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Pupil perspectives on school mental health literacy interventions

**Experiences of three programmes in
English primary and secondary
schools**

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Summary

Funded by the Department for Education, Education for Wellbeing is one of England's largest research programmes for school-based mental health interventions. The aim of the programme was to evaluate pioneering ways of supporting the mental wellbeing of pupils.

The programme was split into two trials: AWARE (Approaches for Wellbeing and Mental Health Literacy: Research in Education), tested in secondary school settings, and INSPIRE (INterventions in Schools for Promoting Wellbeing: Research in Education), tested in both primary and secondary school settings (see AWARE Impact Findings and INSPIRE Impact Findings for more detail). Recruitment was conducted in three waves (2018, 2019, 2022).

This briefing reports findings from a qualitative investigation into children and young people's experiences across the two trials in Wave 1. It focuses on three school-based interventions - Youth Aware of Mental Health (YAM), Strategies for Safety and Wellbeing (SSW), and The Guide - all delivered on a universal basis as part of the Education for Wellbeing programme. Other briefings relating to this programme can be found at <https://www.gov.uk/government/publications/education-for-wellbeing-programme-findings>.

From an implementation perspective, SSW, YAM, and The Guide are all curriculum-based interventions, with a focus on education to raise awareness of mental health to improve help-seeking, mental health, and wellbeing, and so are represented together in this briefing. Experiences of Mindfulness-based exercises and Relaxation techniques are disseminated in a companion document entitled, "*Pupil perspectives on approaches to school wellbeing promotion: Experiences of Mindfulness-based exercises and Relaxation techniques*".

Many children and young people within the qualitative research subsample reported multiple positive outcomes from the three interventions, including increased knowledge and awareness of mental health, new real-world problem-solving skills, and social connectedness. However, issues around the organisation of the lessons, including lack of time, repetitive content, and behaviour management, were referred to as barriers to engagement.

The interventions were felt to provide a fun, relaxed, and safe environment for learning, through the use of interactive, creative, or practical exercises, mutual sharing of experiences, and a more informal structure than their usual lessons. However, sometimes participants found the content boring, such as when it was repetitive, or experienced certain topics as upsetting or anxiety-provoking.

The Study

The Sample

Each primary school selected up to two classes from Years 4 and 5 (age 8-10) and each secondary school selected up to three classes from Years 7 and 8 (age 11-13) to be involved in INSPIRE. Each secondary school selected up to three Year 9 (age 13-14) classes to be involved in AWARE. All three interventions were delivered over a four-month period during the spring term of 2019 (January to April). YAM was delivered by trained YAM instructors and helpers (external to the schools' staff teams), and SSW and The Guide were delivered by trained school staff.

Prior to the start of the interventions, school staff received either a half-day training session in late 2018 for SSW or a full-day training session in The Guide. Training sessions were led by the Education for Wellbeing intervention development team. At the training, school staff were invited to express interest in their school being a qualitative case study school for Education for Wellbeing. Schools delivering YAM were also invited to express interest in being a qualitative case study school.

Of the schools that expressed interest in being a qualitative case study school, 12 schools were selected to achieve equal representation across interventions and trial hubs, as well as variation in contextual factors (including level of current mental health support and barriers faced to providing support, as measured through the trial's usual provision survey). All schools delivering The Guide or YAM were secondary schools. Of the four schools delivering SSW, two were primary schools and two were secondary schools. 11 of the schools were co-educational, state-funded schools, whilst one was a privately funded, single sex secondary school. The findings presented in this briefing primarily reflect the perspectives of secondary school students.

School staff invited students to express interest in taking part in focus groups and then selected up to 10 students with a range of views on the interventions to take part. The Education for Wellbeing evaluation team conducted 21 focus groups¹ (up to three per school) with 95 students in total across the 12 schools. Six focus groups focused on students' experiences of YAM (26 students; 46% female), eight focus groups focused on The Guide (34 students; 37% female), and seven focus groups focused on SSW (four in primary schools and three in secondary schools; 35 students; 61% female).

¹ Focus groups consisted of 4-8 students. Across two schools, three individual interviews were conducted instead due to an insufficient number of students available for a focus group.

Data collection

Children, young people, and their parents or carers received information sheets and gave written informed consent to join the focus groups. The Education for Wellbeing evaluation team explained that participation was voluntary, they could withdraw any time, and discussions would be kept confidential, except when there were apparent safeguarding concerns.

The focus groups (approximately on average 20 minutes in length) took a semi-structured format and were conducted by the Education for Wellbeing evaluation team in private rooms at participants' schools during the mid to late stages of the interventions. The focus groups explored three main areas relating to the interventions: students' experiences and opinions, suggestions for improvements, and perceptions of impact. All focus groups were audio recorded and then transcribed verbatim.

Analysis

The areas of research interest outlined in the focus group topic guide (topic guides available in the [Technical Report](#)) were used as categories to which relevant extracts of the transcripts were systematically coded, taking a 'top-down' approach initially to analysis. Categories included: aspects liked or found helpful, aspects disliked or found unhelpful, suggestions for improvement, and perceptions of impact. Then, drawing on Braun and Clarke's (2006, 2020) approach to thematic analysis, the data coded to each category were recoded, taking a 'bottom-up' approach to analysis, which involved applying codes (labels) to transcript extracts describing their content. Similar codes were then grouped into themes within each category. Themes were defined, refined through team discussions, and repeatedly checked against the data to ensure that they were sufficiently representative of the contents of the dataset. As a final step in our analysis, we explored any potential variation between themes in terms of schools' levels of current mental health support and barriers faced to providing support, as measured through the trial's usual provision survey.

Findings

Perceptions of impact

Knowledge and awareness of mental health

Participants in almost all focus groups across the interventions reported gaining new knowledge about mental disorders, symptoms, and the impact of having a disorder on one's life. Participants in The Guide also described learning about science and statistics related to mental disorders. This helped participants to normalise mental health issues and recognise when and why someone might experience difficulties. Whilst participants reflected more on recognising mental health difficulties in others rather than in themselves, they acknowledged that all three interventions had helped them to understand their own feelings better.

“We've got to talk more than we used to do before the mental health, so now most people know how it actually feels.” (The Guide)

Real world problem-solving skills

Participants in all focus groups across the interventions described learning ways to handle difficult situations and emotions, such as whom to seek help from when facing mental health difficulties or unsafe situations (i.e., teachers, parents, friends, specific websites or services, ChildLine, the police). They also mentioned acquiring skills to manage emotions or mental health difficulties, including using techniques like thinking about a 'happy place' (SSW) or using breathing exercises (The Guide). Participants often referenced their ability to help others as a result of the lessons, including knowing when to involve an adult, directing others to appropriate resources, and giving them space to talk.

“I do think some of the stuff that was said, I will remember. Because it can help me. Some things that we were told to do if one of your friends... There are some posters that are in the assembly hall that talk about suicide or depression. And if you're, if you, I do think I'd remember that in case some of my friends ever did suffer.” (YAM)

It's good to talk

A key learning point from the lessons, noted by participants in 11 focus groups (most of SSW, just over a third of The Guide, and a third of YAM focus groups), was the importance of not keeping problems to oneself and sharing them with others. Participants felt more confident voicing their problems, as lessons had emphasised that talking about

your feelings can prevent problems worsening. Participants in SSW also described their perception of the lessons as a safe space within which they could openly discuss their feelings.

“Well, like mental health is like you have like really big feelings as well, like some of them like the small ones you might find okay and you’ll find after like, maybe, like a few days, they’ll go but sometimes, they start to grow if you don’t like tell someone.” (SSW)

Empathy and connection

Participants in 14 focus groups (most of YAM, three-quarters of The Guide, and almost half of SSW focus groups) reported increased feelings of social connectedness with classmates. Learning about each other’s lives and the mental health challenges that each had faced was said to have increased openness, friendliness, and care among classmates. Participants in The Guide had also developed more empathy and respect for people experiencing mental health difficulties.

“Because people have been like not like making fun out of different people and stuff. Everyone’s just been being better mates since we’ve been learning about it.” (The Guide)

Mixed emotions

Participants in 16 focus groups (all of YAM, most of SSW, and half of The Guide focus groups) reported having fun and feeling more relaxed during the intervention lessons, compared to regular lessons. Across all interventions, the minimal writing requirements were appreciated. Participants in YAM valued the lack of pressure to discuss unwanted topics, freedom to express opinions without criticism, and role-playing activities. Participants in SSW enjoyed doing creative activities and using relaxation techniques. Participants in The Guide enjoyed watching vignettes of people’s first-hand experiences of mental health difficulties.

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

However, participants in 11 focus groups (three-quarters of The Guide, almost half of SSW, and a third of YAM focus groups) had experienced more negative feelings as a result of the interventions. There were two elements to this. First, some participants experienced boredom when the lessons were not interactive, or when the content was uninteresting or repetitive. Second, some participants reflected that it could be upsetting or difficult discussing specific topics such as suicide. Participants in The Guide and SSW

also felt that reflecting on their own mental health and learning about unsafe situations could provoke anxiety.

“Are there any improvements that you’d want to make? I thought when we were talking about the suicide one, it was like the second week and we hadn’t really spoken about anything else. It was just about that and it was a bit. It was hard sitting there listening to it. When would you have liked to have done that? Near the end when we’d learnt about everything else.” (YAM)

Mechanisms behind positive impact

Interactive, practical, and discussion activities

Participants in almost all focus groups across the interventions found the lessons more enjoyable and engaging when they included interactive, creative, or practical exercises. They appreciated the opportunity for collaborative learning, in-depth discussions, and a platform to share their feelings. Participants in The Guide and SSW also valued watching vignettes of people sharing their experiences of mental health difficulties and hearing classmates and teachers share their own experiences. They felt that this had helped them to absorb and understand information better than more traditional note-taking approaches.

“Would you recommend these lessons to other people your age? Yes, because they’re really fun and it’s a nice variety of things that you do. Because you get to watch videos, you get to do some active stuff, you get to do some drawing, talking, writing and you get to do lots of things.” (SSW)

Flexibility and informality

Participants in 10 focus groups (all of YAM, almost a third of SSW, and a quarter of The Guide focus groups) appreciated the flexible and informal structure of intervention lessons. They valued the variety of topics and activities covered, and the autonomy that they had in selecting the subject of discussion. Participants in YAM especially enjoyed the informal setup of the lessons, including the ability to address the external facilitator by their first name, sitting in circles, and choosing the group members that they worked with. This relaxed environment made it easier to discuss difficult topics without pressure, helping them to broach difficult subjects more comfortably.

“You could talk about anything. We talked about quite a lot of things. And whenever... if it wasn’t anything to do with what we’re learning, we would just put it on the board and we would talk about it later.” (YAM)

A safe and non-judgemental space

Participants in 10 focus groups (most of YAM, almost half of SSW, and a quarter of The Guide) viewed the lessons as safe, non-judgmental spaces. Participants in YAM in particular appreciated the absence of teachers from the lessons and felt more secure with an external facilitator who they did not have to see every day at school and who they were assured would maintain confidentiality. In contrast, for The Guide and SSW, wherein sessions were teacher-led, participants felt encouraged to reciprocate openness when seeing their teachers be open about difficult subjects themselves. Established ground rules for respect and non-judgment reinforced the safe environment of the lessons.

“The fact that we can just speak out about it and talk about how sometimes, like, we feel or how to help other people when we don’t know what to do in that situation and when we’re feeling low in ourselves, we can talk about it and nobody will judge us because with the rules. I think that it’s helped a few people in our class.” (SSW)

Barriers to positive impact

Limitations of lesson content

Participants in 17 focus groups (all of The Guide, almost three-quarters of SSW, and just over two-thirds of YAM) identified limitations in lesson content. Some information and presentations were considered boring, especially when students had a passive role (e.g., listening to teachers, watching videos for extended periods, extensive writing). Participants in The Guide also noted some activities as repetitive, which added to their boredom.

“Just having a worksheet that’s the same over and over again doesn’t really get you interacted or keeps the knowledge in you.” (The Guide)

Participants also felt that certain topics were missing and suggested adding more information on recognising and handling their own mental health difficulties, helping others, tackling stress, and learning about more types of mental disorders and treatments. They requested that content be more personal and relatable, with more space for them to share personal feelings and experiences and hear from people with lived experiences of mental health difficulties. Participants in The Guide also found the inclusion of Canadian statistics less relevant and would have preferred UK-specific data.

“I think it could be good if, maybe, on one of the lessons there was a visitor that came in and spoke to everyone about if they’ve had an experience or if there’s a

counsellor who has spoken to people with the disorder. So we can understand more about what people are like so we could tell in everyday life.” (The Guide)

Issues with lesson structure and organisation

Participants in 15 focus groups (almost all YAM, almost two-thirds of The Guide, and just over half of SSW focus groups) reported issues with lesson structure and organisation. This included feeling that lessons were rushed and noting that worksheets or resources could be lost if not properly stored or returned by teachers. Suggestions included increasing lesson quantity, frequency, or duration to accommodate more topics, deeper discussion, and a slower pace. Conversely, some participants in The Guide preferred more concise coverage of topics.

“There’s so much about mental health that you can’t really cram into five hours.”
(YAM)

Moreover, participants in YAM and SSW suggested ensuring that all students, not just the more confident ones, could participate in group or interactive activities. Smaller class sizes were recommended to create a more inclusive environment for sharing thoughts and experiences.

“It’s kind of like, you want to say something, but you don’t, because like you don’t want to say it in front of everyone.” (SSW)

Varying engagement

Participants in 18 focus groups (all of YAM and SSW and almost two-thirds of The Guide focus groups) noted students having varying levels of engagement with the interventions. Reasons included the intervention timing clashing with other school lessons or activities, lack of confidence to participate in role plays, discomfort discussing deep topics like suicide, and distrust among classmates. Misbehaviour during lessons also distracted students and disrupted lessons. Participants in YAM specifically mentioned that the absence of a teacher made it easier for students to misbehave.

“Because the teacher’s being more lenient and like people talk so some people take advantage of that and like talk and mess about and stuff.” (The Guide)

Conclusions

Quantitative findings from the AWARE trial concluded that neither YAM nor the Guide are recommended interventions for English secondary schools due to potential negative effects in the longer term that warrant further exploration. However, SSW did show positive impacts for primary school children and showed promise for young people in secondary schools when implemented in full. All three interventions were associated with some positive outcomes in the shorter term, at least with some groups of pupils.

Children and young people within the qualitative research subsample reported multiple positive outcomes from the three interventions, including increased knowledge and awareness of mental health, new real-world problem-solving skills, and social connectedness. However, issues around the organisation of the lessons, including lack of time, repetitive content, and behaviour management, were referred to as barriers to engagement. Moreover, participants primarily reported gaining knowledge relating to mental disorders, rather than relating to ways to promote and maintain positive mental health. Help-seeking knowledge and stigma reduction were predominantly referred to in the context of 'others' rather than 'self'.

The interventions were felt to provide a fun, relaxed, and safe environment for learning, through the use of interactive, creative, or practical exercises, mutual sharing of experiences, and a more informal structure than their usual lessons. However, sometimes participants found the content boring, such as when it was repetitive, or experienced certain topics as upsetting or anxiety-provoking.

Overall, the findings of this qualitative study highlight the importance of enabling schools to create space within the busy school day for students to discuss mental health, with staff feeling empowered and supported to lead such discussions.

Implications for delivery

Schools should be careful when implementing any new mental health programmes, consulting the evidence base to identify interventions that are known to be effective, and ensuring to monitor outcomes to assess benefits and also to check if any groups are negatively impacted. The qualitative findings presented in this briefing suggest that the following factors are important for school staff to consider when delivering universal mental health literacy interventions:

- Including a range of interactive, creative, or practical exercises
- Providing opportunities for students to engage in collaborative learning, in-depth discussions, and sharing feelings and experiences with each other
- Creating a relaxed, safe, and non-judgmental space, such as through establishing ground rules for respect
- Managing lesson timing and duration to allow sufficient time for discussion, student engagement, and topic coverage
- Managing behaviour issues during lessons.

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