

The project was a catalyst for other mental health activities in school; there is a new lead on mental health, a trained counsellor 3 days a week, wellbeing information on their website and pupil mental health ambassadors. The pastoral lead attributes most of this new provision to participating in the trial and says it has given staff “*confidence to explain things to the students*”. However, they need a programme that can be delivered to every year group, not just Year 9.

School G1 – Timepoint 2 (Nov 2021)

The Guide is not being delivered in any form, but they still use one set of resources, the mini-mags, with individual pupils and the pastoral lead thinks this is “*the best thing out of it*”. The pastoral lead will be leaving the school at the end of this academic year and has handed over all of the resources to the new mental health lead. This new lead observed some of the sessions in 2019 and “*didn’t agree with some of the content*”.

The timetable is still formed of 100-minute lessons, and this makes it very difficult to deliver something like The Guide:

“You’re missing English for 100 minutes for six weeks. It’s not doable, it’s not practical.”

The pastoral lead emphasised again that the intervention required more flexibility and that the lesson plans did not work for them:

“Some of the lessons were too much the same... There weren’t enough activities... there needs to be time for schools to put their own bit of their stamp on it... we didn’t feel we owned it”

Taking part in the trial was “*a bit of a wake-up call*” for staff as “*there were many more students that were worried about mental health than we possibly imagined*”, and there is now a school counsellor in five days a week to support pupils.

School R1 – Timepoint 1b (Nov 2020)

After initial delivery in 2019, the teachers working with Year 7s and 8s were *“just glad to stop it”* as they had struggled to engage pupils and there were issues with behaviour management. However, this teacher enjoyed it and continued to deliver the relaxation activities with some Year 5s, noting that it seemed to *“benefit the children more”*.

The timetable changed due to the pandemic and there is now an extra 10 minutes in every PSHE lesson – the relaxation intervention has been reintroduced at the start of each weekly PSHE lesson. All teachers have received a photocopy of the intervention booklet:

“it’s kind of set in the curriculum now, for all year groups... I’m not 100% sure its going everywhere... but the intention is there.”

There are so many constraints on the curriculum, though, that this is not guaranteed after the summer.

The PSHE lead has found there to be a *“half and half split”* between other staff who are supportive and committed to the intervention and those who think *“oh, it’s all that mumbo-jumbo again”*. There is more momentum though now and because of the pandemic there is *“even more emphasis on student mental health”*. However, very little PSHE was delivered during lockdown and there is a lot to catch up on.

This teacher does not have the power to *“dictate every form teacher comes in in the morning and does this”* and even though senior leaders were positive at the start, there is so much pressure on form time that *“at some point something has to drop”*.

School R1 – Timepoint 2 (Nov 2021)

The EfW relaxation programme is no longer being used widely in school, but they have bought in a PSHE package that includes a mindfulness element at the start of

each lesson. This package provides lesson plans for every year group across all topics and is much easier for teachers to deliver.

The EfW booklet *“was much harder for staff to deliver than it is with the [PSHE lessons]”* because now it is built into the PowerPoint presentation for each lesson, and they literally just have to press play. It is more manageable to deliver once a week and not daily:

“For form teachers, it was just another unmanageable task to add to their list of all the things that they’ve got to get through in the day”

Although senior leaders at the school were enthusiastic at the start of the trial, *“when it came down to it... their whole school ethos wasn’t really behind it”* and other things took priority in form time, such as preparing students for SATs.

“The head teacher is amazing, very empathetic.. and sees the benefits... but everything else has been forcing it out of the way... there are so many different agendas going on”.

School M1 – Timepoint 1a (March 2020)

Regular delivery of mindfulness activities has not taken place since the trial period, but some teachers do occasionally use the resources with certain pupils if they have a spare five minutes. After the trial they did not make a decision about future delivery and consequently there are no formal arrangements in place. Teachers are also under a lot of pressure to deliver the curriculum:

“We’re an outstanding school. We have very, very good academic results and there is a lot of expectation that those results continue... our teachers are under a lot of pressure to get our curriculum delivered, and I do think, unfortunately, sometimes other things that are non-academic do get squeezed out... staff will prioritise five minutes more of times tables practice, than five minutes of mindfulness.”

The pastoral lead suggests that a better research base is needed:

“Social, emotional, mental health interventions ... they kind of come and go a bit... I do worry if some staff think it’s a bit of a trend.”

The class teacher found it worked well with most pupils in the trial, and they had positive feedback from children that *“it helped them to relax”*. However, some children found it harder to engage. This year the teacher has a new class but does not deliver regular mindfulness activities, partly due to the *“demands of the curriculum”* and partly because the pupils are generally calm:

“I’ve not felt the pupils have needed it because they’re a really happy, calm class... and time is very precious... so priorities as a teacher have changed as well.”

While the headteacher is supportive of improving children’s wellbeing, delivering mindfulness was not something the school *“actively committed to”*:

“The current head is very supportive of developing and supporting children’s mental health – but hasn’t found the time in the timetable to put it in there (laughs).”

School M1 – Timepoint 2 (Nov 2021)

All the staff that were involved in the INSPIRE project have now left the school. The PSHE lead at the school is a *“mindfulness practitioner”* and they do use *“elements of mindfulness”*, but the EfW resources are not delivered. Since returning to school after the lockdown, it has been *“all about academic gap-closing”* and no PSHE was delivered remotely whilst schools were closed to most pupils. They are seeing more examples of children struggling with their mental health:

“PSHE and mental health support is a priority, but it’s a priority within 100 other priorities, and I guess, because schools are not yet measured on pupils’

emotional wellbeing, they're measured on academic outcomes, it will always be secondary."

The SLT member thinks the main reason EfW mindfulness is no longer delivered is because *"the people with the expertise have gone"*, but also behaviour and *"wellbeing indicators"* are generally good and the school is not *"identifying it as an issue"*. While most staff could see the benefits of mindfulness, the school *"needs it to be evidence-based"* and there are still *"sceptics"*.

The school has shifted to a targeted approach for pupils that are struggling, and the money they have goes on buying in various types of therapy. They also use the Boxall Profile, an assessment tool, to identify where there are gaps in SEMH.

7.3.4 Type 4 – everything's changed

Just one school, SSW School 2 (S2) is represented by Type 4. In this school the intervention was delivered as part of the trial and staff members saw a positive impact on pupils. A combination of previous success and perceived need meant that senior leadership agreed that it should be delivered again. The intervention fits with the senior leadership values and a belief in prioritising pastoral care for pupils. Aside from COVID-19 interruptions it has been built into the curriculum in a similar vein to Type 2, with one member of staff responsible for delivery.

However, by the second timepoint high-level changes in school have put an abrupt end to delivery and there is almost certainly no future for the intervention. Massive turnover of staff, a swing to prioritising academic results and changes in the role of the one trained staff member mean that the resources will not be used again.

7.3.4.1 Summary of Type 4 school's journey

School S2 – Timepoint 1b (Nov 2020)

The school saw a positive impact on the pupils that received SSW during the trial and planned to deliver again in 2020. However, this was interrupted by the COVID-19

school closures and it was not delivered. Some of the resources and video clips from the programme have been used with individual pupils from other year groups.

They are planning to deliver the full SSW curriculum to Year 5 and 6 as part of their PSHE lesson this academic year as the pupils *“desperately need something”* and the headteacher and pastoral lead think this will help. The head is committed to supporting pupils with their mental health and wellbeing and prioritises this. The head has also created a new pastoral role:

“The head cares very, very passionately. We’re not just here to teach them academically; we’re here to support them... She created this pastoral role for me... she gives me the time to do it.”

For this member of staff, attending training and delivering the programme changed their practice:

“It’s made a difference to me and the way I am... it’s helped me to know what to do, what to say to them.”

School S2 – Timepoint 2 (Nov 2021)

As planned, SSW was delivered again to Year 5 and 6 pupils, following the original lesson plans. They *“stuck to it pretty religiously”* and used all the same videos and resources. The pupils engaged well:

“They were really, really up for it. The discussion was really good... the conversations that went on were really, really good. Quite deep... In fact, they’d keep talking forever, some of them!”

However, senior leaders have since left and the school is under new leadership. There has been a shift to focus on academic standards as *“the school was left with a bit of a mess... standards weren’t where they should be”*. While previous leadership was very supportive and prioritised mental health, *“they’ve got more pressing things at*

the moment”, and there has been a *“massive, massive turnover of staff”* throughout the school.

This member of staff (who was also the only one to attend training and deliver SSW) is no longer responsible for pastoral support and things have *“changed drastically”*. The new head teacher does not know about the programme and, even though it worked well last year and they *“had come a long way pastorally”*, *“it’s not going to happen again”*.

Table 7.5 Summary of intervention delivery across types

	School(s)	Reported intervention status at Baseline (March 2019)	Reported intervention status at Timepoint 1a/1b (March/Nov 2020)	Reported intervention status at Timepoint 2 (Nov 2021)
Type 1 – spreading and embedding	Mindfulness School 2 Mindfulness School 3	Delivered as designed – spread to other members of staff	Embedded and spread across most year groups	Well embedded and delivered across all year groups
Type 2 – built into the curriculum... for now	Guide School 2 SSW School 1	Delivered to one year group as designed	Delivered consistently to one year group with some adaptations	Delivered consistently to one year group with many adaptations
Type 3 – trialled and moved on	Guide School 1 Mindfulness School 1 Relaxation School 1	Delivered as designed	No longer delivered as designed, occasional use of some resources	No longer delivered as designed, very sporadic use of some resources
Type 4 – everything's changed	SSW School 2	Delivered as designed	Delivered to one year group as designed	No longer delivered, no future

7.4 Discussion

The first aim of this study was to explore patterns across schools in the years following the introduction of the EfW interventions. Given the lack of longitudinal research on sustainability of school-based interventions, this chapter sought to investigate the dynamic process of sustainability in complex school settings. Drawing on the methodology for ideal-type analysis, four distinct categories were developed for the schools in this sample: (1) *spreading and embedding*; (2) *built into the curriculum... for now*; (3) *trialled and moved on*; (4) *everything's changed*.

The first type, *spreading and embedding*, demonstrates how some schools delivered the intervention more consistently and to a larger group of pupils nearly three years after the initial trial period. Both of the schools in this type were primary schools that had been allocated to the mindfulness intervention. These schools encountered similar challenges to others, including difficulties with staff engagement, staff turnover and pressure on the timetable. However, the pastoral teams worked to mitigate these problems by reducing burden on class teachers (e.g. through creating a webpage full of activities), planning ahead and training staff from the outset, and working closely with senior leadership for top-down directives. This ties into observations in wider school-improvement literature that change “occurs incrementally and iteratively over time as a result of the concerted and sustained efforts of the agents in the school” (Koh & Askill-Williams, 2020, p. 5). While schools in Type 1 encountered similar challenges, what distinguished this group was the sustained efforts of the pastoral teams. These efforts did not take place in isolation, though, as pastoral staff were supported by school leaders and their roles formalised and rewarded financially. This is an example of the interplay between sustainability factors – in Type 1 commitment from individuals, perceived benefit and leadership support combine to increase the accessibility of the intervention, build capacity for delivery within the school and embed the programme into the school ethos.

Successful delivery in these Type 1 schools may also be linked to the specific intervention, as staff from both schools discussed building on the EfW mindfulness programme with additional online resources and further training for both staff and students. Given an increased focus on mindfulness-based activities for school pupils in recent years (Dunning et al., 2019; Kuyken et al., 2022; Sapthiang et al., 2019), staff may have found this easier than working with another, lesser known, intervention. Additionally, the pupils interviewed in one of these schools were positive not only about the intervention but also about sustained delivery over time, framing the intervention as a ‘six-year lesson’ that they will draw on in the future. Pastoral staff had also collected this feedback from pupils and used this to strengthen their case when discussing the future of the intervention with senior leadership. This is an example of feedback loops which are a key component of complex adaptive systems and can be both formal and informal in schools (Keshavarz et al., 2010; Koh & Askell-Williams, 2020). The interactions between agents, in this case pupils and school staff, can inform decisions and shape the future of an intervention in a school.

The experiences of schools in Type 1 also help to provide context for the findings in Chapter 6 and in McIntosh et al.’s (2016) quantitative analyses of predictors of sustainment, whereby primary schools were more likely to sustain delivery of Mindfulness and Relaxation than secondary schools. As suggested in Chapter 6, this may be due to the smaller size of primary schools, greater flexibility around timetabling and having a consistent staff member delivering every day of the week. Differences in staff and leadership priorities may also affect delivery in secondary schools, as increased pressure around national exams may lead teachers to prioritise academic work. Although the schools in Type 1 were generally successful at rolling out activities across the school, the pastoral team from Mindfulness School 3 reported less take up from staff teaching the older year groups who were preparing for SATs, citing “*the pressures of getting work done*”. As schools are evaluated on their pupils’ achievements in national examinations, it may be that staff are less likely to prioritise mental health and wellbeing activities for pupils in these year groups.

The second type, *built into the curriculum... for now*, follows some similar patterns to Type 1, particularly around senior leadership prioritisation, perceived need and perceived benefit, and programme champions committing to sustaining delivery. However, the nature of the interventions in this type (SSW and The Guide) meant that spreading and embedding was not possible in the same way as with the mindfulness and relaxation activities - SSW and The Guide were tailored to certain year groups and not appropriate for other pupils. The content of The Guide was also described as challenging for a non-specialist to deliver. This was highlighted in one school where the pastoral lead was uncomfortable about the differing levels of education pupils were receiving as a result of the varying knowledge and skillsets among their teachers. High-quality staff training and staff confidence in delivering lessons and activities has been identified by many as a key factor affecting sustainability of mental health interventions in schools (see Chapter 5; Adametz et al., 2017; Friend et al., 2014). The distinct experiences of schools in Type 1 and Type 2 may demonstrate the need for different sustainability models for different interventions; a more detailed and knowledge-based intervention could require repeated external training, in comparison to other programmes that can be shared between staff.

The intervention characteristics for schools in Type 2 also seemed to affect the distribution of responsibility regarding intervention delivery in these schools. Whereas in Type 1 schools trained all staff (including non-teaching staff) and created expectations around everyone taking part, in Type 2 intervention coordination and delivery was left to one individual. When asked about the future of the intervention if this person were to leave the school, neither had contingency plans in place and there was no discussion of training up other members of staff. Although the interventions were still being delivered (albeit with considerable adaptation) at the point of the final interview, there was a sense of precarity in these schools that was not present in Type 1. This problem has also been noted in other literature regarding both mental health and broader health interventions in schools, where the lack of booster training or training for new staff has been identified as a key barrier to sustainability (Herlitz et al., 2020; Turri et al., 2016). It is clear that this should be a

focus for intervention developers as, given staff turnover in schools, models that do not include the opportunity for additional training will inevitably be left behind.

In Type 3, *trialled and moved on*, a combination of factors meant that at the end of the trial period the intervention was not built into school provision. Once again there were examples of interactions between factors in this type, as staff from each school did not cite one specific factor as a reason for discontinuing their intervention, but instead reported multiple barriers (e.g. lack of engagement from pupils and some members of staff, timetabling difficulties, resources requiring adaptation). While in Type 1 or 2 some of the same barriers had been overcome with adaptations by intervention champions, for staff in Type 3 schools there was not the same drive to make changes and improve the fit or relevancy of the intervention. It is unclear why these adaptations were made by staff in Type 1 and 2 schools but not here. It may be that the intervention content and design simply did not fit as well or meet the needs of pupils in these schools, but it may also be linked to staff having or creating time to reflect at the end of the initial delivery period. Unlike Type 1 schools, staff members in Type 3 did not come together to discuss and reflect on intervention delivery, and consequently had no plan at the end of the academic year. Despite a purported desire from SLT in these schools to prioritise mental health and wellbeing, no expectations were created around these specific interventions and instead the decision was left to individual teachers. This ties into key components of sustainability identified by Askeff-Williams and Koh (2020), particularly around feedback, planning and coordination.

In their research into sustaining a trauma-informed mental health intervention, Arnold et al. (2021) also emphasised the key role of planning throughout implementation stages. This includes developing a structured plan for sustainability at first adoption, revisiting the plan during initial implementation and reviewing the plan post-implementation to increase the likelihood of sustainability. Specifically, Arnold et al. (2021) suggest it is “critical” for researchers to connect with school principals at or near the end of programme implementation in order to revisit their intentions to sustain and to develop plans for incorporating the programme into the

school's regular routine. The authors noted that, without explicit prompting from the research team or a programme champion, school leaders did not prioritise or even remember intervention implementation following the trial (Arnold et al., 2021). Askill-Williams and Koh (2020) also suggest that planning needs to be built into intervention activities. Interviews with school staff showed that discussions about sustainable implementation often only arose in response to a key event, such as a change in school leadership, reaching the end of a funding period or the departure of an intervention champion. In these cases, the programmes were often discontinued (Askill-Williams & Koh, 2020). Given the demands on SLT to conduct extensive financial and academic planning, it could be crucial for long-term sustainability to build space for feedback and planning into the structure of new school-based interventions. The differences between types when it comes to planning demonstrate how the interaction between prioritisation from senior leaders, clear goals and the coordination of feedback on the initiative work together to influence sustainability.

In comparison to schools in Type 3, the school in Type 4, *everything's changed*, described a major change in one factor rather than multiple different barriers. Although the Type 4 school started out in a similar vein to those in Type 2, with commitment, prioritisation and a belief in intervention impact, a shift in school leadership led to drastic change and no future for the programme. The focus moved to academic results and the role of the one trained member of staff changed, leaving nobody to deliver the intervention. These shifting priorities and issues with turnover at all levels have been noted many times in the wider literature and also in the literature review in this thesis. In their study on an evidence-based trauma intervention in schools, Nadeem and Ringle (2016) describe the ways in which shifting priorities and restructuring (both at the school and district levels) led to complete de-adoption of the intervention two years after initial delivery. The authors suggest that intervention developers and researchers would be well-served to assume that these changes are likely to occur over the life of any programme and to plan accordingly. While it is not possible to anticipate when and how these changes may occur, it is important to build capacity at all levels of the system (Nadeem & Ringle, 2016).

Previous research has suggested that, in light of these barriers to delivery, interventions must be designed to consider multiple factors which may influence adoption (Adametz et al., 2017; Crane et al., 2021; Friend et al., 2014; LoCurto et al., 2020). The assumption is that if these factors are addressed then the intervention will have a better chance of delivering desired outcomes. However, this assumption omits unpredictability and continuous change in schools and does not always account for the interaction between factors (Koh & Askill-Williams, 2020). The journeys of schools delivering different EfW interventions described here provide further evidence for sustainability as a multidimensional construct and schools as complex adaptive systems (Askill-Williams & Koh, 2020; Keshavarz et al., 2010; Trombly, 2014). What works in one school does not necessarily work in another; while these eight schools all started out with a successful trial period, by the final timepoint of this study the delivery status of each intervention varied considerably across schools.

These different experiences and the interaction of sustainability components support the idea from complexity theory that attempting to identify and quantify the salience of any individual factor is not particularly useful. Mason (2008) notes that “we probably cannot even isolate any individual factor’s influence in order to assess its salience” (p.45). However, simply stating that every school is different provides little useful guidance to researchers, implementation developers and policy makers looking to improve the sustained use of programmes in schools. The identification of different ‘types’ of schools here could inform intervention development and policy around mental health and wellbeing interventions in schools. For example, with an intervention like Mindfulness, schools (as in Type 1) may be able to build capacity themselves by training staff and pupils. However, external support in the form of updated resources and activities would help staff to prevent the programme becoming repetitive and less engaging. In contrast, more in-depth and knowledge-based programmes like The Guide may require the availability of regular external training for schools to maintain capacity and self-efficacy among staff.

Similarly, the schools in Type 1 highlight the importance of starting with a plan and the expectation of consistent delivery across classes. As recommended by Arnold et

al. (2021) intervention developers and researchers could build planning, monitoring and feedback into programmes to promote the expectation of sustainability. Across all school types, participants unfailingly discussed the influence of school leadership and prioritisation on sustainability. If these types of programmes are to be sustained in schools, policymakers will need to make mental health and wellbeing support in education a consistent priority.

7.4.1 Strengths and limitations

Given the lack of longitudinal qualitative research on sustaining mental health interventions in school, a key strength of this study is the rich and in-depth data on schools' experiences. Schools are complex systems with many different 'agents' interacting (Keshavarz et al., 2010). The inclusion of a range of school participants in this study, including pupils, allowed for exploration of how these interactions inform decisions and lead to adaptations. With no other school-based sustainability research that includes pupils' opinions, this is an important step in understanding sustainability (Herlitz et al., 2020).

A limitation of this research is that all participants worked or studied in schools that successfully delivered their allocated intervention as part of the trial. As with the data in previous chapters, this sample is biased towards individuals who were still engaged with the research at the end of the trial and is likely over-representative of those who were more likely to sustain delivery in some way. Despite repeated attempts, it was not possible to speak to participants in schools that encountered barriers to delivery in the initial trial period. This will limit the transferability of findings as there may be alternative school sustainability journeys that are very different from the experiences of schools included here.

The sample size in this study also required adaptations to the ideal-type methodology outlined by Stapley et al. (2022). Due to the smaller sample, I did not pick one case (school) in each type as an illustrative example of the school journey, but instead presented all cases in each type. I also developed a typology that included *Type 4 – everything's changed*, with only one school. Stapley et al. (2022) note that if a type

has only one case, this should encourage the researcher to reflect carefully on the groupings. As outlined in the data analysis section of this chapter (7.2.4), I reflected and drew on the opinions of additional researchers to discuss Type 4 in this analysis, deciding that it did warrant its own description as a separate school journey.

Ideal-type analysis with a much larger sample (e.g. of 30+ cases) can create opportunities for the researcher to test a developing typology against subsets of the data, facilitating and refining its development (Stapley et al., 2022). A larger sample also maximises the potential for heterogeneity in a dataset (Stapley et al., 2022). However, there was heterogeneity in the experiences of schools in this sample and these preliminary types could be the starting point for further research with additional cases in the future. I have provided a detailed description of my method and the rich data included in these case reconstructions is helpful in this first exploration of sustainability journeys.

7.5 Conclusions

This study provides longitudinal qualitative insight into the process of sustaining mental health interventions in school settings. In a sample of just eight schools, this analysis has demonstrated numerous different and distinct sustainability journeys regarding the EfW interventions. Whereas earlier chapters identified broad factors involved in sustainability, this chapter provides a deeper understanding of *how* these factors work together to influence the sustainability process. For example, the narrative approach to analysis in this study allowed for greater insight into the finding from Chapters 4 and 5 that having a designated programme lead or champion is a facilitator to sustainment. In Type 1 we saw *how* the programme lead was able to drive the intervention forward, through training staff, monitoring activities, creating additional resources and providing evidence of pupil benefit to convince the wider staff team. This detail regarding the role of a programme champion could prove useful to those designing and introducing interventions in schools.

Similarly, previous research has highlighted the importance of school leadership (e.g. Chapters 4 and 5), but it was unclear how this leadership component interacted with others to facilitate sustainment. Through the experience of the school in Type 4 it was possible to see the stark contrast in activities under a leader who prioritised mental health and wellbeing and one who was focussed on academic results. In this instance, despite having an individual who was passionate and committed to delivering the intervention, the lack of leadership support meant the intervention was not sustained. This example has implications for education policymakers – if the mental health and wellbeing of pupils is not prioritised consistently at a higher level, then there may be substantial variation between schools as a result of different leadership teams.

In Chapter 6, staff delivering The Guide were found to have increased odds of sustaining delivery over those teaching SSW, suggesting that different characteristics of these interventions may play a role in sustainment. The perspectives of school staff provide insight on this, with staff in one SSW school noting that the intervention was quite similar to their previous PSHE provision, including lesson plans provided by their local authority. It may be that when a new programme is closely aligned with a school's usual provision there is less impetus to train staff and make the change to using new resources. Participants from this SSW school in Type 2 also commented on the difficulties of staff moving to teach different year groups – this may have affected primary schools delivering SSW more than secondary schools delivering The Guide, where secondary staff often teach the same year groups each academic year.

As well as providing some practical suggestions for intervention development and rollout, this exploratory study highlights the complexity of both school settings and the sustainability process. In these school journeys we see how different components of sustainability interweave and interact over time. These findings suggest that the environment and conditions into which an intervention is placed may be as important as the intervention itself and provoke important questions regarding future research and intervention development. It may be most productive for those looking to introduce new mental health interventions to start with understanding the needs,

capacity and priorities of specific schools. The following chapter explores these findings with key stakeholders and asks how we can move forward and improve sustained support for pupil mental health and wellbeing in schools.

Chapter 8 Moving towards solutions

8.1 Introduction

In line with literature from other countries, the empirical studies in this thesis demonstrate the myriad challenges to embedding and sustaining interventions in schools (Askill-Williams & Koh, 2020; Herlitz et al., 2020). Chapters 4 and 5 identified a number of factors that affect sustainability in the context of school-based mental health and wellbeing programmes, and Chapter 7 highlighted issues of complexity in the way these factors play out in different school settings. While there have been some success stories, numerous barriers to sustaining these interventions have been identified at multiple levels. However, rather than just identifying the many challenges, this thesis also aimed to explore potential solutions: what can be done to support sustainment of these programmes in schools?

This chapter attempts to answer this question by bringing together advice and recommendations from school staff and other key stakeholders, such as policy makers and intervention developers. The first section of this study explores school staff perspectives on how to improve sustainment of these types of mental health and wellbeing interventions. The second section looks to the wider system around schools and draws on the insight of various different stakeholders who attended a roundtable discussion to gather reflections and suggestions for next steps. In this chapter I synthesise advice and suggestions from others. A full discussion of the implications of this PhD research and future directions can be found in Chapter 9.

8.2 Perspectives of school staff – potential solutions

In all of the interviews conducted with school staff at the follow-up sustainability timepoints, participants were asked to reflect on their experiences with the EfW interventions and share their advice for others. This section explores these perspectives from school staff on improving the sustainment of interventions such as those included in the EfW trials.

8.2.1 Methods

8.2.1.1 Participants

This chapter draws on all of the staff interview data that was collected across the multiple timepoints of the EfW programme (Figure 8.1 is a repeat of Figure 7.1 for a reminder of the qualitative data collection timepoints). In total, this constituted 31 interviews with staff from 19 schools. School characteristics, staff roles and timepoints are detailed in Table 8.1.

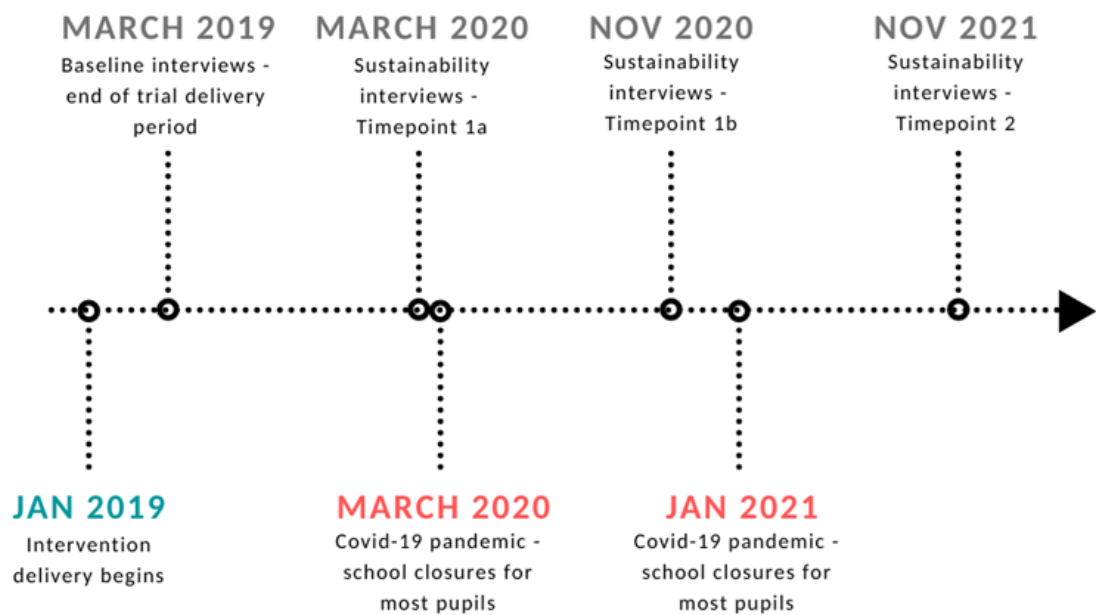


Figure 8.1 Qualitative data collection timepoints for Wave 1 of EfW

Table 8.1 School characteristics and participant roles at each timepoint

School ID	Intervention	School Type	Single/Mixed	Urban/Rural	Staff Roles	Sustainability Timepoint		
						1a (March 2020)	1b (Nov 2020)	2 (Nov 2021)
G1	The Guide	Secondary	Mixed	Major city	Senior – PSHE or Pastoral		✓	✓
G2	The Guide	Secondary	Mixed	City/town	Teacher	✓		
					SLT	✓		
					Senior – PSHE or Pastoral			✓
G3	The Guide	Secondary	Mixed	Major city	Senior – Other		✓	
G4	The Guide	Secondary	Single sex - boys	Major city	SLT	✓		
					Teacher	✓		
M1	Mindfulness	Primary	Mixed	Major city	Senior – PSHE or Pastoral	✓		✓
					Teacher	✓		
					SLT			✓
M2	Mindfulness	Primary	Mixed	City/town	Senior – PSHE or Pastoral		✓	✓
M3	Mindfulness	Primary	Mixed	Major city	Senior – PSHE or Pastoral		✓	✓
					Pastoral		✓	✓
M4	Mindfulness	Primary	Mixed	City/town	Pastoral		✓	
R1	Relaxation	Middle	Mixed	City/town	Senior – PSHE or Pastoral		✓	✓
R2	Relaxation	Primary	Mixed	City/town	SLT	✓		
					Teacher	✓		
R3	Relaxation	Primary	Mixed	City/town	SLT		✓	
R4	Relaxation	Primary	Mixed	City/town	Pastoral		✓	
S1	SSW	Primary	Mixed	City/town	SLT	✓		✓
					Teacher	✓		
S2	SSW	Primary	Mixed	Major city	Pastoral		✓	✓
S3	SSW	Primary	Mixed	Major city	Teacher	✓		
					Teacher	✓		
S4	SSW	Primary	Mixed	City/town	Teacher	✓		
					Teacher	✓		
S5	SSW	Secondary	Mixed	City/town	SLT	✓		
					Senior – Other	✓		
					Teacher	✓		
					Teacher	✓		
					Pastoral	✓		

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Demographic data were self-reported by staff along with their job role (see Table 8.2). Five members of staff did not report their age. Of those who did, ages ranged from 26.08 to 60.92 years ($M = 44.88$, $SD = 9.52$).

Table 8.2 School staff demographics

Demographic Categories	Frequency	Percentage of sample
Gender		
Female	25	81%
Male	5	16%
<i>MISSING</i>	1	3%
Ethnicity		
White British	25	81%
Asian or Mixed White and Asian	3	10%
Prefer not to disclose	2	6%
<i>MISSING</i>	1	3%
Job Role		
Senior Leadership Team (SLT)	8	26%
Senior – PSHE or Pastoral Lead	6	20%
Senior – Other	2	6%
Classroom Teacher	10	32%
Pastoral (Non-Teaching)	5	16%

The data collection process is described in detail in Chapters 5 and 7 (see 5.2.3 and 7.2.3). Interviews were audio-recorded and transcribed verbatim. Most members of staff were interviewed separately, but in five schools timetabling difficulties and room requirements meant that two or three members of staff were interviewed at the same time. Interviews with staff lasted around 30 minutes ($M = 31.29$, $SD = 7.87$).

Solutions to sustainability were explored by two questions in the interview schedule. One question asked staff what advice they would give to another school looking to achieve long-term delivery of the SSW programme (i.e. beyond just one academic year). Following this, participants were encouraged to reflect on the EfW interventions and answer a final question: *what does the sustainability of the programme mean to you?* This chapter focuses on responses to these questions.

8.2.1.2 Data analysis of staff interviews

As with Chapter 5, the data from the interviews with school staff were analysed using reflexive thematic analysis, where analysis is understood as always subjective and occurring at the intersection of the researcher and the data (Braun and Clarke, 2022). In this section I provide a detailed account of the analysis process with an emphasis on my subjectivity. Through the analysis I sought to identify patterns across the data, using a 'bottom-up', inductive approach and working within a critical realist framework (Chapter 2). Analysis was conducted through Braun and Clarke's (2019, 2022) six steps:

Phase 1 – Data familiarisation

As discussed previously, I conducted the majority of the interviews with school staff myself and then checked all of the transcripts against the audio files. I had also been familiarising myself with the dataset when working on the analysis in Chapters 5 and 7, and I made notes regarding potential codes in relation to this question.

Phase 2 – Systematic data coding

I first highlighted the sections of each interview where staff members responded to the final two questions in the interview schedule on advice they would give to others and what they thought sustainability could mean. I then conducted line-by-line coding using NVivo. The majority of this coding was semantic, sticking closely to explicitly-expressed meaning and using participants' words (Braun and Clarke, 2022). Once initial coding was complete, I was careful to re-read areas of relatively sparse coding to make sure I had not missed or neglected any data. After a break away from the dataset for over a week, I then condensed similar codes into single codes in preparation for the next phase of analysis.

Phase 3 – Generating initial themes

In this phase I looked for larger patterns across the dataset and started to group codes into themes. I collated related codes and developed them into potential

themes and subthemes, using draft diagrams and thematic maps to develop my thinking. Once again, I tried to use the language of participants when generating theme names. I was aware throughout the process that the language used in previous research was very present in my mind, so I found it helpful to use participants' words to check that the themes reflected this specific dataset and these participants' meanings.

Phase 4 – Developing and reviewing themes

Developing the themes was an iterative process and involved the creation of a number of different thematic maps, whilst also returning to the codes and raw data. Some of these draft thematic maps were shared with supervisors JD and ES for their reflections and these conversations helped shape my presentation of the themes. For example, one map presented themes sequentially, linked to different stages of a sustainability process, but through discussion I realised that participants had not explicitly talked about sustainability as a process occurring in stages (see Appendix H for this example). I realised that I had moved too far away from this dataset in my interpretation and decided to present my themes in a table instead.

Phase 5 – Revising and defining themes

The process of generating thematic maps led to the identification of some areas of overlap and the need to refine certain themes. I developed the theme names once there were clear differences between ideas, using participants' quotes where appropriate in order to keep close links between the themes and the data itself.

Phase 6 – Writing the report

Writing the results section for this chapter led to further refinement of the themes and in one instance I also collapsed two subthemes regarding flexibility and adaption together after realising I had made a somewhat arbitrary distinction. All themes and subthemes are discussed in detail below.

8.2.2 Recommendations

The final analysis included four themes: A) *“It needs to have everybody on board”*, B) *“Realistic expectations”*, C) *Flexibility and adaptation*, and D) *“We don’t want something we can’t run with ourselves”*.

These are discussed along with their subthemes in detail below and summarised in Table 8.3.

A. **“It needs to have everybody on board”**

This theme describes the way in which many participants emphasised the importance of involving and engaging the whole school community. Staff discussed the need for involvement across every level of the school, including senior staff, intervention champions, classroom teachers involved in delivery and even the pupils themselves. This engagement across the whole community is discussed in the following five subthemes: *“It has to be cultural change”*, *“You need support from the top”*, *“You’ve got to have someone driving it”*, *“They have to see the worth”* and *“Make it student led”*.

“It has to be cultural change”

Participants considered a wider, cultural shift to be a key factor in delivering an intervention successfully over time. Staff talked about the need for a shared language and practice across all adults in the school (including teaching assistants and support staff), with everybody on the same page. This is also important to make sure staff feel supported and that there is consistency across the school.

“I guess sustainability, when you’re really embedding something, it isn’t just in that lesson, it’s part of the culture... I guess that’s always the ultimate aim.”

M1, SLT

Participants also discussed ensuring that enough people across all levels are supportive of the intervention so that any challenges from other staff can be countered.

“If you have people within the school community going, ‘Oh that’s a load of a rubbish’ ‘That’s not going to work’, you’ve got people who can push-back on that.” M3, Senior – PSHE or Pastoral

Suggestions for making this cultural change included trying to create cross-curricular expectations and involving all staff in training from the outset.

“I think what would help it stick better is if – which I know is challenging – all the staff were involved in the training, whether they were delivering it or not... As soon as it’s not a whole school thing, as soon as people move around, that gets diluted...I think if all staff were involved, then it would make it more resilient to change within the school.” S1, SLT

Some staff discussed delivering internal training and sharing the resources or lesson plans with staff, for example as part of Inset days or moments when the whole staff group comes together. This was described as a good way to build capacity and protect against staff turnover. Staff could also meet to share best practice and demonstrate intervention activities. However, participants noted that internal training must be meaningful and not simply a tick-box exercise.

“The training needs to be there... actually get the message out there, get everybody on board... and make sure staff feel confident to be able to do it. Don't assume, check in with them. Listen to your staff as well as your children. Because if your staff feel a little bit uneasy about then you're not going to get a good delivery of it and the children will understand that.” M2, Senior – PSHE or Pastoral

“You need support from the top”

Participants discussed the need for senior leadership level prioritisation. Senior leaders have control over the school timetable and what goes into important documents (e.g. the School Improvement Plan) and policies, and consequently are key to sustained delivery.

“For sustainability you need something from the top as well, you need support from the top, to make it a priority.” M1, Senior – PSHE or Pastoral

Participants suggested it was also important for staff in more senior positions to attend intervention training and understand the workings of a given programme. Senior staff understanding the process of delivering the intervention and being able to role-model delivery for others can be influential.

“So if it’s not your head, which you hope it would be, then someone on the SLT, someone is fighting your corner, and someone who has actually been on the training... I think having one of the SLT go on the course really would cement it into the whole school kind of ethos.” R1, Senior – PSHE or Pastoral

“You’ve got to have someone driving it”

Participants emphasised the need to have members of staff who are passionate about the intervention to drive it forwards in school. One SLT member suggested trialling a new intervention in a couple of classes first before rolling it out to a wider group and noted the importance of working with staff who are engaged.

“You’ve got to pick the right staff as well to start it off. I knew the two teachers I picked... would be really up for it. So they were really chuffed to be asked. They liked the training; they were really glad to do it with their classes. They value it themselves.” R3, SLT

Participants also explained that the enthusiasm and passion of individual members of staff will help to embed a new intervention in a school and generate buy-in from other staff.

“Passion breeds, doesn’t it? So, once you’ve got somebody who thinks it’s beneficial and worthwhile and can promote it, it spreads.” **R1, Senior – PSHE or Pastoral**

Staff highlighted the need to target certain roles within a school, such as the PSHE lead or SENCo, or thinking about which members of staff might have the best relationship with their pupils to deliver an intervention like this. Others suggested having a team of these ‘drivers’ with at least one person per year group championing the intervention. These members of staff can support delivery by monitoring use of the intervention throughout the school and may also be given formal responsibility.

“It’s part of my performance management... to deliver it to the whole school and cascade it.” **S5, Senior - Other**

“They have to see the worth”

When discussing the challenges of engaging all staff and creating this cultural change, participants emphasised the importance of providing staff with a good understanding of the reasons behind the new intervention being introduced and, if possible, evidence of a positive impact on pupils.

“You need to have some understanding of why you’re doing it. I’m just thinking if I were to empathise with the teachers, when they’ve got to do a hundred and one million things to meet their performance management, but actually, why?” **M2, Senior – PSHE or Pastoral**

Participants also discussed explaining the positive impact on staff as way to encourage buy-in. This could be both a side effect of the benefits for pupils, whereby

classes are easier and calmer to teach, and also potentially a direct effect of taking part in the interventions themselves.

“They have to see that actually this could have an impact on our, on our kids. Looking after their wellbeing and getting them to see how they can manage that, it’s only in the long-term going to impact us.” S5, Senior – Other

“Not just for the children but for the staff as well, making that link and saying it’s not just about the kids. It’s about us as a staff because of the huge immense pressure that we face. If we take those minutes in the day for ourselves alongside our children, we’re modelling how to self-regulate, we’re modelling how to get back into the right frame of mind.” M3, Pastoral

Staff in this study also talked about longer-term benefits for pupils and the opportunity to teach pupils something that they will use outside of school or take with them into the future.

“Ensuring that our teachers understand that what we’re doing is giving these children tools for life, in the same way that they do for Maths and English and Science. They don’t see that. Not all of them. A proportion of them do but they don’t all see that.” M3, Senior – PSHE or Pastoral

“Make it student led”

Linked to the idea of engaging staff in delivering the interventions was involving pupils and making sure that their voices are part of the conversation. Participants used the example of pupils leading mindfulness or relaxation activities themselves as a facilitator to sustained delivery, along with collecting pupil feedback to ensure relevance.

“Think about what it is you actually want to achieve by doing it. What is the point of actually doing it? Make it sort of student led or take student voice,

student feedback. What did they want to know and what do they actually want to do, what do they actually want to learn about?" G4, Class Teacher

B. "Realistic expectations"

Participants described the need for school staff to be realistic about both the intervention roll out and impact. Some discussed the importance of committing to delivering an intervention consistently for a prolonged period of time in order to see the benefit for pupils.

"Just stick with it. You know, nothing is going to happen overnight and sometimes, it can take a whole year to just set new routines and new habits."

R1, Senior – PSHE or Pastoral

"For some significant areas to be embedded, truly embedded, I would say at least three years, at least... I would say at least three and I would say realistically for a headteacher to look at and be really truly honest, a five-year timescale to be able to see the difference... It's not a year, it is not an academic year, thank you very much, absolutely not a chance."

M3, Senior – PSHE or Pastoral

Others noted that it will not be possible to see benefits in every single child, and that staff should not expect every single pupil to engage immediately.

"You need to understand that it isn't going to hit every child and it's not going to be a quick fix answer."

M2, Senior – PSHE or Pastoral

C. "Maybe tweak them slightly"

Many participants included the need for flexibility and adaptation in their advice for other schools. A number of school staff had already made adaptations to the EfW interventions and suggested that this was necessary to ensure that the activities

remained relevant and engaging for pupils. Participants described building and adapting the interventions over time, after the initial novelty has worn off.

“I think being clear about what it is that you want to achieve, but also being flexible and adaptable - is this working? Is this actually benefitting the kids? And don't try to force through something or ram home something if it's not having the impact, because I think you run the risk then of switching them off from it... we're developing it and how we use it year on year.” **G4, Class Teacher**

“Don't be scared or worried about adapting the activities, adapt them slightly... find out what best suits.” **R2, Class Teacher**

Others touched on realistic expectations again in their advice for adaptation, suggesting that it was better to commit to doing relaxation activities for just two or three minutes (instead of the recommended five) or setting a minimum of delivering twice a week (instead of daily).

“We had discussions with the team. We agreed, as a team, that between a minute and a half... to three or four minutes was what they felt was achievable”. **M3, Senior – PSHE or Pastoral**

D. “We don't want something we can't run with ourselves”

This theme describes the desire from school staff to have interventions that are accessible and easy to deliver over time. When asked about sustainability, participants highlighted the need for an intervention that was easy to roll out. Staff gave examples from the EfW interventions that had been trialled, stating that a five-minute programme like EfW mindfulness or relaxation can be easily shared with others. While The Guide was described as requiring a certain amount of effort to deliver in the first instance, one member of staff commented that delivery is straightforward after this.

“What has been good about this is that it took a lot to get it kind of set up and running the first time around, even with all the help and resources you gave us, it still took a bit of effort to get that going. But actually running it year on year after that, it’s fairly straightforward... As a school, we’re more willing to keep it going because actually it’s a good delivery. But it’s not a huge amount of effort.” **G3, Senior – Other**

Staff involved in the delivery of SSW also noted the importance of a programme that is clearly structured and packaged for staff and can be easily placed into a school timetable.

Participants who had been involved in all of the interventions emphasised that new programmes need to use minimal resources in order for them to be sustained. Staff discussed the need for interventions that were not too onerous regarding the time or capacity of already over-stretched staff.

“And it costs nothing really and that’s the other thing when everything’s so tight. It costs nothing in terms of time for the teachers, but also financially as well, so it makes it a sustainable practice.” **M4, Pastoral**

“I think if something’s going to be sustainable, it needs to be time manageable – in schools, I think especially. So it needs to be something that is quick. It needs to be something that is resource free, because I think the teachers have enough organisation of resources generally.” **M1, Senior – PSHE or Pastoral**

Table 8.3 Staff themes and recommendations

Themes	Subthemes	School staff Recommendations
A. "It needs to have everybody on board"	"It has to be cultural change"	<ul style="list-style-type: none"> - The intervention needs to become part of wider school ethos - The aim should be a cultural change through engaging staff at all levels - Schools should aim for a shared language and practice that is consistent across staff
	"You need support from the top"	<ul style="list-style-type: none"> - Senior leaders need to support and prioritise the intervention - Senior staff should attend intervention training
	"You've got to have someone driving it"	<ul style="list-style-type: none"> - Delivery should start with passionate staff members who value the intervention - Key members of staff need to be involved (e.g. PSHE lead) with formal arrangements regarding responsibility - There should ideally be a team of intervention champions across different year groups
	"They have to see the worth"	<ul style="list-style-type: none"> - Staff need a good understanding of why they are delivering a new intervention - Staff need to see evidence of a positive impact and to understand long-term goals
	"Make it student led"	<ul style="list-style-type: none"> - Involve pupils in delivering and shaping the intervention will help with sustainability

Themes	Subthemes	School staff Recommendations
B. "Realistic expectations"	-	<ul style="list-style-type: none"> - Staff should be realistic about the speed of embedding interventions - Staff should acknowledge that interventions will not help every single pupil
C. "Maybe tweak them slightly"	-	<ul style="list-style-type: none"> - Staff should understand that interventions will require some flexibility and adaptation over time
D. "We don't want something we can't run with ourselves"	-	<ul style="list-style-type: none"> - Interventions must be easy to deliver and accessible for staff and pupils - Interventions should require minimal resources for sustained delivery

8.2.3 Discussion of school staff suggestions

When asked to reflect on their experiences, staff provided a number of recommendations for others to improve sustainment of these types of interventions in schools. Recommendations were predominantly for leadership teams or those introducing a new initiative into a school. Staff commented that the involvement of key individuals in the school ecosystem (e.g. PSHE lead) was a key factor in successful sustainment. These individuals are necessary to drive change and take responsibility for aspects of a new programme. While this has also been noted in the wider literature, some have cautioned against relying on just one or two local champions. When interviewing school leaders about ways to improve sustainment, Askill-Williams (2017) found that participants made numerous references to problems with sustainment when local champions moved on to other schools or different roles. Indeed, individuals who were likely to become intervention champions were seen as being “the very innovative and enthusiastic types of teachers who were most attractive to being sought out by other schools and departments, and therefore likely to move onwards and upwards” (Askill-Williams, 2017, p. 148). This also links to the Type 2 schools in Chapter 7, where one teacher was trained and responsible for intervention delivery, but there were no plans in place should that member of staff leave the school. Askill-Williams (2017) suggests that sustainability plans and actions need to actively pursue the substantial involvement of a broad cross section of the school community. This was also emphasised by school staff in this study, with many participants remarking upon the importance of ‘having everybody on board’.

In line with this, school staff discussed the need for cultural change and suggested that an aim should be to develop a shared language and practice that is consistent throughout the school. This has also been highlighted by other researchers, who note that during a continuation or sustainability phase there “needs to be a critical mass” of leaders and teachers who are skilled in and committed to change (Ertesvåg et al., 2010, p. 327). A practical recommendation from staff in this study to achieve this was to include all staff in training where possible and also to ensure that members of SLT are trained in any new intervention. Involving school leaders in training and providing

regular opportunities for training and dissemination have been highlighted by others as facilitators to sustainment (Adametz et al., 2017; Pinkelman et al., 2015).

Staff in this study also noted the importance of taking time to explain the reasons behind the school's adoption of a new intervention to the whole staff team. This included helping staff to understand the workings of a specific intervention, as well as an explanation of the potential benefits to both staff and pupils. This has also been noted in research on implementation more generally. Hall and Hord (2001) highlighted the importance of all deliverers being provided with information about what a new innovation does, how to use it and how it will affect them personally. For Hall and Hord (2001), success in the early use of a new initiative was more likely if implementers had continuing access to this information. Participants here also said that there needed to be evidence of a positive impact in order to achieve engagement from staff. This ties into recent research from Williamson et al. (2022) where participating teachers and school staff described being "bombarded with offers for their school to receive mental health programmes" (p. 8). The authors note the need for interventions to be seen as credible and evidence-based in order to build school trust (Williamson et al., 2022).

The characteristics of a new intervention were also discussed by school staff, including the need for interventions that are easy to deliver, accessible, and require minimal resources to sustain over time. This was also identified in a number of studies in my systematic literature review (Chapter 4), where authors highlighted the need for interventions to fit into current school structures, use minimal resources and contain components that are flexible and adaptable (Adametz et al., 2017; Friend et al., 2014; Han & Weiss, 2005; LoCurto et al., 2020).

8.3 Roundtable with key stakeholders

While school staff provided a number of recommendations for school leaders, findings from all of the empirical chapters in this thesis have also highlighted the influences of the wider system around schools on successful sustainment. Schools do

not exist in isolation, but are themselves nested in a larger, interconnected system of education, influenced by government and local authorities (Domitrovich et al., 2008; G. F. Moore et al., 2019). This was demonstrated in both Chapters 4 and 5, where prioritisation at a wider system level was identified as an important factor affecting successful sustainment. In an example from the US, Loman et al. (2010) found that most of the schools that sustained implementation of a targeted behaviour intervention were those who adopted the programme as part of a districtwide initiative, while those who did not sustain had attempted to adopt the programme on their own. In the UK context, school staff in Chapter 5 linked an increased focus on mental health and wellbeing in their schools to directives from the DfE and Ofsted. Recent changes to the Ofsted framework were cited by some members of staff as contributing to the sustained delivery of the EfW interventions, with schools now required to evidence their work around pupil mental health and wellbeing (Ofsted, 2022). Some participants in Chapter 5 also noted, however, that they felt more could be done by higher level bodies to include topics around mental health and wellbeing in the national curriculum.

Given the potential for these wider-system factors to influence the sustainability process, the next section of this chapter draws on the insights of influential stakeholders in the field of school-based mental health. In order to do this, I organised a roundtable discussion that brought together individuals in a range of professions to gather reflections and suggestions for next steps.

8.3.1 Methods

A roundtable workshop exploring potential solutions to the issues around sustainability in a school intervention context was held online on 6th July 2022. Roundtable members were invited to participate based on their expertise in this area. Participants included: school staff; representatives from the Department for Education; an individual with extensive policy experience in NHS England; academic researchers in the field of mental health, schools, evidence-based practice and sustainability; educational psychologists; and intervention developers. Fifteen people came to the online meeting. One participant was unable to attend so I organised a

conversation at a later date and incorporated their suggestions into the group findings.

The roundtable meeting began with a short presentation on the key findings from my PhD studies. I also created a pictorial conversation starter of a potential cycle for school-based mental health and wellbeing programmes (see Appendix H).

Through a mixture of whole group discussions and smaller break-out rooms, participants were asked to respond to the following questions:

- How could we break the cycle whereby interventions are not sustained?
- Are there key aspects of sustainability missing from this research?
- If you had a magic wand, what would you change right now?
- What are potential solutions to the current situation?

Discussions were not recorded and transcribed, but qualitative notes were taken by myself and my supervisor (JD) and collated after the meeting. I then organised these notes into themes and recommendations which are discussed in detail below and summarised in Table 8.3. JD and I met multiple times to discuss these notes and themes to try to ensure that there was comprehensive coverage of the meeting recommendations.

8.3.2 Recommendations

Each theme is described and key recommendations for different stakeholders are provided (see also Table 8.4). Recommendations are grouped into suggestions for school leaders, researchers, intervention developers/teacher trainers, and those working in the wider system around schools (e.g. policymakers, Ofsted, wider mental health systems).

A. Accountability

Participants discussed the importance of embedding mental health and wellbeing into the school curriculum and inspection framework. Although there have been some developments regarding this in recent years, participants felt that more emphasis is required in the Ofsted framework. It was noted by school staff that, although there have been additions to the framework around mental health support and the PSHE curriculum, requirements for other data and evidence have remained similar and consequently there is little time for staff to focus on pupil wellbeing. All participants recognised the need for protected time and space for staff to work on this and commented that the only way this will work is if the directive comes from the top down.

While the focus in schools remains on attainment and exam results, a suggestion was made to provide evidence for the link between attainment and positive pupil mental health. Evidence of this link, along with data on behavioural outcomes and positive mental health may help decision makers invest in the wellbeing of pupils.

Participants also discussed the need for a shared understanding around mental health that involves all adults in school settings, and the example of safeguarding was given – everyone working in a school is clear on their role and all take responsibility for keeping children and young people safe in education. Sharing the work and responsibility across the school workforce would also protect against the perpetual issue of staff turnover; relying solely on one mental health lead or champion to promote mental health and wellbeing is not a sustainable model.

Recommendations regarding accountability

School leaders:

- must not take shortcuts when it comes to embedding new programmes or practices and need to invest in training and capacity building (i.e. not a cursory 'cascading' of learning).
- should work to increase accountability and responsibility among staff and create a culture and ethos that centres pupil mental health and wellbeing.

Researchers:

- should investigate attainment and behaviour as well as mental health outcomes in research trials of mental health and wellbeing initiatives.
- could support Ofsted to develop ways to evaluate and measure school systems with regard to pupil wellbeing.

Intervention developers/teacher trainers:

- should design high-quality training models in collaboration with schools that do not rely on one person attending training and then cascading back to other staff.
- should move away from theoretical/knowledge-based training and towards practical guidance for school staff.

Those working at the wider system level:

- should allow protected time and space for school staff to learn/develop processes/share knowledge.
- should include supporting pupil mental health and wellbeing in initial teacher training.
- should ensure civil servants are trained in the history of education policy and transformation so they can learn to build iteratively and thoughtfully.
- should advocate for updated Ofsted requirements reflecting prioritisation of pupil mental health and wellbeing and ensuring that delivery does not rely on short term curricula.
- should reflect on the current focus in English schools on attainment and national exams – how can schools be expected to prioritise CYP mental health within this system?

B. Engaging schools with evidence

Participants, particularly those who have spent considerable time working with schools in the context of research, noted that schools are not always interested in ‘evidence’ of effectiveness and often make extensive adaptations or incorporate only certain aspects of new programmes into their practice. However, some practices do stick – as a community looking to improve sustainability of mental health and wellbeing programmes, participants suggested casting the net wider to explore why other interventions have had more long-term success in schools.

In order to incorporate more evidence-based practice into schools, suggestions were made to improve teachers’ and school leaders’ understanding of implementation science and also to manage expectations around the impact of new interventions. Participants discussed the need to help teachers reach a point where they are comfortable with data and metrics about what works and what doesn’t work when it comes to these types of programmes. It is also important for school leaders to be realistic about the difficulties of measuring impact and the time it may take to see change.

There was also discussion around the fact that evidence-based practice often feels like it is done *to* teachers, rather than being *led* by teachers, which is very different from clinical professions. This led to the suggestion that, in the long-term, educators need to move to being in charge of the evidence-based practice agenda. Similarly, some researchers noted the importance of knowledge exchange⁴ approaches for building greater capacity for research in schools.

⁴ Knowledge exchange is a dynamic process in which researchers and ‘knowledge users’ collaboratively disseminate and apply research findings. In this, knowledge users are “those who are likely to use research results to make informed decisions about health policies, programmes and/or practices” (Canadian Institutes of Health Research, 2012, p.1). Examples of knowledge exchange strategies in schools include the health-promoting schools approach in the US (Brown et al., 2018), and Supporting Wellbeing, Emotional Resilience and Learning (SWERL) in the UK (Roberts et al., 2018).

Recommendations for engaging schools with evidence

School leaders:

- should try to engage with the evidence for best practice and resist switching between different interventions.

Researchers:

- should prioritise knowledge exchange⁴, which centres schools' experiences and focuses on building long-term relationships and greater capacity for research in schools.
- should help schools evaluate their activities effectively, not only in terms of building an initial evidence base, but also in terms of sustaining delivery over time.
- should be creative about capturing more nuanced evidence from school settings.
- should involve children and families in development and evaluation.

Intervention developers/teacher trainers:

- should focus on working within systems that schools already have, creating connections with what teachers already do in their regular work.

Those working at the wider system level:

- should support schools with selecting appropriate programmes and activities from the evidence base.

C. Creating a healthy and sustainable ecosystem for interventions

Participants raised the need for improved staff wellbeing as a key factor in the success and sustainability of these programmes. Overworked, over-burdened and highly stressed staff will be unable to deliver programmes effectively and will have very little capacity for creativity or innovation. There were also multiple conversations about the higher-level systems around a school, such as local CYPMHS and the new Mental Health Support Teams. Participants talked about the need for all levels of the system to be adequately resourced and working effectively in order to support schools in

their work. At the moment there are serious issues of capacity in higher-level provision, and this creates more pressure and work for schools and their staff. On the topic of capacity, resourcing was raised a number of times and there were calls for a move away from short-term funding in this area.

Participants also commented on the need to move away from prioritising and rewarding novelty for the sake of novelty. They discussed the tension between the desire in the sector for novelty and the fact that schools and other stakeholders often already know what can work and what can be useful for pupils. Rather than continually searching for 'new' ideas and programmes, participants suggested a shift towards rewarding and celebrating good practice that is sustained over time, along with supporting schools to build and improve current practices instead of repeatedly 'throwing the baby out with the bath water'.

Recommendations for creating a healthy and sustainable ecosystem for interventions

School leaders:

- could harness the support of the wider community around their school, including families and local resources.

Those working at the wider system level:

- need to change the dialogue on school improvement so that the focus is not always on doing something new.
- need to reduce burden on staff and address issues of teacher burnout.
- must commit funding (research, intervention development, policy changes) for longer periods of time.
- need to invest substantially in training the teaching body so that staff feel confident to support pupils.
- should ensure all areas of children and young people's mental health services are properly resourced.

D. Moving away from separate, isolated interventions

A recurring theme throughout the roundtable workshop was the need to acknowledge that schools are not just ‘collections of interventions’, rather they are complex, interconnected systems. Participants repeated a number of times that interventions do not stand alone in schools, and mental health does not stand alone in the school setting. Some suggested that rather than focussing on sustaining an individual intervention, perhaps the focus should be on sustaining a whole school approach to mental health. Within this, some suggested the need to accept that interventions will come and go as they will be more or less relevant in different schools at any given time. It was suggested that within each school there may be a patchwork of interventions that will shift and develop over time, but the key is that the school is continually providing appropriate support and education around mental health and wellbeing for its pupils. Others were less phlegmatic about intervention churn, however, given the vast amount of money and time that goes into developing new programmes.

An example of the *Be You* framework in Australia was provided, where an overarching framework funded by the state has been introduced and made accessible to all educators and all schools (Beyond Blue, n.d.). This was funded by the Australian government in response to a 2014 policy review of the multiple initiatives (e.g. KidsMatter, MindMatters) promoting social and emotional health and wellbeing for children and young people across education settings (National Mental Health Commission, 2014). The policy review found that although the existing mental health initiatives were delivered with the best possible intent, there were mixed reports regarding successful implementation and they “had the potential to be so much more if they were integrated into one single, national end-to-end education-based program” (Beyond Blue, n.d.). This *Be You* framework targets both internalising and externalising difficulties from early years through to the end of secondary education and focuses on creating mentally healthy learning communities (Beyond Blue, n.d.; Smith et al., 2021).

Recommendations for moving away from separate, isolated interventions

Researchers:

- need to prioritise research into implementation and sustainability from the beginning – unpacking the ‘black box’ of the intervention, what does it do, how does it work, why does this vary by setting?
- must include more reflection and careful interpretation of effectiveness findings - if it didn’t work, why?
- need to look beyond evaluating single interventions and frame schools as complex systems. This could include posing broader research questions such as ‘is the school system mentally healthy?’
- could investigate the cost of intervention churn – not just looking at the cost effectiveness of an intervention but exploring the cost of this constant cycle of new interventions.

Intervention developers/teacher trainers:

- should consider sustainability and fit with school from the start.
- should explore more system-wide or whole-school approaches.
- need to design approaches with more opportunity for flexibility and adaptation by school staff.

Table 8.4 Roundtable themes and recommendations

Theme	Change required	Recommendations
A. Accountability	<ul style="list-style-type: none"> - Embed mental health and wellbeing into the curriculum and inspection framework for schools - Develop a shared understanding and responsibility amongst all staff working in schools for pupil's mental health and wellbeing 	<p>School leaders:</p> <ul style="list-style-type: none"> - Beware of shortcuts – invest in training and capacity building across the staff team - Work to build a culture and ethos that centres pupil wellbeing <p>Researchers:</p> <ul style="list-style-type: none"> - Include attainment and behaviour outcomes in research trials of mental health and wellbeing initiatives - Support Ofsted to develop measurement of pupil wellbeing or related activities <p>Intervention developers/teacher trainers:</p> <ul style="list-style-type: none"> - Design high-quality training that does not rely on a model of cascading back to school staff - Create more practical guidance for school staff <p>Wider system:</p> <ul style="list-style-type: none"> - Reduce staff burden and workload to create protected time and space - Include pupil wellbeing in initial teacher training - Update Ofsted requirements to reflect prioritisation of pupil mental health and wellbeing - Train civil servants in history of education policy - Reflect on current focus on attainment

Theme	Change required	Recommendations
B. Engaging schools in evidence	<ul style="list-style-type: none"> - Improve understanding of evidence and implementation science in schools - Shift to educators taking the lead with the evidence-based agenda 	<p>School leaders:</p> <ul style="list-style-type: none"> - Resist jumping between different interventions without allowing time for activities to embed <p>Researchers:</p> <ul style="list-style-type: none"> - Prioritise knowledge exchange - Help schools evaluate their activities - Be more creative in capturing nuanced evidence - Involve children and families in development and evaluation <p>Intervention developers/teacher trainers:</p> <ul style="list-style-type: none"> - Work within systems schools already have <p>Wider system:</p> <ul style="list-style-type: none"> - Support schools with selecting programmes from the evidence base
C. Creating a healthy and sustainable ecosystem for interventions	<ul style="list-style-type: none"> - Greater support for staff wellbeing - Improve the capacity of the higher-level system surrounding schools - Engage the wider school community (e.g. parents, carers, families, local groups) - Move away from short-term funding - Move away from rewarding novelty over sustained good practice 	<p>School leaders:</p> <ul style="list-style-type: none"> - Harness the support of wider community around their school <p>Wider system:</p> <ul style="list-style-type: none"> - Change dialogue on school improvement – not always about doing something new - Reduce burden on staff and address burnout - Commit funding for longer periods of time - Invest in training teaching body - Resource children and young people’s mental health services properly

Theme	Change required	Recommendations
D. Moving away from separate, isolated interventions	<ul style="list-style-type: none"> - Recognise the complexity of schools - Prioritise whole-school or system approaches to improving mental health and wellbeing - Take more holistic approach to pupil health 	<p>Researchers:</p> <ul style="list-style-type: none"> - More research into implementation and sustainability - More careful interpretation of effectiveness findings - Look beyond evaluating single interventions and understand schools as complex systems - Investigate the cost of intervention churn <p>Intervention developers/teacher trainers:</p> <ul style="list-style-type: none"> - Consider sustainability and fit with school from the start - Explore more system-wide or whole-school approaches - Design approaches with opportunity for flexibility and adaptation

8.4 Discussion

This chapter aimed to explore solutions to challenges around sustainability by foregrounding the voices of school staff and key stakeholders. Through interviews with school staff and a roundtable discussion, a wide range of suggestions have been identified for school decision makers, mental health researchers, intervention developers, and those working in the wider system around schools (e.g. Ofsted, policymakers).

A number of these recommendations were similar across both groups of participants, including the recommendation that schools should work to build a culture and ethos centred around pupil wellbeing. School staff suggested that schools should aim for consistent and shared practices and recommended including all staff in intervention training where possible. This was also echoed in the roundtable, where participants emphasised the need for building capacity across the staff team and ensuring that staff understand the long-term goals of a new intervention. These suggestions are in line with other literature, where researchers have highlighted the need for school leaders to participate in training and for motivated staff who drive the intervention forwards (Adametz et al., 2017; Pinkelman et al., 2015). Another suggestion from both Pinkelman et al. (2015) and Askill-Williams and Koh (2020) to improve staff engagement is to include staff meaningfully in the selection of new programme, although examples of what this looks like are not provided.

A second cross-cutting theme was schools needing to be realistic about the time it may take to see the impact of a new intervention. This was raised in the interviews with school staff, where participants also noted the importance of realistic expectations about interventions impacting *all* pupils. In the roundtable, participants said school staff needed to be encouraged not to switch too frequently between interventions without allowing time for new processes and activities to embed. It may be that the introduction of interventions into complex systems like schools requires more time to become embedded (G. F. Moore et al., 2019). In their review of the WHO's Health Promoting Schools framework, Langford et al. (2015) note that the

length of time required to implement whole-school system changes is often underestimated, and a recent trial of a school-based obesity prevention programme found that the intended changes to school environments took the full 3.5 years of the study to be realised (Waters et al., 2017). This is an important consideration for those funding intervention rollout and evaluations.

Across both participant groups the need for intervention developers and researchers to consider sustainability from the start was also mentioned. If sustainability is an afterthought, there is a risk that a so-called ‘effective’ intervention may only work in a very specific setting at a specific time, or that a programme cannot be sustained without additional support (e.g. in the form of training for new members of staff). In the context of the EfW interventions, regular access to training may be particularly relevant for an intervention such as The Guide, where staff reported low levels of confidence in raising sensitive topics with pupils and felt they lacked in-depth knowledge of the subject (see Chapter 5).

The two participant groups also discussed the need for evidence to support sustained delivery. This brings into question exactly what ‘evidence’ is when thinking about mental health and wellbeing in schools. Staff talked about the need for demonstrable benefits for pupils and staff, while researchers during the roundtable discussed the need to help teachers feel comfortable with data and metrics about what works and what doesn’t work. Reaching a shared understanding between stakeholders as to what constitutes evidence and how ‘effectiveness’ is defined for these interventions may be a crucial step towards improving sustainment. The findings here renew previous calls for approaches such as knowledge exchange and the co-production of interventions with whole school communities. This includes finding out from parents, staff and especially pupils what they think of existing interventions and involving them in the design of new programmes or initiatives (Fazel & Hoagwood, 2021; Foulkes & Stapley, 2022; Williamson et al., 2022).

In a similar vein, both school staff and the roundtable group highlighted the need for interventions to fit with school settings, with a certain amount of flexibility and

workability for schools to ‘make it their own’. Nearly 20 years ago Han and Weiss (2005) outlined the need for mental health interventions in schools to be acceptable to teachers, feasible to implement on an ongoing basis with minimal resources, and flexible and adaptable. Yet still there is a tendency for intervention development to be led from within academia with minimal input from those with intimate knowledge of school settings (G. F. Moore et al., 2019). This runs the risk of developing interventions that “are never likely to be implementable or effective within these crowded and rapidly changing systems” (G. F. Moore, 2019, p. 30).

The ‘healthy and sustainable ecosystem for mental health interventions in schools’ mentioned above also relies on the effective functioning of the wider health system regarding children and young people’s mental health. This includes Children and Young People’s Mental Health Services (CYPMHS) and the recently introduced Mental Health Support Teams (MHSTs; NHS England, n.d.). Part of the Transforming Children and Young People’s Mental Health Green Paper (Department for Education, 2017), MHSTs are now working in 4700 schools and colleges across England to improve early intervention and access to support (NHS England, n.d.). An initial evaluation of the first ‘Trailblazer’ sites found positive reports of improved partnership working and collaboration between schools and the NHS, as well as positive feedback from children and young people who had been supported (Ellins et al., 2021). Staff in some sites also reported feeling more comfortable talking to pupils about mental health issues and noted a more proactive and positive culture around wellbeing in their setting. However, some educational settings struggled to engage, and school staff reported that pupils were still falling between gaps in services and struggling to access the right support. Additionally, capacity and staff retention in MHSTs were widely reported as challenges, with many issues around workforce stability (Ellins et al., 2021).

Capacity is also an issue in wider CYPMH services, with long waiting times and many young people unable to access timely support (Children’s Commissioner for England, 2021). Although the spending on children and young people’s services has increased in recent years, this remains variable across the country and there is still a disparity

between adult and child mental health funding; on average local commissioning groups spend 14 times more on adult mental health services (Children's Commissioner for England, 2021). While the workforce is slowly growing and there has been investment in additional support in the form of MHSTs, participants in the roundtable discussion called for further commitment and funding from the government. Participants noted that schools cannot be the answer to all of their pupils' mental health problems but are instead part of a wider system of support that needs to be effectively deployed.

8.5 Conclusions

Previous chapters identified many challenges to sustaining mental health and wellbeing interventions in schools and brought attention to the complexity of both school settings and the sustainability process. Drawing on the wealth of experience in the group of staff participants and the roundtable attendees, this chapter provides a range of practical recommendations for policymakers, school leaders, intervention developers, and researchers. There were many commonalities in the recommendations across the two participant groups in this chapter, particularly around changing a school's ethos, being realistic about the scope of interventions and the time it takes to embed new practices, and the need for programmes that fit easily into school settings. Roundtable participants also recommended areas of focus for researchers and those working in the wider system around schools. These recommendations and implications for future research are discussed further in the final chapter.

Chapter 9 General discussion

9.1 What did this thesis set out to do?

The overall aim of this thesis was to contribute to the understanding of sustainability in the context of mental health and wellbeing interventions in schools. With the increased need for mental health support for children and young people, and the increased responsibility for schools to provide this support, there are important policy and ethical implications of developing effective programmes without considering or investing in their sustainment (Scheirer & Dearing, 2011; Shelton et al., 2018). While some factors involved in sustainability had been explored in relation to public health or medical settings, there was very little research on programmes delivered in schools (Askell-Williams, 2017; Herlitz et al., 2020; Koh & Askell-Williams, 2020; Wiltsey Stirman et al., 2012).

This thesis presents a body of work that used a range of different methods to make theoretical and practical contributions relating to sustaining school-based mental health and wellbeing interventions. By exploring the barriers and facilitators to sustainment in the wider literature and in relation to the EfW interventions, Chapters 4 and 5 addressed the first overarching research question: what are the factors involved in the sustainability of school-based mental health and wellbeing programmes? Chapters 3, 6 and 7 explored the second research question regarding how these factors influence the sustained delivery of four mental health and wellbeing programmes in English schools. Finally, Chapter 8 sought to address the third question on potential solutions to challenges around sustainability. The next sections outline the key findings from each of these chapters and summarise the implications, strengths and limitations of this research.

9.2 Summary of key findings and contribution to knowledge

9.2.1 Chapter 3 – staff plans and expectations

The first qualitative study (Chapter 3) explored the plans and expectations of school staff regarding the EfW interventions at the end of the initial trial period. Despite acknowledgement from researchers that the early stages of implementation are important for successful sustainment, there is very little research investigating this point of transition from initial delivery into sustained practice (Askell-Williams, 2017; Ertesvåg et al., 2010; Pluye et al., 2005). When asked about their plans for the EfW interventions after the end of the trial, all staff expressed the desire to continue delivering lessons or activities in some way. Staff reported a range of different plans for the interventions and discussed the processes involved in supporting continued delivery and expansion of the interventions. A number of these processes were already taking place in some schools, including adaptations of the resources, or rolling an intervention out to other year groups. These findings support Pluye et al.'s (2005) assertion that sustained delivery of a programme “begins with the first events” (p. 123) and highlight an important first stage for schools implementing a new mental health and wellbeing intervention. Through interviewing staff in a range of different roles, this study also found examples of diversity and complexity in schools' experiences. This provides further evidence to support the idea of schools as complex adaptive systems that are sometimes hard to predict (Keshavarz et al., 2010). The discourse surrounding intentions highlighted differences between settings, with staff in a range of roles reporting varying degrees of influence.

9.2.2 Chapter 4 – barriers and facilitators in the literature

The systematic literature review in Chapter 4 collated evidence on the barriers and facilitators to sustaining mental health and wellbeing programmes in schools as this had not been covered by existing reviews (Herlitz et al., 2020; Koh & Askell-Williams, 2020). In the UK, recent policy directives have encouraged an increased focus on pupil mental health and wellbeing in schools (Education and Health Committees, 2017). However, research into sustained delivery of school-based health interventions has

identified some specific barriers to sustainment in these settings, with schools prioritising academic outcomes and staff lacking the confidence to deliver lessons or activities outside of their usual expertise (Herlitz et al., 2020).

The review found limited high-quality evidence regarding sustaining mental health and wellbeing interventions in schools and only ten studies were included in the data synthesis. Studies reported on a range of different programmes, both targeted (e.g. pupils with anxiety disorders; Crane et al., 2021) and universal (e.g. the Good Behaviour Game; Dijkman et al., 2017), using a range of quantitative and qualitative methods. The terminology used to describe sustainment was not consistent (e.g. continuation, routinisation, sustainability, maintenance) and no two studies in this review used similar measures of sustainment that could be compared.

Despite the limited evidence, authors of the ten included studies identified many different barriers and facilitators to sustaining mental health and wellbeing interventions in schools (see Table 4.4). The factors involved in sustainability were predominantly at the school level (i.e. in relation school staff and leadership), although some wider system level themes were also identified. Many of the school level themes were consistent with previous reviews on sustainability, such as leadership support, perceived effectiveness, school culture and policies, staff turnover, acceptability of intervention and fit with the school (Herlitz et al., 2020; Koh & Askell-Williams, 2020). However, this review found less emphasis on the importance of training and adaptation than previous research, with more focus in these studies on pupil engagement and school staff enjoying delivery of the interventions. Additionally, this review did not identify intervention evaluation as a key component of sustainability, but this has been highlighted by others (Askell-Williams & Koh, 2020). This demonstrates a potential gap in the school-based literature around good quality implementation and sustainability data in relation to mental health and wellbeing interventions.

At the wider system level, the studies in this review identified shifting priorities and turnover of key personnel as substantial barriers to sustainment. Studies in the US

discussed the importance of district-wide support and the potential for new personnel to move the focus away from a given programme (Nadeem & Ringle, 2016). Turnover of programme champions and delivery staff was also discussed as a considerable barrier, consistent with broader literature on sustaining programmes in schools, where staffing issues have been noted as a major barrier (Arnold et al., 2021; McIntosh et al., 2016; Pinkelman et al., 2015). While other literature reviews have addressed sustaining health or improvement initiatives in schools (Herlitz et al., 2020; Koh & Askell-Williams, 2020), this was the first review to identify barriers and facilitators specific to sustaining school-based mental health and wellbeing interventions.

9.2.3 Chapter 5 – staff perspectives on barriers and facilitators

Chapter 5 built on the findings from the literature review by exploring staff perspectives on the barriers and facilitators to sustaining the EfW mental health and wellbeing programmes. Staff in some schools were interviewed in March 2020, one year after the initial trial delivery period, and others interviewed in November 2020, after school closures as a result of the COVID-19 pandemic. There were many similarities with the wider literature and the review in Chapter 4 regarding components of sustainability, including school culture and ethos, capacity and resources, prioritisation, staff engagement and staff turnover. However, some themes were discussed in more detail by school staff, including adaptation, staff confidence and the reasons behind staff engagement. While studies in Chapter 4 mentioned some adaptations to interventions, such as dropping certain components or changing the activities to engage students more effectively (Friend et al., 2014; Nadeem & Ringle, 2016), many staff in the EfW programme reported adding new resources and activities. Staff also highlighted the need to be flexible and adapt the interventions for different groups of pupils. These adaptations were often discussed in relation to passionate and committed members of staff, and this study provided insight into how variation in staff interests and experiences can affect sustained delivery. For example, some schools benefitted from staff with a wealth of experience and enthusiasm, while others struggled to make the necessary changes to fit the

interventions into their curriculum. Participants in this study also suggested potential reasons behind staff engagement challenges, including a lack of enthusiasm from older members of staff who may have witnessed intervention-churn over the years and are consequently more reluctant to change their practice.

The range of interventions delivered in the EfW programme also allowed for insight into different programme types. For example, staff delivering The Guide highlighted staff confidence as a barrier to sustainment, but this was not mentioned in relation to the shorter activities of the Mindfulness and Relaxation interventions. This is important for intervention developers and those wishing to embed new programmes into school settings, as different types of intervention may require different levels of ongoing support or training for staff.

As some data for this study was collected after the start of the COVID-19 pandemic in 2020, the findings also provide insight into how the school closures and coronavirus measures affected delivery of these interventions. While it had proved to be a barrier to delivery in many schools, others reported an increased focus on pupil mental health as a result of the pandemic that had facilitated intervention sustainment.

While some themes developed in this chapter were related to the characteristics of specific interventions, the majority of the discourse was around the context into which a new intervention is placed. This context included school ethos, leadership priorities, individual staff interests and qualifications, turnover, curriculum demands and wider policy, demonstrating the complex network of factors that can influence sustainment.

9.2.4 Chapter 6 – factors that predict sustained delivery

Chapters 4 and 5 built on previous literature through identifying barriers and facilitators to sustaining school-based mental health and wellbeing programmes. However, it remained unclear whether certain factors may carry more weight or have more influence than others on successful sustainment. Consequently, Chapter 6 explored a number of potential predictors of sustainment, including a range of

contextual factors (e.g. primary vs secondary schools), initial implementation measures (e.g. fidelity, acceptability, adaptation) and sustainability behaviours (e.g. feedback and reflection). There is very limited published literature on predictors of sustainment for mental health and wellbeing interventions in schools. Some studies in the US have identified type of school (primary/secondary), intervention acceptability, perceived benefits for pupils and high fidelity at initial implementation to be significant predictors (Loman et al., 2010; Mathews et al., 2014; McIntosh et al., 2016). However, there had been no research on predictors of sustainment in the context of English schools.

In this EfW sample, very few factors predicted sustained delivery; fidelity and dosage at initial implementation, adaptation, school staff attitudes towards the intervention, and behaviours linked to improved sustainability were not found to be statistically significant. For the Mindfulness and Relaxation interventions, the only significant predictor was being in a primary instead of a secondary school. This provides further evidence that it may be more difficult for secondary schools to integrate and sustain mental health and wellbeing interventions. This could be due to the relative size and complexity of secondary schools, timetabling issues or more focus on academic results. For the curriculum-based interventions, school staff had increased odds of sustaining The Guide over SSW, and schools that took part in the trial during the COVID-19 pandemic had reduced odds of sustained delivery. Differences in sustainment between schools may be because SSW was more similar to usual psychoeducation provision in schools, whereas The Guide provided more detailed resources on different mental illnesses.

Guide and SSW schools that participated in Wave 2 of the trial (2019 – 2021) had significantly reduced odds of continuing to deliver these interventions, in comparison to Wave 1 schools (2018 – 2020). Additionally, very few school staff continued delivering the programmes during the school closures and national lockdown in 2020 as a result of the COVID-19 pandemic. While it is not surprising that schools struggled to deliver the interventions while schools were closed to most pupils, it is notable that staff had not picked the interventions back up the following academic year

(November 2020). This highlights the disruption caused by the pandemic and may be linked to the DfE focus of catching up on 'missed learning' (Department for Education, n.d.-a).

Overall, when the sustainability survey was conducted nine to ten months after the initial trial period, nearly half of the participants reported that they were not using any elements of their allocated intervention. This provides further evidence for the need to research sustainment alongside effectiveness evaluations. If, at the end of the randomised controlled trial, the EfW interventions are found to improve pupils' mental health outcomes, this insight into sustainment is crucial. If the interventions are effective but are no longer delivered by school staff nine months after the trial this will represent a missed opportunity. The finding in this study that initial implementation factors were not significant predictors of sustainment also makes a strong case for looking at context and exploring the different experiences of schools in greater depth.

9.2.5 Chapter 7 – school sustainability journeys

While longitudinal research on sustainability has been recommended by others, no studies have explored how factors may vary and interact with each other in different school contexts at different times (Koh and Askell-Williams, 2020). Chapter 7 contributed a typology-development approach investigating patterns across schools' journeys with the EfW interventions. This chapter drew on interviews with staff and pupils in eight schools and explored how barriers and facilitators to sustaining the EfW interventions played out over three years. This study was the first to include views of a range of different school participants (from senior staff to pupils) to explore sustainability across multiple timepoints.

Four distinct types of 'sustainability journey' were identified: *Type 1 – spreading and embedding*, *Type 2 – built into the curriculum... for now*, *Type 3 – trialled and moved on*, and *Type 4 – everything's changed*. Schools in Type 1 successfully sustained delivery of the EfW Mindfulness interventions, embedding the activities into the daily routine of multiple year groups and building capacity by training new teachers and

sharing resources. The experiences of staff in Type 1 schools demonstrate the interplay between sustainability factors, as the intervention characteristics, commitment from key individuals and supportive leadership teams combined to help these schools overcome common challenges (e.g. staff engagement and turnover).

Schools in Type 2 were also sustaining delivery of their interventions, but the nature of the programmes (SSW and The Guide) meant that this was confined to one member of staff delivering to just one year group. Consequently, there was a sense of precarity around the interventions; nobody else was trained or confident in delivering the lessons and there were no contingency plans. The differences between Type 1 and Type 2 schools suggest the need for different sustainability models for different interventions; a more in-depth programme like The Guide may require repeated offers of external training, while school staff are able to cascade training of an intervention like Mindfulness themselves. This also links to issues around staff confidence identified in Chapter 5.

The school in Type 4 followed a similar journey to Type 2 schools in the first two years after the trial, with leadership prioritisation and commitment from one member of staff leading to sustained delivery. However, in the third year a shift in leadership led to drastic change across the school and a focus on academic results, with no future for the programme. The experiences of this school tie into findings in this thesis and the wider literature about the importance of consistent prioritisation both at the school and the wider system level (Arnold et al., 2021; Dijkman et al., 2017; Friend et al., 2014; Herlitz et al., 2020; Nadeem & Ringle, 2016).

Schools in Type 3 delivered the intervention successfully during the research trial but did not commit to sustaining programme activities. The experiences of these schools provide another example of the interaction between multiple sustainability components, as staff reported numerous different barriers (e.g. lack of engagement from staff, resources requiring adaptation) instead of one overriding challenge. These barriers were similar to those outlined by staff in Type 1 schools, but there was not the same drive to overcome these challenges through adaptation. In some cases this

appeared to be due to a lack of leadership support, while for one school it was linked to a lack of perceived need.

The diverse experiences of schools in this study support the idea of schools as complex adaptive systems (Keshavarz et al., 2010; Koh & Askill-Williams, 2020). The schools' experiences of different barriers and facilitators over time also provide evidence for understanding sustainability as a dynamic process (Lennox et al., 2018). The different journeys of schools in this study suggest that what works in one school does not necessarily work in another. It may be most useful for those looking to introduce new mental health interventions to start with context, understanding the needs, capacity and priorities of specific schools. The identification of different 'types' of schools could form a starting point for this and inform intervention development and policy around mental health and wellbeing interventions in schools.

9.2.6 Chapter 8 – moving towards solutions

Having identified numerous barriers to sustaining mental health and wellbeing interventions in schools both in the wider literature and the EfW programme, the final chapter explored potential solutions from the perspective of a range of stakeholders. This resulted in a number of suggestions for school decision makers, mental health researchers, intervention developers, and those working in the wider system around schools (e.g. Ofsted, policymakers). These recommendations span a broad range of stakeholders and timeframes, ranging from more practical advice (e.g. include SLT in intervention training) to high-level systemic change (e.g. changing the dialogue on school improvement and reducing staff burnout).

9.2.7 Integrated summary of key findings

Considering all six studies together, there are several key findings. Firstly, the findings suggest that sustainability is best viewed as the "dynamic process" described by Lennox et al. (2018, p. 2). Chapter 3 found that many plans and processes to support sustained delivery were already taking place in schools during the initial trial period, demonstrating that the process begins when first introducing a new initiative. The

sustainability journeys in Chapter 7 then showed how different components of sustainability interacted over time as schools faced numerous barriers to continuing delivery. In line with Koh and Askill-Williams (2020), these findings suggest that it is helpful to incorporate the dynamic concepts of adaptation, capacity building, and change, rather than viewing sustainability solely as an outcome or end-product of an intervention.

Secondly, both qualitative and quantitative studies provide evidence for viewing schools as complex adaptive systems, in line with Keshavarz et al. (2010). Complexity and unpredictability were observed in all studies, including the diversity of perspectives from staff in different roles in Chapter 3, the emphasis on school context in Chapter 5, the finding that no initial implementation measures (e.g. fidelity, staff attitudes towards the intervention) were significant predictors of sustainment in Chapter 6, and the variation in school sustainability journeys in Chapter 7. These findings have shown how a new mental health or wellbeing intervention that is brought into a school system can interact with (and potentially change as a result of) individuals, the wider school environment and higher-level influences. This supports the framing of schools as complex adaptive systems, with the potential for diverse experiences and outcomes when a new programme is introduced.

Many of the findings across these chapters suggest that context and the complex school systems may be *as*, if not *more*, important than the intervention itself when it comes to introducing and sustaining mental health programmes in schools. However, in Chapter 6 the staff delivering The Guide were found to have increased odds of sustaining delivery over those teaching SSW. The staff perspectives in Chapters 5 and 7 provided insight into potential reasons for this, with some schools explaining that the SSW programme was very similar to their usual provision and consequently they had reverted back to other lesson plans or resources. However, the qualitative studies also highlighted challenges around adaptation for both SSW and The Guide, including the need to reduce the amount of content in The Guide and adapt certain materials for pupils in the UK. While the context of schools and wider level systems around schools is clearly important, these findings also highlight the link between

intervention characteristics and sustainment; there is a need for accessible, realistic and culturally relevant interventions in this area.

9.3 Implications

9.3.1 Implications for research

This thesis has provided an in-depth exploration of the factors involved in sustaining school-based mental health and wellbeing programmes in schools. This research has highlighted a number of gaps in our understanding of sustainability and potential areas for future investigation. The literature review in Chapter 4 identified a lack of consensus regarding terminology, and this has also been identified by researchers in healthcare more generally (Herlitz et al., 2020; Proctor et al., 2015; Wiltsey Stirman et al., 2012). Researchers are using a range of different terms (e.g. routinisation, maintenance, continuation) and these terms are rarely defined conceptually or operationally, making it difficult to synthesise and compare findings. Future research would benefit greatly from consistent terms and clear definitions.

Similarly, in the systematic review no comparable quantitative measures were identified, and the questionnaires developed by Askill-Williams and Koh (2020) that I used in Chapter 6 remain relatively untested. A direction for future research could involve the development and validation of measures to capture sustainment. Trials investigating the effectiveness of school-based interventions should also incorporate sustainability. This could include measuring the sustainment of specific programme components, as well as conducting primary research on the impact of different sustainability strategies (Herlitz et al., 2020). It is important for researchers to acknowledge that implementation and sustainability are not linear processes, and longitudinal research using a range of methods is required (Herlitz et al., 2020; Loman et al., 2010). In order to explore sustainability as a dynamic process in schools, more mixed-methods research reflecting the perspectives of multiple stakeholders (e.g. school staff, pupils, families, local authorities, policymakers) is required to monitor change over time following the introduction of new school initiatives. This is also similar to broader literature on healthcare and public health innovations which calls

for a combination of retrospective, observational and prospective data to capture intervention use over time (Proctor et al., 2015; Shelton et al., 2018).

While some of the barriers to sustainment identified in this thesis are unique to school settings (e.g. academic priorities, fitting an intervention into the school curriculum), many of the recommendations for future research share similarities with literature on the sustainability of interventions in settings other than schools, such as medical interventions, public health or health promotion programmes or behavioural interventions (Proctor et al., 2015; Shelton et al., 2018; Wiltsey Stirman et al., 2012). Given these similarities, it would be beneficial for researchers across disciplines to find ways to work together to share theories and findings. In their review of sustainability of healthcare programmes and practices, Wiltsey Stirman et al. (2012) identified a body of literature that was “fragmented and underdeveloped” (p.13). As more research into sustainability is conducted across different settings, it is important for researchers not to work in silos; findings from sustainability research in other areas may be very relevant and applicable to schools.

Another potential next step in this area is using ‘pragmatic formative process evaluation’ (Gobat et al., 2021). Rather than investing in and evaluating de novo, research-led interventions, Gobat et al. (2021) suggest beginning with local, contextually relevant innovation and routine practice. In line with a complex systems perspective, the authors acknowledge that outcomes are the result of interactions between the causal mechanisms of an intervention and the context into which it is introduced. By starting with routine practice, researchers can move beyond hypothetical ideas about how an intervention may or may not work in a specific context, as the interplay between the intervention and the setting has already taken place and many barriers and facilitators may be understood (Gobat et al., 2021). Through a case study on a whole-school restorative approach, the authors identify six phases of the pragmatic formative process evaluation, including identification of innovative local practices, co-production and confirmation of an initial programme theory and planning for a feasibility and outcome evaluation (Gobat et al., 2021). This

model for conducting research on routine practice and then scaling it up to different contexts could be an important direction for future research.

9.3.2 Implications for practice and policy

The findings of this thesis have made a strong case for intervention developers starting first with understanding the ecosystem into which a new initiative will be placed. For example, staff in schools participating in the EfW trials discussed differing levels of prioritisation from senior leadership, different knowledge and expertise in staff teams in relation to mental health, different timetables and structures of the school day, and different pupil interests and needs. Rather than trying to design, trial and perfect one universal intervention, developers and researchers could consider more flexible, multi-component approaches. Instead of producing a 'one-size-fits-all' intervention, it may be more useful to triage schools and begin with learning about a school's needs and existing resources. For example, a school that has an allocated slot in the timetable for PSHE and a team of highly trained staff will need different support from a school that is struggling with academic outcomes or where staff feel less confident covering topics around mental health and wellbeing.

These findings also point to the importance of school-based interventions being co-designed and co-produced by key stakeholders, particularly pupils and members of school staff. Staff participating in the EfW programme cited barriers to sustainment around the need for adaptation and the challenges related to fitting the interventions into the school day. Askeil-Williams (2017) described how, until recently, school-improvement initiatives were often introduced as externally designed, relatively stand-alone programmes that did not fully account for the nature of schools. Co-design, in contrast, puts the experiences of stakeholders at the heart of programme development (Russell et al., 2019; Williamson et al., 2022). While co-design has been widely used in health settings to improve services, there are only limited examples of co-design in school-based mental health and wellbeing programmes (Bearman et al., 2020; Williamson et al., 2022). These approaches should be prioritised in future intervention development; it is imperative for schools to have access to interventions

that fit well with their regular practices and meet their needs in order for mental health and wellbeing support to be successfully sustained in schools.

At the higher level of local or national policy, a framework such as the *Be You* framework in Australia may help schools to deliver consistent and accessible mental health information and support to pupils (Beyond Blue, n.d.). This overarching framework provides a toolkit for schools and early learning services to develop and implement their own tailored mental health strategies with a range of evidence-based resources. This collection of resources is state-funded and accessible to all educators and schools. It is notable that the aims of the *Be You* framework speak directly to the themes outlined by the roundtable participants in Chapter 8. The programme creates an expectation that all schools will support their pupils' mental health and wellbeing (accountability), it facilitates schools engaging with research and the evidence base (engaging schools with evidence), it aims to create 'mentally healthy learning communities across Australia' (creating a healthy and sustainable ecosystem) and it moves away from focussing on separate, isolated interventions. It may be that the introduction of a similar framework in the UK would go a long way towards improving sustained support for pupil mental health and wellbeing in schools.

Mason (2008) stated that "change in education, at whatever level, is not so much a consequence of effecting change in one particular factor or variable, no matter how powerful the influence of that factor. It is more a case of generating momentum in a new direction by attention to as many factors as possible" (p.35). Like Mason (2008) I propose that future work in this field should connect and engage all stakeholders (pupils, school staff, school leaders, families, researchers, intervention developers, funders, policy developers) to drive forward change in the system. However, I dispute the implication in Mason's (2008) statement that it is not necessary to focus our efforts on effecting change in factors with more influence. Throughout this research on sustainability the theme of shifting priorities has been identified repeatedly at all levels of the school system. When it comes to sustaining practices around mental health and wellbeing in schools, there is a clear need for consistent prioritisation

across the system. While there have been policy developments in recent years (e.g. training for senior mental health leads, PSHE curriculum, MHSTs), the research in this thesis shows substantial variation across schools when it comes to embedding practices to support pupils with their mental health and wellbeing. Despite the shift in national policy, schools are still measured and evaluated according to academic outcomes and have reported numerous challenges to sustaining mental health programmes. In order for schools to become consistent in their delivery of mental health and wellbeing support for pupils, protected time in the curriculum is required and staff need access to sufficient training. Australia provides an example of taking a national leadership approach to school-based mental health (Beyond Blue, n.d.; Smith et al., 2021). Without a similar directive for schools in the UK it will be very hard for individuals working in the system to accelerate change and to sustain mental health programmes in school settings.

9.3.3 Summary of key recommendations for research, practice and policy

This thesis has identified some pockets of successful sustainment and embedded support for pupils, but it has also demonstrated that many schools are struggling to introduce and sustain mental health programmes that work for their pupils. While the specific implications and recommendations from this research have been discussed elsewhere, this section pulls together some key directions for future work in this area. In order to synthesise the wide-ranging implications, I draw on the Three Horizons model to summarise potential next steps (Sharpe et al., 2016). Given the complexity highlighted by this research and the need for change across multiple levels and systems, Three Horizons could be a useful framework for exploring future action. Updated from a model used in management literature, the Three Horizons model (see Figure 9.1) has gained traction in the past decade as a way to help navigate complexity and identify actions to promote change.

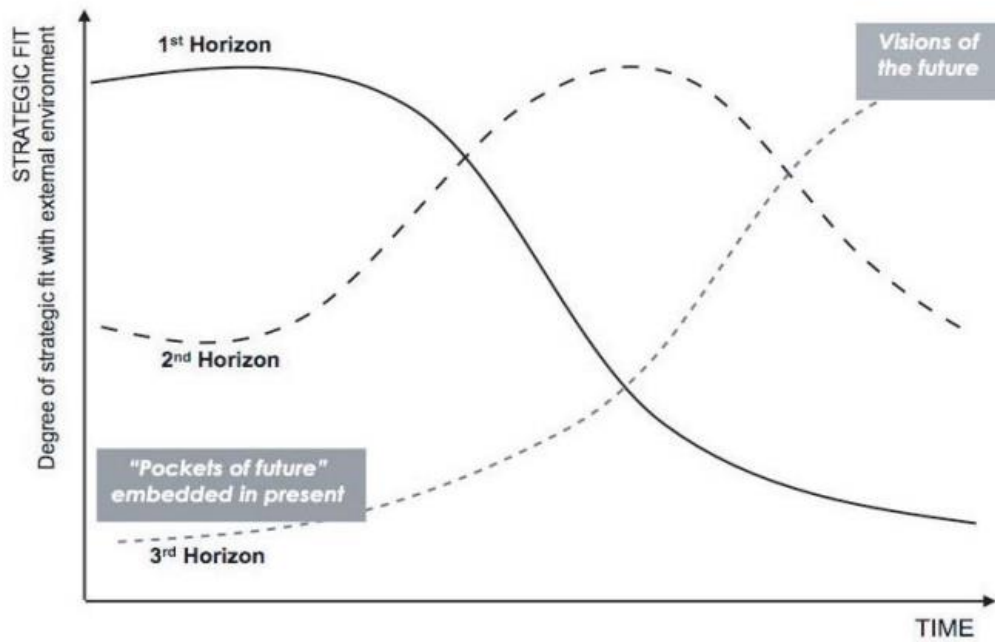


Figure 9.1 The Three Horizons model (Curry & Hodgson, 2008)

This model has been used in a range of contexts from climate change action, UK transport infrastructure and education reform in Scottish schools (Leicester & Stewart, 2013; Sharpe et al., 2016). Three Horizons frames the discussion about transformational change in terms of the shift from the established patterns of the first horizon to the emergence of new patterns in the third, via the essential transition activity of the second.

The first horizon (H1) in the model describes the current ways of doing things, also called ‘business as usual’. The starting point of the Three Horizons discussion is the recognition that the patterns of the first horizon are not working or no longer fit with emerging conditions. The third horizon (H3) is the future system that we are aiming for, the emerging pattern that will develop into the long-term successor to the current first horizon. These practices may be appearing or growing on the fringes of the present system and are described as “pockets of future”. This thesis identified some examples of these practices, with schools successfully sustaining a mental health intervention and embedding the activities into their daily routine. However, the goal is for this to be standard practice across *all* schools.

The second horizon (H2), in the middle, is a zone of transition and transformation, with innovations and experiments in response to the changing landscape. This is described by Sharpe et al. (2016) as a “turbulent domain” (p. 47), as some innovations will fail or result in only marginal change as they are dominated by and absorbed back into the first horizon system. This second horizon is important, though, as it provides the disruptions for new systems to emerge.

I propose that the H3 goal in this field is a healthy and sustainable ecosystem for mental health and wellbeing programmes in schools, a future system where the topics of mental health and wellbeing are embedded in schools and part of daily practices. In order to reach the H3 future, there are a number of key areas for exploration and experimentation in the second horizon (H2). As in Chapter 8, I have separated these key areas into actions for different groups (see Box 9.1).

Box 9.1: Key recommendations

School leaders should consider and plan for sustainment when they first introduce a new programme.

Researchers should use a complex systems lens to frame and design evaluations, rather than short-term evaluations of single interventions. Through this, it may be possible to draw focus beyond minimally disruptive, stand-alone interventions and towards more substantial system changes operating at multiple system levels (Hawe, 2015; G. F. Moore et al., 2019). Research could also focus on identifying and understanding instances of best practice and evaluating ways to scale these up (e.g. pragmatic formative process evaluations; Gobat et al., 2021).

Intervention developers need to start by understanding the needs, capacity and priorities of schools. Interdisciplinary working is required to identify examples of approaches already successfully embedded in routine practice or, if a new intervention is necessary, how a new programme will achieve system change. Interventions should be designed with core components that allow for flexibility and adaptation over time, and that do not place unrealistic demands on school staff.

Policymakers should consistently prioritise mental health and wellbeing at the highest level (e.g. in the national curriculum and the Ofsted framework), and **funders** need to invest in longer term initiatives and research.

9.4 Strengths and limitations

Conducting my PhD research alongside the EfW programme led to both strengths and limitations in my empirical studies. The timeframe of schools' involvement in the research provided a number of limitations in relation to the data I was able to collect. This was particularly relevant for the quantitative research presented in Chapter 6, as the sustainability surveys were completed by school staff only 9-10 months after the initial trial delivery period. Given the need for longer term research, it would have been helpful to incorporate a sustainability follow-up that was at least a full academic year after the trial delivery. This was not possible as school involvement for the main trial ended 18 months after baseline. Lennox et al. (2018) called for research across multiple timepoints in order to develop a better understanding of the sustainability process, and this would have been beneficial.

However, being able to conduct analyses on data from the EfW programme was a clear strength to the thesis in terms of sample size. The schools involved in EfW were also largely representative of schools in England, including a mixture of urban and rural schools from different regions of the country, and with a range of deprivation scores (as indicated by free school meal eligibility). The first qualitative study involved interviews with 60 members of school staff and data collection was facilitated by having a large research team. Similarly, for the quantitative analysis in Chapter 6 I was able to draw on a sample of over 400 school staff. Even with this large sample size, over a third of participants had some missing data. However, I used imputation methods to reduce the potential biases in estimates produced by missing data and presented sensitivity analyses for full transparency in terms of the influence that imputation had on the results.

While in the qualitative research I was able to collect data across three years, a limitation of Chapter 7 was that I was not able to follow-up with the same case study schools for every timepoint. This was in part due to the remit of the research from DfE, but also as a result of the difficulties of maintaining school engagement in research trials. These challenges were sizeable even before the COVID-19 pandemic

(A. Moore et al., 2022), and were exacerbated by the events of the past two years. That some school staff remained in contact and were willing to give their time to participate in interviews years after the end of the trial is a testament to their commitment to building the evidence base.

A key limitation to all of the empirical research in this thesis is that every school participating in the EfW programme made a commitment to implementing a new mental health and wellbeing intervention as part of the trial. This meant that at least one person in each school deemed mental health to be a priority and believed that it was worth investing staff time and resources in the project. Then, within the EfW sample of schools, there is also likely to be a bias among those who completed the sustainability surveys and volunteered to take part in qualitative case study research towards those who were highly engaged with the project. All of the case study schools had a successful first stage of implementation and described at least some positive impact on their pupils. This means that the barriers to sustained delivery in Chapter 5 and the sustainability journeys identified in Chapter 7 may not be representative of all school contexts in England. Nonetheless, there was still heterogeneity in what was sustained by schools in the EfW trials and there was notable variation between schools' experiences. While the findings here are context specific, the interpretations and conclusions provide insight into sustainability and may be applicable to a wide range of settings and interventions.

A strength of this thesis is the use of multiple methods, across multiple timepoints with a range of participants to explore different aspects of sustainability and sustainment. In this research, the methods of analysis were decided in relation to the research questions and aims. While in the past quantitative and qualitative methods have sometimes been regarded as incompatible, combining different methods in this thesis has allowed for a richer and more developed understanding of sustainability. Although some may perceive there to be methodological tensions between the empirical chapters in this thesis, I believe the search for a perfect conceptual plain from which to proceed would have hindered this research and the intention to work towards practical solutions.

In the empirical chapters of this thesis there is limited public involvement. While I was able to create and work with a group of young people at the start of the project, the topic of sustainability was more relevant to staff in schools. I consulted a group of headteachers at the beginning of this PhD research and I also involved members of staff from two schools in the roundtable discussion. However, I had plans in the first year of this research to set up a more formal advisory group of school staff to help with the interpretation of my qualitative findings and the typology development in Chapter 7. These plans were hampered by issues with timeframes and the extended pause on all fieldwork with schools as a result of the pandemic; future research would benefit from more involvement of school staff. In this thesis I have tried to give voice to school staff and pupils where possible, and to produce findings that are grounded in their experiences.

A final limitation of this research is its focus on high-income countries where certain resources and capacity for delivering these types of school-based interventions are available. The empirical research on data from the EfW trials is specific to the English context, and all of the articles included in the systematic literature review were from high-income countries such as the US. With evidence of effective school-based mental health interventions also being delivered successfully in low-income and middle-income countries, and the importance of context highlighted in the literature, research into sustainability in different settings is crucial (Fazel et al., 2014).

9.5 Overall conclusions

There has been a significant policy shift in the UK communicating that pupils' mental health and emotional wellbeing falls at least partly within schools' remit (Department for Education, 2019). While this may have paved the way for greater infrastructure to provide mental health support in schools, there is evidence that programmes are often not sustained beyond initial funding or research. This lack of sustainment limits the potential of these programmes to benefit children and young people across the country.

With considerable investment from national government, local authorities and staff in individual schools, developing our understanding of the processes and mechanisms underlying sustainability is crucial. This thesis has contributed to knowledge by identifying the relevant factors for sustaining mental health programmes in schools and developing our understanding of how these factors interact and influence intervention sustainment over time. It also provides potential solutions to the challenges around sustainability and recommendations for a range of stakeholders. It is clear from this research that sustainability must no longer be an afterthought; thoughtful attention, planning and collaboration is required from multiple stakeholders to create change and sustain mental health and wellbeing support for school pupils.

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opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health

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Appendix A: Chapter 2 supplementary materials

Information sheet for staff interviews:

Information Sheet for Staff

Education for Wellbeing Programme

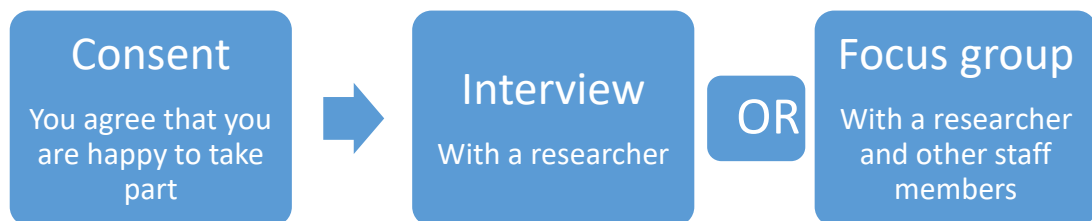
We want to know if certain types of wellbeing and mental health focussed lessons are helping young people

This research project is being carried out by researchers at the Anna Freud Centre/University College London (UCL) and the University of Manchester, funded by the Department for Education (DfE). We are trying to find out how effective different types of wellbeing and mental health focussed lessons being delivered in schools are. We are also interested in whether or not these interventions are still being delivered in schools, what form they might take now, and the reasons behind decisions around this. To find out about this, we are asking young people and teachers in schools about their experiences of taking part in and being involved with the delivery of these lessons.

We would like to invite you to take part in this research project

We would like to invite you to take part in this research project because your school has delivered particular types of wellbeing and mental health focussed lessons as part of a DfE funded study. It is up to you to decide if you would like to take part or not.

What does taking part in this research project involve?



Taking part in this research means agreeing to have a conversation with a researcher. This will either be as part of a small group of staff members (e.g. 4 to 5) from your school (a focus group) or on your own (an interview). The researcher will ask you a few questions about your experiences around the delivery and impact of the intervention (mental health and wellbeing focussed lessons), and your opinions on the barriers and facilitators to continued delivery of the intervention. The conversation will last for as long as you want to talk (up to a maximum of 1 hour but will usually last for 30-45 minutes). The interview will take place in a private room at your school or over the telephone. The interview will be audio-recorded and typed up afterwards as a 'transcript'.

You are free to stop taking part in this research project at any time, without saying why. Leaving the study will not disadvantage you in any way. If you do wish to leave the study, your interview audio recording and transcript will be deleted. However, once we have written the reports of the findings (4 to 6 months after the interviews/focus groups), it will not be possible to withdraw your (unidentifiable) contributions from the reports, so it is best to tell us as soon as possible using the contact details below if you do change your mind.

An Ethics Committee has checked the research

All research is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This research has been reviewed and agreed by the UCL Research Ethics Committee (Project ID Number: 6735/014).

What are the advantages of taking part?

- It may help us to understand more about what helps to increase young people's wellbeing and may help to improve lessons around this topic for young people.
- Some people find taking part in research like this an interesting experience.

What are the disadvantages of taking part?

There are no known disadvantages to taking part.

Will information about me be kept confidential?

- Your interview will be kept strictly confidential or private. The only time that we might need to break this rule is if you tell us something that makes us think that you, or someone else, is in danger. In that case, we will have to tell someone who can stop that danger from happening.
- Audio recordings will be kept in a password-protected computer folder and will only be accessed by researchers involved with this project. Consent forms will be stored in a locked filing cabinet.
- When the recordings are typed up as transcripts, any details that can identify you as an individual will be taken out. This means that your name will be changed and names of others or places that you may mention.
- We may use quotes from your interview when we share our results with others (e.g. in reports, published papers, or on websites) but you will not be identified in any publication.

Data protection

All data will be collected and stored in accordance with the Data Protection Act 1998, or prevailing data protection legislation. Your personal data will be processed for the purposes outlined in this information sheet.

What happens if something goes wrong?

If you wish to complain, or have any concerns about any aspect of the way that you have been approached or treated by members of staff, please contact Dr Jessica Deighton – the Principal Researcher on this project – at: If you then feel that your complaint has not been handled to your satisfaction, you can also contact the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk.

If you are concerned about how your personal data is being processed, please contact UCL in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>.

What happens next?

Please discuss the information above with others or ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If you decide to take part, you will need to give consent (on a written form) before you do the interview.

Researcher contact details

If you have any questions about this project, please email:

General Data Protection Regulation Notice

This note is to outline the basis for data processing for this research project and to outline your rights with respect to processing of those data. These rights are as set out in the [General Data Protection Regulation](#) (GDPR), which superseded the Data Protection Act from May 2018.

This research project will hold 2 types of data about you:

- Your interview audio recording and (anonymised) interview transcript
- Your name, age, gender, and ethnicity

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the General Data Protection Regulation). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case it is to carry out research and inform future health provision.

The General Data Protection Regulation is designed to protect and support the following personal data rights for everyone in the UK:

- **The right to be informed**
 - about who is processing your data, this is set out at the bottom of this note
- **The right of access**
 - to understand what is being collected and how it is being used, a Subject Access Request
- **The right to correct data**
 - the right to correct incorrect records
- **The right to be forgotten**
 - the right to request that data is removed/deleted
- **The right to restrict processing**
 - the right to request that data be held but not processed unless necessary
- **The right to data portability**
 - the right to a copy of your data in a useable format
- **The right to object**
 - you may object to your data being processed although this does not apply to the processing of data for research purposes, as in this instance

The organisation in control of personal data collected for this research is the Department of Education. The Anna Freud National Centre for Children and Families, in collaboration with the University of Manchester, is collecting and processing the data from this project on their behalf.

We will not be transferring any identifiable information outside the EU and will be taking appropriate measures to ensure it remains secure at all times.

We will keep the pseudonymised information, where individuals won't be readily identifiable, for a 2-year period while the research project is active. After that we will change it to make individuals in the data set completely unidentifiable. This may be shared with other collaborators, including the London School of Economics, University of Liverpool and University of Dundee for analysis. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed. We will delete audio recordings at the end of the project (September 2020).

Please note that the consent processes described in the previous pages relate to involvement in the research but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see

<https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/> and <https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/>

If you have any concerns or questions about our research, the data processing, and/or your involvement in the project please contact:

Consent form for staff interviews:

Consent Form (Staff)

Education for Wellbeing Programme

This research has been reviewed and agreed by the UCL Research Ethics Committee (Project ID Number: 6735/014). The Principal Researcher on this project is Dr Jessica Deighton (Anna Freud Centre/University College London (UCL)). Please complete this form after you have read the information sheet and listened to an explanation about the research. If you have any questions, please ask the researcher before you decide whether to join in. By signing this form, you are agreeing that:

- You are happy to take part in this research project
- You are happy to complete an audio recorded interview
- You understand that we will write up your views/responses in reports, which will be read by people outside of this research, but your name or any information that could identify you will not be mentioned

Please tick or initial each box if you agree with the statement:

1. I have read the notes written above and the information sheet (and have listened to an explanation about the research), and understand what this project involves.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. I understand that I will be able to withdraw my data from the project at any point after my interview/focus group.
3. I consent to the processing/use of my personal information (my name, contact details, interview audio recording, and transcript) for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. I understand that it will not be possible to identify me in any publications.
4. I consent to my interview being audio recorded and understand that the audio recordings will be deleted at the end of the project (March 2021).
5. I agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this research.

_____	_____	_____
Your name	Signature	Date
_____	_____	_____
Researcher	Signature	Date

Information sheet for parents/carers (under 16):

Information Sheet for Parents/Carers

Education for Wellbeing Programme

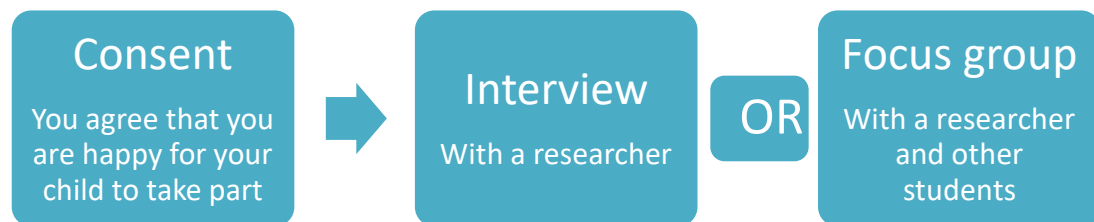
We want to know if certain types of wellbeing and mental health focussed lessons are helping young people

This research project is being carried out by researchers at the Anna Freud Centre/University College London (UCL) and the University of Manchester, funded by the Department for Education. We are trying to find out how well different types of wellbeing and mental health focussed lessons being delivered in schools work. To find out about this, we are asking young people and teachers in schools about their experiences of taking part in and being involved with the delivery of these lessons.

We would like to invite your child to take part in this research project

As your child has recently taken part in some mental health and wellbeing focussed lessons at their school, we are asking for your permission for them to take part in this research project. It is up to you and your child to decide if your child would like to take part or not.

What does taking part in this research project involve?



Taking part in this research project means agreeing for your child to have a conversation with a researcher. This will either be as part of a small group of students (e.g. 4-5) from your child's school (a focus group) or on their own (an interview). We will ask your child some questions about what it was like taking part in the mental health and wellbeing focussed lessons, what they did, how they felt afterwards, and their opinions on them. The conversation can last for as long as they would like to talk (up to a maximum of 1 hour), but will usually last for 30-45 minutes. The interview/focus group will take place in a private room at your child's school. The interview/focus group will be audio recorded and typed up afterwards as a 'transcript'.

Your child is free to stop taking part in this research project at any time, without giving a reason. Leaving the study will not disadvantage you or your child in any way. If you and/or your child do wish to leave the study, your child's interview/focus group audio recording and transcript will be deleted. However, once we have written the reports of the findings (4 to 6 months after the interviews/focus groups), it will not be possible to withdraw your child's (unidentifiable) contributions from the reports, so it is best to tell us as soon as possible using the contact details below if you do change your mind.

An Ethics Committee has checked the research

All research is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This research has been reviewed and agreed by the UCL Research Ethics Committee (Project ID Number: 6735/014).

What are the advantages of taking part?

- It may help us to understand more about what helps to increase young people's wellbeing and may help to improve lessons around this topic for young people.
- Some people find taking part in research like this an interesting experience.

What are the disadvantages of taking part?

Occasionally, someone may feel upset about something that they are talking about. However, your child will not be pressured to speak about anything that they don't want to during their interview. If they want to talk to someone further after their interview, they can speak to [\[name of school contact\]](#).

Will information about me be kept private?

- Your child's interview/focus group will be kept strictly confidential or private. The only time that we might need to break this rule is if your child tells us something that makes us think that your child, or someone else, is in danger. In that case, we will have to tell someone who can stop that danger from happening.
- Audio recordings will be kept in a password-protected computer folder and will only be accessed by researchers involved with this project. Consent forms will be stored in a locked filing cabinet.
- When the recordings are typed up as transcripts, any details that can identify your child as an individual will be taken out. This means that your child's name will be changed and names of others or places that they may mention.
- We may use quotes from your child's interview/focus group when we share our results with others (e.g. in reports, published papers, or on websites) but your child will not be identified in any publication.

Data protection

All data will be collected and stored in accordance with the Data Protection Act 1998, or prevailing data protection legislation. Your/your child's personal data will be processed for the purposes outlined in this information sheet.

What happens if something goes wrong?

If you wish to complain, or have any concerns about any aspect of the way that you or your child have been approached or treated by members of staff, please contact:

If you then feel that your complaint has not been handled to your satisfaction, you can also contact the Chair of the UCL Research Ethics Committee at ethics@ucl.ac.uk.

If you are concerned about how your personal data is being processed, please contact UCL in the first instance at data-protection@ucl.ac.uk. If you remain unsatisfied, you can also contact the Information Commissioner's Office (ICO). Contact details, and details of data subject rights, are available on the ICO website at: <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/individuals-rights/>.

What happens next?

Please discuss the information above with your child or ask the researchers if you would like more information. You can keep this information sheet to look at whenever you need to. If

you decide to take part, you and your child will need to give consent (on a written form) before they do the interview/focus group.

Researcher contact details

If you have any questions about this project, please email:

General Data Protection Regulation Notice

This note is to outline the basis for data processing for this research project and to outline your and your child's rights with respect to processing of those data. These rights are as set out in the [General Data Protection Regulation](#) (GDPR), which supersedes the Data Protection Act from May 2018.

This research project will hold 2 types of data on your child:

- Your child's interview/focus group audio recording and (anonymised) interview/focus group transcript
- Your child's name, age, gender, and ethnicity

The legal basis for processing these data for the research project is public interest (Article 6 (1)(e) and Article 9(2)(j) of the General Data Protection Regulation). This means that personal data can be processed where necessary for the performance of a task carried out in the public interest. In this case it is to carry out research and inform future health provision.

The General Data Protection Regulation is designed to protect and support the following personal data rights for everyone in the UK:

- **The right to be informed**
 - about who is processing your data, this is set out at the bottom of this note.
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- **The right to restrict processing**
 - the right to request that data be held but not processed unless necessary
- **The right to data portability**
 - the right to a copy of your data in a useable format
- **The right to object**
 - you may object to your data being processed although this does not apply to the processing of data for research purposes, as in this instance.

The organisation in control of personal data collected for this research is the Department of Education. The Anna Freud National Centre for Children and Families, in collaboration with the University of Manchester, is collecting and processing the data from this project on their behalf.

We will not be transferring any identifiable information outside the EU and will be taking appropriate measures to ensure it remains secure at all times. Any external company (The Transcription Centre, The Colmore Building, 20 Colmore Circus Queensway, Birmingham, B4 6AT UK; <https://www.transcriptioncentre.co.uk/>) commissioned to transcribe interview data will be approved by the Anna Freud National Centre for Children and Families' Data Protection Officer and will sign a data processing agreement with the Centre guaranteeing confidentiality and GDPR compliance.

We will keep the pseudonymised information, where individuals won't be readily identifiable, for a 2-year period while the research project is active. This may be shared with other collaborators, including the London School of Economics, University of Liverpool and University of Dundee for analysis. After that we will change it to make individuals in the data set completely unidentifiable. This anonymous information may then be used for research for another 10 years. After this, the information and data will be securely destroyed. We will delete audio recordings at the end of the project (March 2021).

Please note that the consent processes described in the previous pages relate to involvement in the research but these are not the legal basis for data processing. As described above, the legal basis for data processing is public interest. Your data rights with regard to data processing have been set out in this notice and will be respected. For further information, please see <https://ico.org.uk/for-organisations/data-protection-reform/overview-of-the-gdpr/> and <https://ico.org.uk/for-the-public/is-my-information-being-handled-correctly/>

If you have any concerns or questions about our research, the data processing, and/or your involvement in the project please contact:

Consent form for parents/carers (under 16):

Consent Form (Parent/Carer)

Education for Wellbeing Programme

This research has been reviewed and agreed by the UCL Research Ethics Committee (Project ID Number: 6735/014). The Principal Researcher on this project is Dr Jessica Deighton (Anna Freud Centre/University College London (UCL)). Please complete this form after you have read the information sheet. If you have any questions, please ask the researcher (contact details below) before you decide whether to join in.

By signing this form, you are agreeing that:

- You are happy for your child to take part in this research project
- You are happy for your child to complete an audio recorded interview or focus group
- You understand that we will write up your child’s views/responses in reports, which will be read by people outside of this research, but your child’s name or any information that could identify your child will not be mentioned

Please tick or initial each box if you agree with the statement:

1. I have read the notes written above and the information sheet and understand what this project involves.
2. I understand that my child’s participation is voluntary and that I am free to withdraw my child’s data at any time without giving a reason. I understand that I will be able to withdraw my child’s data from the project at any point after my child’s interview/focus group.
3. I consent to the processing/use of my/my child’s personal information
4. (name, contact details, interview/focus group audio recording, and transcript) for the purposes of this research project. I understand that such information will be treated as strictly confidential (within the limits outlined in the information sheet) and handled in accordance with all applicable data protection legislation. I understand that it will not be possible to identify my child in any publications.
5. I consent to my child’s interview/focus group being audio recorded and understand that the audio recordings will be deleted at the end of the project (March 2021).
6. I agree that the research project named above has been explained to me to my satisfaction and I agree for my child to take part in this research.

Your name

Signature

Date

Researcher

Signature

Date

Information sheet for pupils (under 16):

Information Sheet for Young People

Education for Wellbeing Programme

We want to know if certain types of wellbeing and mental health lessons are helping young people

We are trying to find out about how helpful different types of wellbeing and mental health lessons are in schools. We are doing this by asking young people and teachers about their experiences of these lessons, and asking them to complete questionnaires. We are also interested to find out what these lessons might look like now, and your opinions on them.

We would like to invite you to take part in this research project

The teachers at your school have told us that they are still doing some of the lessons at your school. Because of this we are asking for your permission for you to take part in this research project. It is up to you and your parent/carer to decide if you would like to take part or not.

What does taking part in this research project involve?



If you agree to take part in this research, it means agreeing to have a conversation with a researcher from our team. This could be as a focus group, which means that a small group of students (between 4-5) from your school will have a discussion. It may also be an interview, which would be a conversation with a researcher on your own. We will ask you some questions about what it is like taking part in the mental health and wellbeing lessons, what you do during the lessons, how you feel afterwards, and your views on the lessons now. The conversation can last for as long as you would like to talk (up to a maximum of 1 hour), but will usually last for 30-45 minutes. Your interview/focus group will take place in a private room at your school. The conversation that you have during your interview/focus group will also be audio recorded and typed up afterwards as a document called a 'transcript'.

However, please remember that:

- You do not have to take part in the interview/focus group – please let the researcher know if you don't want to!
- You will not get into trouble if you don't take part.
- You can skip questions that you do not want to answer.
- You can stop at any time.

An Ethics Committee has checked the research project

A group of experts have to agree all research projects to make sure that they are ok for children to take part in. This research has been agreed by experts at UCL – a university in London.

What are the advantages of taking part?

- It may help us to understand more about what helps to increase young people's wellbeing and may help to improve lessons around this topic for young people.

- It may help us to improve the questionnaires that we give to young people.
- Some people find that taking part in research like this is an interesting experience.

What are the disadvantages of taking part?

It is unlikely that the questions will upset you. But sometimes someone may feel upset about something that they answer. If you do, please speak to [\[name of school contact\]](#).

Will information about me be kept private?

- Your interview/focus group will be kept strictly confidential or private. The only time that we might need to break this rule is if you tell us something that makes us think that you, or someone else, is in danger. If this happens, we will have to tell someone who can stop that danger from happening.
- We may use quotes from your interview/focus group when we share our results with others (e.g. in reports, published papers, or on websites) but you will not be identified (e.g. we will not use your name) in any publication.

What happens next?

If you have any more questions about the project, please talk to your teacher or your parent/carer, they will you a bit more.

A notice on what we will do with the data (information) that we collect from you as part of this project

This note is to outline what we do with the information you share with us as part of this project and your rights about our use of that information. These rights are as set out in the "General Data Protection Regulation (GDPR)", which took over from the Data Protection Act in May 2018.

The research team will keep some information about you as part of this project – this will include the things that you say in your interview/focus group and information about you, including your name, age, gender and ethnicity.

You and your family can ask to see the information that the project keeps. You can also ask to for your information to be changed or deleted.

If you want any more information about this you can ask your parent/carer to contact Emily Stapley at the Anna Freud Centre. Parents will know how to contact Emily because her email address is on the letter that they got about the project. If your parents don't have it, the school can give it to them.

The people collecting the information for the project are from a few different universities, they will all need to look at this information. At the end of the project, these people will keep your information for a while longer but they will delete anything (e.g. your name) that tells anybody who gave the information.

Assent form for pupils (under 16):

Assent Form for Young People
Education for Wellbeing programme

By signing this form, you are agreeing that:

- You are happy to be interviewed or take part in a focus group
- You are happy for us to audio record today's conversation and type it up as a transcript
- You understand that we may write up the things that you say in reports, which will be read by people outside of this research, but other people will not know that it was you who said it

We are agreeing that:

- This form will be kept in a locked filing cabinet
- The audio recording and transcript of your interview will only be accessed by researchers involved with this project

Please circle the answers below:

Has somebody explained this research to you? **Yes/No**

Do you understand what this research is about? **Yes/No**

If you have any questions, have you asked all of them and have you had them answered in a way that you understand? **Yes/No**

Do you understand that it's ok to stop taking part at any time? **Yes/No**

Are you happy to take part? **Yes/No**

If any of your answers to these questions are 'no' or you don't want to take part, don't sign your name! If you do want to take part, you can write your name below:

My name

Date

Name of researcher

Date

Signature

Appendix B: Chapter 3 supplementary materials

Example interview schedule for school staff at the end of the initial implementation period (Mindfulness and Relaxation - Deliverer, SLT, or Class Teacher)

Key areas to explore:

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

1. Can you tell me about your role at your school?
2. What is your role in relation to the *[Mindfulness or Relaxation]* intervention?

Possible prompts:

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

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

Possible prompts:

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

4. How do the *[Mindfulness or Relaxation techniques]* fit with/replace/build on what was already being implemented in your school in relation to mental health and wellbeing?

Possible prompts:

- What are the needs within your school that you hope *[Mindfulness or Relaxation techniques]* will address?

- What was being implemented in your school in relation to mental health and wellbeing prior to *[Mindfulness or Relaxation]*? Is this still happening while *[Mindfulness or Relaxation]* is being implemented? Why/why not?
 - Has anything new and additional been implemented in your school in relation to mental health and wellbeing since the *[Mindfulness or Relaxation]* intervention began? What/why?
5. **Deliverer only:** Can you tell me about your experiences of implementing the *[Mindfulness or Relaxation]* techniques so far?

Possible prompts:

- How long have you been implementing the Mindfulness/Relaxation techniques for?
 - How often do you teach the Mindfulness/Relaxation techniques?
 - Is it just the *[Year 4 & 5 or Year 7 & 8]* classes that are receiving *Mindfulness or Relaxation*? Why/why not? How did you select/decide who would be receiving the intervention?
 - What role do the SLT have in the implementation of the *[Mindfulness or Relaxation]* intervention at your school? *[E.g. what support do the SLT provide?]*
 - What is your opinion on the *[Mindfulness or Relaxation]* intervention? *[E.g. Any preferences around different activities or resources?]*
 - What has gone well? Why?
 - What has gone less well? Why?
6. **Deliverer only:** I would really like to hear your opinions on the intervention training and resources.

Training prompts:

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

Resources prompts: *[E.g. manuals, recommended apps, GoNoodle videos, worksheets at the back of the manuals] [Mindfulness prompts: mindful colouring] [Relaxation prompts: join-the-dots]*

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

- How has your school adapted the resources? Why? Who in your school adapted the resources?
 - How much preparation have you needed to be able to deliver the sessions?
 - Have you been able to cover all of the intervention content in the allotted time? Why/why not?
7. **Deliverer only:** What, if anything, would you like to be different or do you think could be improved about the:
- Training?
 - Intervention/activities?
 - Resources/manual?
 - Would you have liked any additional support around delivery? What/why? *[E.g. from the Implementation Team and/or from the school]*
8. Has there been anything that has made implementing *[Mindfulness or Relaxation]* more difficult in your school? What/why?

Possible prompts:

- What challenges have you experienced in relation to implementing the Mindfulness/Relaxation techniques intervention? How would you mitigate these challenges?
 - School-level factors?
 - Student-related factors?
 - Training related-factors?
 - Intervention material-related factors?
9. Has there been anything that has made implementing *[Mindfulness or Relaxation]* easier in your school? What/why?

Possible prompts:

- What factors do you think have facilitated implementing *[Mindfulness or Relaxation techniques]*?
 - School-level factors?
 - Student-related factors?
 - Training related-factors?
 - Intervention material-related factors?
10. How have your students found taking part in the *[Mindfulness or Relaxation techniques]*?

Possible prompts:

- How have your students found the activities/resources?
[Mindfulness Prompts: e.g. breathing exercises, mind exercises (being aware of thoughts/feelings), body exercises (paying attention to the way the body feels), the world exercises (noticing things in your

surroundings, mindful eating), visualisations, recommended apps/videos]

[Relaxation Prompts: e.g. deep breathing exercises, breathing with visualisations, muscle Relaxation exercises, some more physical exercises (exercises involving standing up/jumping up and down, feeling heartbeat etc.), recommended apps/videos]

- Are there aspects of the *[Mindfulness or Relaxation techniques]* that your students have particularly liked/not liked? What/why?
- Are there aspects of the *[Mindfulness or Relaxation techniques]* that you have found to be particularly useful or helpful for your students? What/why?
- Are there aspects of the *[Mindfulness or Relaxation techniques]* that you have not found to be useful for your students? What/why?
- Are there aspects of the *[Mindfulness or Relaxation techniques]* that you have not found to be appropriate for your students? What/why?

11. What factors do you think have affected your students' engagement with the *[Mindfulness or Relaxation techniques]*?

Possible prompts:

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

12. What difference (if any) do you think that the *[Mindfulness or Relaxation techniques]* have made in your school? Why?

Possible prompts:

- For your students?
- Have you noticed any changes in your pupils' emotional regulation/ability to deal with emotional difficulties? What?
- Have you (or your colleagues) had to provide any support for young people following sessions? Can you tell me what happened and how you found doing this?
- Has the intervention (or particular aspects) made more difference for some students than others? Which students? How/why?
- For staff?
- For the school environment?

13. How likely do you think it is that your school will continue implementing the *[Mindfulness or Relaxation]* intervention after this academic year? Why/why not?

Possible prompts:

- What format will this take? *[E.g. exactly the same format?]*

- Will the intervention be delivered to other/additional classes and year groups? Which/why?
 - Will the intervention be delivered by additional staff members? Which? What training will these staff members receive?
14. Would you recommend the *[Mindfulness or Relaxation]* intervention to other schools? Why/why not?

If no:

- What would need to change before you recommended them?
15. What advice would you give another school seeking to implement the *[Mindfulness or Relaxation]* intervention?
16. Is there anything else that I haven't asked about or that you wanted to mention before we finish the interview?

Appendix C: Abstract for published version of Chapter 4

Barriers and Facilitators to Sustaining School-Based Mental Health and Wellbeing Interventions: A Systematic Review

Despite an increasing focus on schools to deliver support and education around mental health and wellbeing, interventions are often not sustained beyond initial funding and research. In this review, the barriers and facilitators to sustaining mental health and wellbeing interventions in schools are explored. A systematic review was conducted using keywords based on the terms: 'sustainability', 'school', 'intervention', 'mental health', and 'emotional wellbeing'. Six online databases (PsycINFO, Embase, MEDLINE, British Education Index, ERIC, and Web of Science) and relevant websites were searched resulting in 6160 unique references. After screening, 10 articles were included in the review and extracted data were qualitatively synthesized using thematic analysis. Data synthesis led to the identification of four sustainability factors at the school level (school leadership, staff engagement, intervention characteristics, and resources) and one at the wider system level (external support). These factors were separated into 15 themes and discussed as barriers and facilitators to sustainability (for example, school culture and staff turnover). Most articles included no definition of sustainability, and nearly all barriers and facilitators were discussed at the school level. The findings suggest that more longitudinal and theory-driven research is required to develop a clearer picture of the sustainability process.

Citation:

Moore, A., Stapley, E., Hayes, D., Town, R., & Deighton, J. (2022). Barriers and facilitators to sustaining school-based mental health and wellbeing interventions: a systematic review. *International journal of environmental research and public health*, 19(6), 3587. <https://doi.org/10.3390/ijerph19063587>

Appendix D: Chapter 4 supplementary materials

Example search strategy for systematic literature review

Database: APA PsycInfo <1806 to February Week 4 2021>

- 1 (sustain* or continua* or maintenance or institutionalization or routinization or embed* or incorporation or integration or normalization or stabilization or durab* or long-term implementation or (long term adj4 implementation) or discontinua* or scale-up or scaling-up or endurance or persistence or de-adopt*).ab,ti. (331169)
- 2 school based intervention/ (19397)
- 3 (intervention* or program* or organizational change* or organizational transformation* or change process* or innovation* or initiative*).ab,ti. (769779)
- 4 exp program evaluation/ (20782)
- 5 2 or 3 or 4 (775791)
- 6 (school* or pupil* or teacher* or school-based).ab,ti. (494406)
- 7 schools/ or boarding schools/ or charter schools/ or colleges/ or elementary schools/ or high schools/ or institutional schools/ or junior high schools/ or middle schools/ or military schools/ or nongraded schools/ or technical schools/ (64608)
- 8 students/ or exp elementary school students/ or high school students/ or junior high school students/ or kindergarten students/ or middle school students/ or special education students/ (122787)
- 9 teachers/ or elementary school teachers/ or high school teachers/ or junior high school teachers/ or middle school teachers/ or special education teachers/ or exp educational personnel/ (122722)
- 10 6 or 7 or 8 or 9 (564437)
- 11 mental disorders/ or exp affective disorders/ or exp anxiety disorders/ or exp bipolar disorder/ or borderline states/ or exp chronic mental illness/ or exp dissociative disorders/ or exp eating disorders/ or gender dysphoria/ or mental disorders due to general medical conditions/ or exp neurosis/ or exp paraphilias/ or exp personality disorders/ or exp psychosis/ or serious mental illness/ or exp sleep wake disorders/ or exp somatoform disorders/ or exp "stress and trauma related

disorders"/ or exp "substance related and addictive disorders"/ or exp thought disturbances/ or exp emotional adjustment/ or exp well being/ (716631)

12 (mental health or mental disorder* or mental* fit* or mental illness* or wellbeing or well being or emotional difficult* or emotional problem* or emotional adjustment or emotional regulation or emotional disorder* or affective disorder* or anxiety or anxious* or psychos* or neuros* or depress* or panic* or phobia* or self harm or self-harm or bipolar or eating disorder* or eating difficult* or anorex* or bulimi* or EDNOS or trauma* or PTSD or post traumatic stress disorder* or suicid* or delusion* or behav* dis* or behav* problem* or behav* issue* or behav* difficult* or peer difficult* or peer problem* or relationship difficult* or relationship problem* or relationship issue* or family problem* or family issue* or family difficult* or conduct disorder* or oppositional defiant disorder* or antisocial personality disorder* or aggressi* or inattention or hyperactivity or substance abuse* or substance misuse* or drug abuse* or drug misuse* or alcohol abuse* or alcohol misuse* or internalis* or internaliz* or externalis* or externaliz*).ab,ti. (1167985)

13 11 or 12 (1392695)

14 1 and 5 and 10 and 13 (3047)

15 limit 14 to (english language and yr="2000 -Current") (2446)

Key websites searched:

Australian Health Promoting Schools Association

Barnardo's

Communities and Schools Promoting Health

Education Endowment Foundation

EPPI-Centre database of education research

Evidence Based Practice Unit

Institute for Effective Education

International School Health Network

International Union for Health Promotion and Education

Mental Health Foundation

National Centre for Social Research

National Foundation for Education Research

Nurture UK

Place2Be

School Health Education Unit

Schools for Health in Europe website

WHO

Appendix E: Chapter 5 supplementary materials

Example interview schedule for school staff at sustainability timepoint 1a (Strategies for Safety and Wellbeing):

KEY AREAS TO COVER:

- What Strategies for Safety and Wellbeing looks like now and how it is being delivered, including:
 - Consistency of delivery
 - Who is involved
 - Degree of embedding and spread of the intervention within the school
 - Any changes from original implementation (and why/how these have come about)
- Barriers and facilitators to delivering Strategies for Safety and Wellbeing since the original implementation period

Interview questions:

1. Can you tell me about your role at the school?
2. Your school was delivering Strategies for Safety and Wellbeing last year as part of the INSPIRE project. What has been happening since Easter 2019 (if anything) in terms of this programme?

Possible prompts:

- Was SSW delivered during the national lockdowns?
 - What does SSW look like this year in your school?
 - Can you tell me about your role in relation to the SSW programme? Is your role the same or different this year? How/why?
3. Are there any differences this year in how the programme is being delivered? What/why?

Possible prompts:

- Who delivers SSW this year? Is this different from last year? *If yes, why?*
- Are the sessions being delivered differently this year? In what ways? Why?
- Have the timings or location of the sessions changed? In what ways? Why?
- Have you made changes to the curriculum/resources?

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

- Have parents been aware of the programme? Why/why not? How does this compare to last year?

If changes have happened:

- How did these changes come about? Who decided these changes? What were the reasons behind these changes?
- What impact have these changes had on pupils?
- Have these changes been helpful/unhelpful? How/why?

4. Have other classes/year groups in your school begun implementing SSW this year?

If yes (possible prompts):

- Is this in addition to or instead of the classes/year groups who were receiving the programme last year?
- Why/how has this happened?
- What do you think has led to the spread of the programme to other classes/year groups in your school?

If no (possible prompts):

- Do you think that other classes/year groups *should* start implementing SSW? Why? Which?
- Do you think that other classes/year groups *could* start implementing SSW? Why? Which?
- What do you think would need to happen for other classes/year groups to start implementing SSW?

5. a) How consistently do you think the SSW programme is being delivered now, compared to when it began?

Possible prompts:

- How often do you/does your school teach SSW this year? How does this compare to last year?
- Do you consider teaching SSW to be a part of your role? *If yes*, what do you think has helped this happen? *If no*, what do you think has prevented this from happening?
- Does SSW still take place when particular members of staff are absent? Why/why not?
- *If lack of consistency*, what do you think would need to happen for SSW to be more consistently implemented in your class/school?

b) Do you think that SSW will continue to be delivered in your school next year? *If so, why?* Would this take the same form? *If not, why not?*

Possible prompts:

- What do you think would need to happen for SSW to continue to be delivered in your school?
- 6. What factors do you think have *enabled* your school to continue delivering SSW?**

OR

What factors do you think have *prevented* your school from continuing to deliver SSW this year?

Possible prompts:

- School-level factors?
 - Pupil-related factors?
 - Staff-related factors?
 - SSW resources-related factors?
 - External/wider environment factors?
- 7. a) Has there been anything (else) that has made implementing SSW more difficult in your school?**

Possible prompts:

- What are the barriers/challenges that you have experienced in relation to delivering SSW?
 - Have these remained the same since the start of the project last year? Have you experienced any new barriers/challenges this year? What?
 - School-level challenges?
 - Pupil-related challenges?
 - Staff-related challenges?
 - SSW resources-related challenges?
 - External environment challenges?
- b) Have any of these challenges been overcome?**

Possible prompts

- *If yes, how?* What/who has been helpful?
- *If no, what factors have made it difficult to overcome these challenges? What would need to happen for these challenges to be overcome?*

8. Have there been any changes to your school as a result of the implementation of the SSW programme? What?

If yes (possible prompts): [Ask for concrete examples of changes]

- Changes to the school environment?
- Changes to pupil behaviour/attitude to learning?
- Changes to pupil relationships?
- Changes to pupils' emotional regulation?
- Changes to staff wellbeing?
- Anything different this year, as compared to last year?
- Which aspects of SSW have led to these changes?

If no (possible prompts):

- Why do you think that is?

9. What advice would you give to another school looking to achieve long-term delivery of the SSW programme (i.e. beyond just one academic year)?

Possible prompts:

- Who would need to be involved in implementing the programme in a school for it to become part of the school timetable?
- What would need to be in place in a school for it to become part of the school timetable?

10. Finally, when thinking about a programme like SSW, what does the *sustainability* of this programme mean to you?

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

Appendix F: Chapter 6 supplementary materials

Example sustainability surveys

Sustainability Survey – Mindfulness – Wave 1

This is a survey about whether you have delivered or are planning to deliver the Anna Freud Mindfulness programme again this academic year. There are no right or wrong answers and your responses will be treated with the strictest confidentiality. We are just interested to find out what your school is doing now that the formal implementation period is over.

This section is about your school's delivery of the Anna Freud Mindfulness programme. The formal delivery phase for this project was intended to be from January - April 2020, however we know that schools closed in March 2020 due to the Covid-19 pandemic.

Part 1: about your delivery of Anna Freud Mindfulness now

1. Are you delivering the Anna Freud Mindfulness programme now:

- a. Yes, as recommended (every day for 5 minutes)
- b. I deliver activities from the Anna Freud Mindfulness programme (booklet/specified apps) most days
- c. I deliver some of the activities from the Anna Freud Mindfulness programme (booklet/specified apps) on some days
- d. No, not at all

Please provide further details:

2a. Who are you delivering Mindfulness to now? (tick all that apply):

Part 2: your future delivery of Anna Freud Mindfulness

1. Do you plan to deliver Anna Freud Mindfulness in the remaining terms of this academic year?

- a. Yes, as recommended (every day for 5 minutes)
- b. I will deliver activities from the Anna Freud Mindfulness programme (booklet/specified apps) most days
- c. I will deliver some of the activities from the Anna Freud Mindfulness programme (booklet/specified apps) on some days
- d. No, not at all

Please provide further details:

2b. Who will you deliver Anna Freud Mindfulness to this academic year (tick all that apply)?

Part 3: About Anna Freud Mindfulness in your school

1. Have you been required to deliver training or pass on the Anna Freud Mindfulness resources to other staff members?

Yes/No

If yes, please provide further details (e.g. year groups, staff members):

2. Is the Anna Freud Mindfulness programme being delivered elsewhere in your school by another member of staff?

3. Who is the Anna Freud Mindfulness programme being delivered to by other members of staff in your school (tick all that apply)?

The next section is about different components of sustainability, or long-term success, of educational initiatives.

Please select the appropriate response for each item.

	No	Uncertain	Yes	N/A
1. In the last six months I have discussed with friends or colleagues specific examples of where improvements have been made at my school.	1	2	3	0
2. In the last six months, I have advocated for the introduction of a new initiative at my school.	1	2	3	0
3. In the last six months, I have discussed positive coping strategies with professional colleagues.	1	2	3	0
4. I openly expressed my support for the selection of the Mindfulness programme.	1	2	3	0
5. I have read one or more of the Mindfulness programme planning documents.	1	2	3	0
6. I was supported by school leader(s) to implement the Mindfulness programme.	1	2	3	0
7. I discussed with professional colleagues the external pressures that might have influenced the Mindfulness programme.	1	2	3	0
8. I have recommended the Mindfulness programme to other professional colleagues.	1	2	3	0
9. I was actively involved in making pedagogical decisions about how best to implement the Mindfulness programme.	1	2	3	0
10. I had undertaken sufficient professional education to enable me to roll-out the Mindfulness programme.	1	2	3	0
11. I had productive discussions with team members about the Mindfulness programme.	1	2	3	0
12. I had enough funding to implement my parts of the Mindfulness programme.	1	2	3	0
13. I had access to enough staff to support my implementation of the Mindfulness programme.	1	2	3	0
14. I found that there was sufficient time during my work with students to fit in the Mindfulness programme.	1	2	3	0
15. I received feedback about how the Mindfulness programme was being implemented.	1	2	3	0
16. I looked at feedback about the outcomes of the Mindfulness programme for my own students.	1	2	3	0
17. I made adaptations to the Mindfulness programme as a result of feedback.	1	2	3	0
18. I discussed with professional colleagues how processes at our school had improved as a result of the Mindfulness programme.	1	2	3	0
19. I discussed with professional colleagues how professional relationships at my school had improved as a result of the Mindfulness programme.	1	2	3	0

Sustainability Survey – Strategies for Safety and Wellbeing – Wave 2

This is a survey about whether you have delivered or are planning to deliver Strategies for Safety and Wellbeing again this academic year. There are no right or wrong answers and your responses will be treated with the strictest confidentiality. We are just interested to find out what your school is doing now that the formal implementation period is over.

This section is about your school's delivery of the Anna Freud Strategies for Safety and Wellbeing (SSW) curriculum. The eight sessions of SSW were supposed to be delivered between January - April 2020, however we know that schools closed in March 2020 due to the Covid-19 pandemic.

Part 1: about your delivery of Strategies for Safety and Wellbeing

1. Were you able to deliver all eight sessions of SSW before schools closed in March 2020?

1a. How many sessions were you able to deliver before your school closed?

1b. Were you able to deliver the remaining SSW sessions during the lockdown (March – July 2020):

- a. Yes, the full curriculum (all sessions)
- b. I used certain lessons from SSW (e.g. just taught lesson on Early Warning Signs)
- c. I used key themes from SSW (e.g. teaching pupils about support networks)
- d. I used resources/activities from SSW (e.g. worksheets, safe space visualisation)
- e. No, not at all

2a. If you delivered SSW during the lockdown, did you deliver SSW in its original format, or did you make changes:

- a. Original format (sessions delivered according to lesson plans provided)
- b. Surface level changes (e.g. changed some wording in a PowerPoint presentation)
- c. Major changes (e.g. changed the order/structure/content of the lessons)

Please provide further details:

Part 2: about your delivery of Strategies for Safety and Wellbeing to pupils outside the INSPIRE trial

1. Have you delivered SSW to any other pupils (not involved in the INSPIRE trial) since April 2020:

- a. Yes, the full curriculum (all eight sessions)
- b. I have used certain lessons from SSW (e.g. just taught lesson on Early Warning Signs)
- c. I have used key themes from SSW (e.g. teaching pupils about support networks)
- d. I have used resources/activities from SSW (e.g. worksheets, safe space visualisation)
- e. No, not at all

2a. If you have delivered SSW in full, have you delivered SSW in its original format, or have you made changes:

- a. Original format (eight sessions delivered according to lesson plans provided)
- b. Surface level changes (e.g. changed some wording in a PowerPoint presentation)
- c. Major changes (e.g. changed the order/structure/content of the lessons)

Please provide further details:

2b. If you have selected certain aspects of SSW to deliver, please provide further details:

3. Who have you delivered SSW to since the delivery phase ended in April 2020 (tick all that apply):

Part 3: your future delivery of Strategies for Safety and Wellbeing

1. Do you plan to deliver Strategies for Safety and Wellbeing (SSW) in the remaining terms of this academic year?

- a. Yes, the full curriculum (all eight sessions)
- b. I will use certain lessons from SSW (e.g. just taught lesson on Early Warning Signs)
- c. I will use key themes from SSW (e.g. teaching pupils about support networks)
- d. I will use resources/activities from SSW (e.g. worksheets, safe space visualisation)
- e. No, not at all

2. If you plan to deliver SSW in full, will you deliver SSW in its original format or will you make changes:

- a. Original format (eight sessions delivered according to lesson plans provided)
- b. Surface level changes (e.g. changed some wording in a PowerPoint presentation)
- c. Major changes (e.g. changed the order/structure/content of the lessons)

Please provide further details:

3. Who will you deliver SSW to this academic year (tick all that apply)?

4. If you plan to select certain aspects of SSW to deliver, please provide further details:

5. Who will you deliver SSW to this academic year (tick all that apply)?

Part 4: About Strategies for Safety and Wellbeing in your school

1. Have you been required to deliver training or pass on the Strategies for Safety and Wellbeing (SSW) resources to other staff members?

If yes, please provide further details (e.g. year groups, staff members):

2. Is SSW being delivered elsewhere in your school by another member of staff?

3. Who is SSW being delivered to by other members of staff in your school (tick all that apply)?

The next section is about different components of sustainability, or long-term success, of educational initiatives.

Please select the appropriate response for each item.

	No	Uncertain	Yes	N/A
1. In the last six months I have discussed with friends or colleagues specific examples of where improvements have been made at my school.	1	2	3	0
2. In the last six months, I have advocated for the introduction of a new initiative at my school.	1	2	3	0
3. In the last six months, I have discussed positive coping strategies with professional colleagues.	1	2	3	0
4. I openly expressed my support for the selection of the Mindfulness programme.	1	2	3	0

Appendix F: Chapter 6 supplementary materials

5. I have read one or more of the Mindfulness programme planning documents.	1	2	3	0
6. I was supported by school leader(s) to implement the Mindfulness programme.	1	2	3	0
7. I discussed with professional colleagues the external pressures that might have influenced the Mindfulness programme.	1	2	3	0
8. I have recommended the Mindfulness programme to other professional colleagues.	1	2	3	0
9. I was actively involved in making pedagogical decisions about how best to implement the Mindfulness programme.	1	2	3	0
10. I had undertaken sufficient professional education to enable me to roll-out the Mindfulness programme.	1	2	3	0
11. I had productive discussions with team members about the Mindfulness programme.	1	2	3	0
12. I had enough funding to implement my parts of the Mindfulness programme.	1	2	3	0
13. I had access to enough staff to support my implementation of the Mindfulness programme.	1	2	3	0
14. I found that there was sufficient time during my work with students to fit in the Mindfulness programme.	1	2	3	0
15. I received feedback about how the Mindfulness programme was being implemented.	1	2	3	0
16. I looked at feedback about the outcomes of the Mindfulness programme for my own students.	1	2	3	0
17. I made adaptations to the Mindfulness programme as a result of feedback.	1	2	3	0
18. I discussed with professional colleagues how processes at our school had improved as a result of the Mindfulness programme.	1	2	3	0
19. I discussed with professional colleagues how professional relationships at my school had improved as a result of the Mindfulness programme.	1	2	3	0

SITE behaviour items

Factor analysis of 19 behavioural items:

Factor	Variance	% of variance
1	5.35726	0.4089
2	5.15962	0.3938
3	4.21351	0.3216

Variable (behaviour)	Factor 1	Factor 2	Factor 3	Uniqueness
Site improvement	-0.0908	0.091	0.8501	0.2628
Agency	0.091	-0.2073	0.833	0.3565
Resilience	-0.0912	0.053	0.7625	0.4308
Selection*	0.1965	0.2101	0.297	0.6967
Planning	0.5302	0.0456	-0.0128	0.7002

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Leadership*	0.354	0.2769	0.0321	0.6918
Externals*	0.0787	0.2366	0.2915	0.7624
Commitment *	0.2152	0.2145	0.3748	0.5992
Involvement	0.6019	0.0124	0.2122	0.4881
Capabilities	0.7729	-0.0181	-0.0499	0.4407
Teams	0.5914	0.1921	0.1566	0.3914
Funding	0.7431	-0.1418	0.004	0.522
Staffing	0.8945	-0.0789	-0.0351	0.278
Time	0.4336	0.2319	-0.0805	0.7014
Implementation data*	0.3352	0.3874	0.1837	0.4811
Outcomes data	-0.0603	0.9322	-0.1031	0.2418
Adaptability	-0.1042	0.8229	0.1495	0.279
Processes	0.2136	0.6109	0.1966	0.2939
Relationships	0.1467	0.82	-0.0083	0.2028

*Did not load sufficiently onto any of the factors and consequently removed

Factor analysis of 14 behavioural items:

Factor	Variance	% of variance
1	7.60666	0.6579
2	6.8708	0.5943
3	5.21056	0.4507

Variable (behaviour)	Factor 1	Factor 2	Factor 3	Uniqueness
Site improvement	-0.0689	0.1438	0.8841	0.1494
Agency	0.1286	-0.1566	0.9126	0.1634
Resilience	0.0218	0.1293	0.7805	0.2517
Planning	0.6508	0.0606	0.1498	0.3787
Involvement	0.7138	0.047	0.1487	0.2952
Capabilities	0.8627	0.0721	-0.0521	0.2163
Teams	0.6407	0.2798	0.0729	0.1879
Funding	0.9017	-0.1057	0.0124	0.2951
Staffing	0.9294	-0.0105	-0.0101	0.1597
Time	0.503	0.3763	-0.0631	0.4005
Outcomes data	-0.0098	0.9241	-0.0018	0.1601
Adaptability	-0.0528	0.8707	0.1414	0.1694
Processes	0.2098	0.6987	0.0929	0.1727
Relationships	0.1605	0.8516	-0.0224	0.084

Fidelity, dosage, adaptation and implementation outcomes

Fidelity – example Mindfulness:

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

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

[Yes/No]

Please indicate the extent to which you followed the guidance in the manual in terms of the structure (e.g. following the scripts) and content (e.g. covering all points within an activity):

Percentage:

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

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

[Yes/No]

Please indicate the extent to which you followed the guidance in the manual in terms of the structure (e.g. following the scripts) and content (e.g. covering all points within an activity):

Percentage:

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

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

Please indicate the extent to which you followed the guidance in the manual in terms of the structure (e.g. following the scripts) and content (e.g. covering all points within an activity):

Percentage:

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

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

[Yes/No]

Please indicate the extent to which you followed the guidance in the manual in terms of the structure (e.g. following the scripts) and content (e.g. covering all points within an activity):

Percentage:

Dosage – example Mindfulness:

Approximately when did delivery of Mindfulness start with this class: [select date]

Is Mindfulness still being delivered to this class? [Yes/No]

When did delivery of Mindfulness stop to this class: [select date]

Approximately how many times per week did you deliver Mindfulness?

[1/2/3/4/5/6+]

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

Adaptation – example Mindfulness:

Did you make any changes to any of the activities?

[yes/no]

Implementation outcomes – example Mindfulness:

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

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. Mindfulness meets my approval	1	2	3	4	5
2. Mindfulness is appealing to me	1	2	3	4	5
3. I like Mindfulness	1	2	3	4	5
4. I welcome Mindfulness	1	2	3	4	5

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

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. Mindfulness seems fitting	1	2	3	4	5
2. Mindfulness seems suitable	1	2	3	4	5
3. Mindfulness seems applicable	1	2	3	4	5
4. Mindfulness seems like a good match	1	2	3	4	5

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

	Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
1. Mindfulness seems implementable	1	2	3	4	5
2. Mindfulness seems possible	1	2	3	4	5
3. Mindfulness seems doable	1	2	3	4	5
4. Mindfulness seems easy to use	1	2	3	4	5

Missing data:

	Data completeness N (%)	Data missing N (%)
Demographics		
Project role	401 (100%)	0 (0%)
Gender	396 (98.75%)	5 (1.25%)
Age	394 (98.25%)	7 (1.75%)
Staff role	401 (100%)	0 (0%)
Years in sector	401 (100%)	0 (0%)
Sustainability outcome variable		
Mindfulness	117 (100%)	0 (0%)
Relaxation	97 (100%)	0 (0%)
SSW	107 (99.07%)	1 (0.93%)
The Guide	79 (100%)	0 (0%)
Predictor variables		
Fidelity	250 (62.34%)	151 (37.66%)
Dosage	251 (62.59%)	150 (37.41%)
Acceptability, Appropriateness, Feasibility	255 (63.59%)	146 (36.41%)
Adaptation	251 (62.59%)	150 (37.41%)
Overall SITE score	361 (90.02%)	40 (9.98%)

Sensitivity Analyses:

Multilevel logistic regression for sustained delivery of Mindfulness and Relaxation – complete cases only (N = 136, 86 schools)

	OR	P	95% CI	
Fixed effects				
School				
Wave (pre- or during-pandemic)	0.731	0.752	0.105	5.089
Type of school (primary/secondary)	0.039	0.021*	0.002	0.615
Intervention (mindfulness/relaxation)	1.777	0.839	0.246	5.623
Initial implementation				
Fidelity	1.002	0.940	0.958	1.048
Dosage	0.983	0.360	0.947	1.020
Acceptability	5.672	0.122	0.30	51.010
Appropriateness	0.787	0.822	0.098	6.347
Feasibility	1.206	0.814	0.252	5.775
Adaptation	3.487	0.118	0.729	16.692
Sustainability behaviours				
Preparation and delivery	1.189	0.400	0.795	1.780
Feedback and reflection	1.356	0.282	0.779	2.359
Wider school culture	1.970	0.057	0.981	3.956

* = ≤ 0.05

Multilevel logistic regression for sustained delivery of SSW and The Guide – complete cases only (N = 107, 63 schools)

	OR	P	95% CI	
Fixed effects				
School				
Wave (pre- or during-pandemic)	0.015	0.001*	0.001	0.170
Intervention (SSW/Guide)	0.073	0.014*	0.009	0.590
Initial implementation				
Fidelity	0.919	0.045*	0.846	0.998
Dosage	0.978	0.240	0.943	1.015
Acceptability	1.095	0.881	0.333	3.601
Appropriateness	2.983	0.164	0.640	13.867
Feasibility	0.637	0.567	0.136	2.981
Adaptation	0.635	0.489	0.175	2.303
Sustainability behaviours				
Preparation and delivery	0.899	0.533	0.644	1.256
Feedback and reflection	1.190	0.432	0.772	1.835
Wider school culture	1.227	0.472	0.702	2.145

* = ≤ 0.05

Appendix G: Chapter 7 supplementary materials

Example focus group schedule for pupils at sustainability timepoint 1a (Relaxation and Mindfulness):

KEY AREAS TO COVER:

- What the intervention looks like now and its perceived impact
- Why pupils think they are doing this
- Any changes to their school experience as a result of the intervention (e.g. wider school context/culture change)
- If there have been additional changes to the curriculum (linked to mental health and wellbeing)
- Pupils' expectations for the future regarding the intervention

Focus group questions:

1. What year group(s) are you all in?

2. What kinds of **[Mindfulness or Relaxation]** activities have you been doing?

Possible prompts:

- Can you tell me about the **[Mindfulness or Relaxation]** techniques that you have been practising?
- What are they? What do they involve?
- Who do you do **[Mindfulness or Relaxation]** with? (*i.e. which staff member(s)/which pupils?*)
- How often do you do **[Mindfulness or Relaxation]**?

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

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

3. When did you start doing these **[Mindfulness or Relaxation]** sessions?

Possible prompts:

- Do you do different things in the sessions now compared to when they started? What?
- Do the sessions look different now compared to when they started? In what ways?

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

Possible prompts:

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

5. Why do you think your school has been teaching you [*Mindfulness or Relaxation*]?

Possible prompts:

- What do you think are your school's reasons behind teaching you this?

6. What difference (if any) do you think that the [*Mindfulness or Relaxation*] activities have made for you?

Possible prompts:

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

7. If you stopped doing the [*Mindfulness or Relaxation*] activities in your lessons, would you continue doing them in your own time anyway? Why/why not?

Possible prompts:

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

8. Do you think your school will continue to do [*Mindfulness or Relaxation*] in future years? Why/why not?

Possible prompts:

- Which year groups do you think should do [*Mindfulness or Relaxation*]?

9. Would you recommend the activities to others? If yes, who and why? If no, what would need to change before you recommended them?

Appendix H: Chapter 8 supplementary materials

Staff perspectives on how to make school mental health and wellbeing interventions sustainable

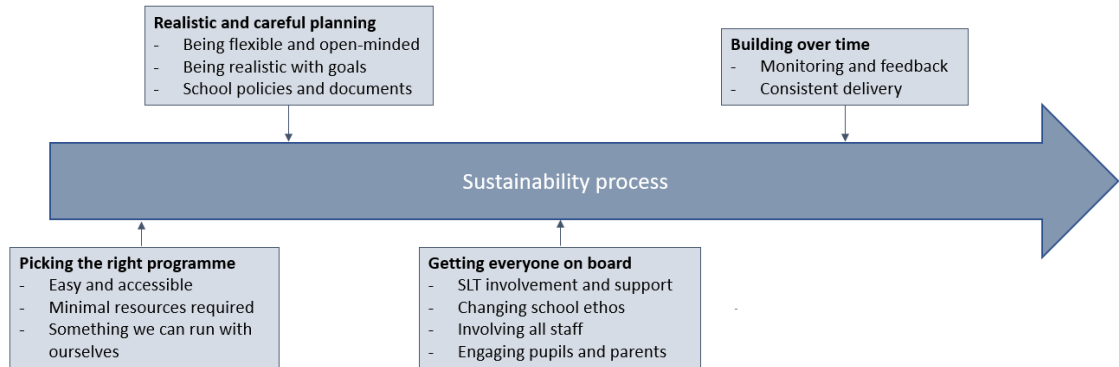


Figure H.1 Example thematic map of staff solutions to sustainability

Conversation starter – cycle of “sustainability”:

This was not intended to be a comprehensive overview of the thesis findings, but rather a tool to kickstart the conversation in the meeting. This cycle was created from a combination of findings from this thesis (for example, schools in Type 3 – trialled and moved on in the previous chapter), examples from wider literature (e.g. Askell-Williams, 2017) and informal conversations with school staff and other stakeholders. The figure H.1 below outlines this cycle.

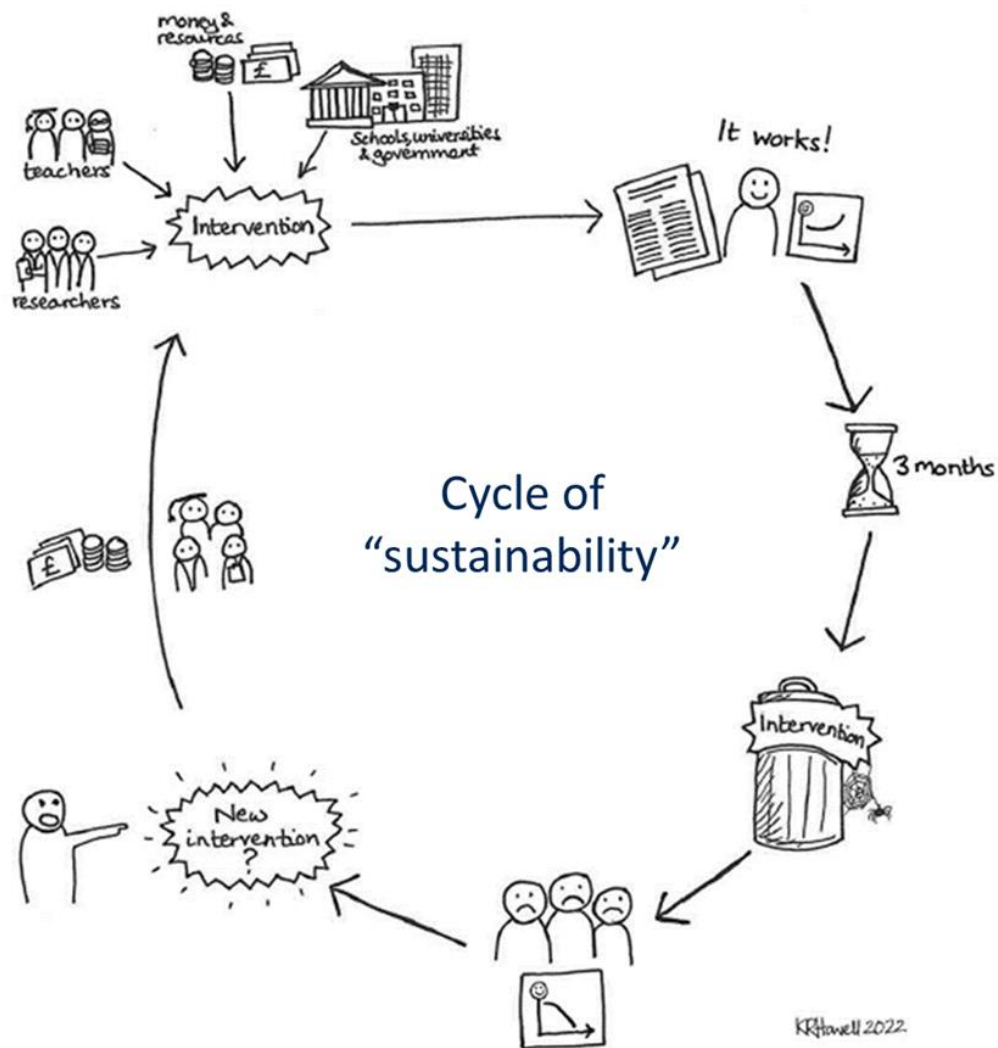


Figure H.2 Conversation starter for roundtable discussion

Starting from the top left, we see the time, money and resources from a range of stakeholders that go into designing, piloting and delivering a new intervention. However, despite reports of the intervention working (this could be anecdotal evidence or findings from a research trial), the intervention resources are quickly forgotten and end up in a cupboard or in the bin as delivery peters out. This seems to happen despite increasing need for support as pupils' mental health continues to decline. Then, in the bottom left we see excitement at a 'new' intervention that may fix the problem. This intervention often looks surprisingly similar to something that has come before. Once again, there is investment from many different sources to develop said 'new' intervention and the cycle begins again.