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Teacher confidence and student engagement with mental health and wellbeing lessons: Learning from an iterative curriculum intervention in schools

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Abstract

The mental health and wellbeing of young people has received increasing attention in both research and the wider public discourse. There has been a marked rise in mental health conditions in young people, and the burden of care is increasingly transferred onto schools and teachers. However, evidence on the impact and effectiveness of school-based mental health and wellbeing interventions remains ambiguous and contested. This paper reports on the initial findings from the longitudinal, iterative implementation of a mental health and wellbeing curriculum in secondary schools and sixth-form colleges in England. This intervention sits within a broader research project exploring the mental health and wellbeing of young people in England over time. Grounded in the principles of positive psychology, the curriculum aims to provide teachers and students with a broad range of skills and strategies that are positive, proactive and protective. The research adopted an iterative, mixed-methods approach, drawing on principles of realist evaluation. It combined survey data with interviews, focus groups and lesson observations across 24 schools over 2 years. Analysis focused on how teachers and students engaged with the curriculum in situ and on the contextual features shaping

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implementation and uptake. The findings highlight two key themes: (1) the value of scaffolded implementation to support teacher engagement and development and (2) the importance of the language used to communicate both with teachers and with students and in particular the use of positive psychology as a theoretical framework. The paper concludes that accessible, well resourced and scientifically rigorous teaching materials, implemented iteratively and in partnership with schools, represent a promising mechanism for engaging and supporting teachers in improving the wellbeing of young people.

KEYWORDS

Mental health educatioan, Positive psychology, School-based interventions, Secondary education, Wellbeing

INTRODUCTION

The rise in mental health conditions in young people in England has been well documented. The latest National Health Service (NHS) estimates suggest that around 20% of young people (aged 8–25) suffer from a probable mental health disorder, with the highest rates (23.3%) amongst 17–19 year olds (NHS Digital, 2023). With the NHS and, in particular, Child and Adolescent Mental Health Services (CAMHS) struggling to keep up with this rise in demand, schools and other educational settings are increasingly expected to step in to identify students' mental health needs and provide support (Barker et al., 2023).

Despite this growing responsibility, teachers report feeling ill-equipped and inadequately trained to best support the mental health and wellbeing of their students (Davies & Matley, 2020; Vostanis et al., 2012; Waddell, 2022). Policy guidance in England increasingly emphasises the crucial role that schools and teachers can and do play, emphasising the need for a 'whole-school approach' to supporting students' mental health and wellbeing (DfE, 2023, 2025). However, schools continue to operate within accountability frameworks that prioritise academic attainment. Until recently, learner wellbeing was not a central measure of school effectiveness within Ofsted's inspection framework. Whilst this has been rectified in the latest framework (Ofsted, 2025), in practice, pressures on schools in England to account for student performance have outweighed incentives to focus on student wellbeing. Teachers therefor continue to face ongoing challenges in balancing curriculum delivery, wellbeing support and wider pastoral responsibilities.

In response to this increasing burden, there has been a parallel increase in the number of school-based mental health interventions. However, there remains limited empirical research on how such initiatives are implemented in practice, particularly in relation to teacher confidence and student engagement. Less attention has been paid to the conditions under which mental health curricula are perceived as acceptable, credible and usable within the constraints of everyday school life. This paper seeks to address these gaps by examining the early implementation of a mental health and wellbeing curriculum in secondary schools.

This paper reports on the initial findings from the longitudinal, iterative implementation of the BrainWaves mental health and wellbeing curriculum in English secondary schools. This educational intervention sits within a broader longitudinal research project exploring the mental health and wellbeing of young people in England (Parsons et al., 2025). Drawing

Key insights

What is the main issue that the paper addresses?

School-based mental health interventions are increasingly common, but evidence of their effectiveness remains contested.

What are the main insights that the paper provides?

This study examines the implementation processes of a wellbeing curriculum, showing how teacher confidence can be supported through scaffolded resources, and how language and framing shape how interventions are understood, received, and implemented in schools.

on survey data, interviews, focus groups, lesson observations and school visits across 24 schools between September 2023 and January 2025, the study explores key features of curriculum design and implementation that shaped teacher and student engagement during the early phases of delivery.

A brief note on terms

In this paper, we use the term ‘mental health and wellbeing curriculum’ to refer to the specific set of lessons evaluated. The term ‘intervention’ is used more broadly to situate this curriculum within the wider field of school-based mental health and wellbeing initiatives. Where we refer to ‘mental health education’, this denotes broader policy and curricular debates rather than the specific curriculum examined here.

LITERATURE REVIEW

There is increasing focus in both the academic and policy literature on the rising rates of mental health problems (Newlove-Delgado et al., 2021; NHS Digital, 2023) and child mental health inequalities in the UK (Collishaw et al., 2019; Fairchild, 2019; Miall et al., 2023). As a response, school-based mental health interventions have become a policy focus in England (Education and Health Committees, 2017), with schools increasingly positioned as key sites for prevention and early intervention. Reviews of the literature suggest some promising evidence from these interventions (Clarke et al., 2021; Werner-Seidler et al., 2021). There is also evidence that these interventions have been welcomed by school students. A survey of over 3000 young people conducted by Cortina et al. (2021) found that 93% of participants aged 11–19 years thought that the topics of mental health and wellbeing should be taught at school. This policy focus is not unproblematic, with some authors suggesting it may be misaligned, citing the high-stakes nature of the examination and accountability culture of schools as the most significant factor in the rising levels of anxiety and mental health challenges in schools (e.g. Brown & Carr, 2019). Nevertheless, it remains important to examine how this policy focus and subsequent interventions are understood and implemented by schools.

Schools and teachers report that student wellbeing is amongst their biggest challenges and that the mental health needs of young people far outweigh the available therapeutic resources (Lowry et al., 2022; NEU, 2024). There is evidence surrounding multiple factors that are negatively correlated with good mental health in young people, including poor patterns of sleep, lack of exercise, drug and alcohol use, exposure to social media and other harmful content and poor quality of relationships (Firth et al., 2019; Hoare et al., 2020; Marcheselli et al., 2018; NHS Digital, 2023). There is therefore a potential benefit in encouraging students to make choices that reduce or mitigate these behaviours and develop more positive alternatives.

Despite this increased focus, the evidence base surrounding school-based mental health interventions remains mixed, particularly with regard to long-term implementation. Reviews of whole-school mental health interventions note the lack of robust research evidence on long-term implementation and sustainability (March et al., 2022; O'Reilly et al., 2018). In a systematic review of the barriers and enablers of sustained school mental health interventions, March et al. (2022) identify four school-level factors that enhance their sustainability: buy-in by school leadership, the level of staff engagement, the quality and fit of interventions and effective resources. They also note the importance of external support for the intervention at the wider system level. In a more recent report, March et al. (2024) argue that considerations of sustainability and fit with school have to be built into interventions from the start. Weare and Nind (2011) reviewed 52 systematic reviews and meta-analyses and highlighted that effective interventions tended to be whole-school approaches with a focus on the positive aspects of mental health education and skills education.

Alongside questions of sustainability, a growing body of literature has raised concerns about the potential for unintended or iatrogenic harms arising from school-based mental health interventions. Gronholm et al. (2018) warned of the potential danger that school-based mental health interventions may lead to the stigmatisation of some students, particularly when these students are removed from regular classrooms for small group interventions. Foulkes and Stringaris (2023) warned that some interventions may do harm by increasing distress or clinical symptoms of mental health problems. For example, they point to two intervention studies (Andrews et al., 2023; Guzman-Holst et al., 2022) where students in groups who were taught cognitive–behavioural therapy skills experienced an increase in internalising symptoms relative to control groups. In response to these concerns, the curriculum evaluated in this study was deliberately designed to avoid diagnostic or disorder-focused framing, to normalise the full range of emotional experiences and to emphasise agency and practical strategies rather than symptom monitoring or clinical labels. A substantial body of school-based curriculum research in this area is framed within the mental health literacy literature (e.g. Hayes et al., 2019; Kutcher et al., 2015; Ma et al., 2023; Wei et al., 2013), which is discussed in more detail below in relation to the design choices underpinning the curriculum evaluated in this study.

There are, however, positive examples for whole-school approaches focused on a broad range of wellbeing outcomes, rather than narrowly targeted mental health conditions, that may be more acceptable and potentially more effective (Wang et al., 2024; Weare & Nind, 2011). For example, a review by Caldwell et al. (2019) suggested some limited evidence for the effectiveness of whole-school interventions in preventing anxiety in students, but warned against interventions that were restricted to targeting single mental health outcomes. More recently, the findings from a systematic review by Wang et al. (2024) suggested that universal school-based transdiagnostic promotion/prevention interventions have a small to medium overall effect size. They also found that interventions focused on preventing mental disorders show a higher positive effect size for children and adolescents, although this is based on a narrower range of potential effects relating to mental health. These findings suggest the need for careful intervention design and highlight that whole-school

interventions that focus on a wide range of mental health and wellbeing outcomes are more likely to be effective than individualised or overly targeted ones.

Traditionally, school mental health interventions have often been designed and delivered by medical health professionals. However, Franklin et al. (2012) reported an increased level of teacher involvement in delivering school mental health services. Berti et al.'s (2023) systematic review suggests that the involvement of students as decision-makers in mental health interventions is key to both their engagement and perceived efficacy, although a small-scale qualitative study by Jones and Precey (2024) suggests that this sort of student engagement is less valued by teachers than by other stakeholders. Fazel et al. (2014) argue that mental health interventions in schools could be improved by more integrated collaboration between the education and health sectors that draws on their respective expertise. This suggests the need to closely involve both teachers and students in intervention designs.

When it comes to evaluating the effectiveness of school-based mental health and wellbeing interventions, the literature is similarly conflicted. Wignall et al. (2021) found from a systematic review that there is a lack of clarity about the ways in which whole-school mental health programmes are evaluated. They also found that there is a considerable difference of opinion on which outcomes should be used in order to measure effective implementation and impact on children's emotional wellbeing. In a scoping survey of whole-school interventions in England, involving 599 primary and 137 secondary schools, most interventions were not evidence-based and tended to be reactive rather than proactive (Vostanis et al., 2012). The authors suggest the need for preventative interventions, with clear 'conceptual frameworks' and a solid grounding in the evidence. Dray et al. (2017) found evidence from their systematic review of the short-term benefits of using universal resilience-focused interventions for reducing depressive and anxiety symptoms in children and adolescents. Similar positive findings have been reported when cognitive–behavioural therapy-based approaches were used, a finding backed up by Zhang et al. (2022) for interventions aimed at reducing child and adolescent depression or anxiety.

Taken together, this literature highlights a need to move beyond questions of effectiveness alone and towards a more nuanced understanding of how school-based mental health curricula are designed, implemented and experienced in practice. In particular, there is a need for research that attends to teacher confidence, student engagement, ethical considerations and contextual constraints within everyday school settings. The present study responds to these gaps by examining the early implementation of a mental health and wellbeing curriculum, with a focus on how it functioned in situ and the conditions shaping its uptake.

METHODOLOGY

Programme context

The BrainWaves project is a longitudinal collaborative research project that prioritises deep and sustained relationships with schools in order to both better understand and better support the mental health and wellbeing of young people in England. Nested within the broader BrainWaves project is the education branch, which has developed and trialled teaching materials in the form of lessons and curriculums, alongside various professional training opportunities for teachers. Schools are sites of multiple competing pressures, both for teachers and students. Any school-based intervention needs to ensure that it is perceived as worthwhile by all stakeholders, otherwise it risks being ineffectively implemented by teachers or poorly received by students. In particular, there is a challenge in persuading both teachers and students of the value of spending limited teaching time on content that may not be immediately relevant to their academic subjects. Focus groups with students, including the

BrainWaves project's own Young People's Advisory Group, revealed a low regard for 'PSHE' lessons as being 'boring' or repetitive, often addressing issues that young people feel they already knew about. Consequently, many previous studies have had a relatively limited impact, in particular if students did not feel that the lessons were sufficiently interesting or relevant to their own circumstances.

Whilst this paper is not concerned with the effectiveness of an educational approach to improved wellbeing (that work is in progress – see below phase 4), the BrainWaves curriculum is underpinned by the hypothesis that in order to effect a change in behaviour, students must first believe that their behaviours and attitudes matter: that they themselves are or can be significant agents of their own wellbeing.

The entire project comprises four phases:

1. *Preparation*, in which teaching resources were developed in collaboration with scientific experts and reviewed by schoolteachers. This ensured both pedagogic suitability and scientific validity.
2. *Pilot*, in which lessons were trialled in schools and subject to intensive monitoring and review.
3. *Process evaluation*, which explored how the intervention operated in-situ, how teachers and students interacted with it and which contextual factors impacted its functioning.
4. *Impact evaluation*, in which lessons are taught normally and focus shifts towards the longer-term impact on teachers and learners.

The final two phases are accompanied by continuous monitoring of the teaching and learning materials: a lower intensity review and monitoring of lessons to check for any changes in their reception amongst teachers and learners. Whilst the study is currently entering its fourth phase, this paper reflects on the first two years of this process (phases 1–3) and attempts to draw out the key features that have led to the successful implementation of these teaching resources and the continued integration of schools and teachers into our research network.

Study design

The study reported in this paper adopts a longitudinal, mixed methods process evaluation design informed by realist evaluation principles. Rather than assessing effectiveness, the study seeks to understand how the curriculum was implemented in practice, how teachers and students engaged with it and which contextual features shaped its acceptability and uptake in schools.

The primary aim of the study was to identify the key features that make a mental health and wellbeing curriculum acceptable, credible and usable for teachers and students in real-world school contexts. Guided by this aim, the research attempts to answer the following overarching research question:

> What are the key features that make a mental health and wellbeing curriculum acceptable to teachers and students?

By design, the study is iterative, in-depth and incremental. Data collection was carried out continuously, and each phase of data collection and analysis informed both subsequent teaching materials and research tools. The study has grown steadily and intentionally, with new teaching materials reviewed, tested and piloted before being included in the curriculum.

This approach enabled responsiveness to emerging findings while maintaining coherence in the overall design.

The study combined quantitative and qualitative data, including surveys with teachers and students, interviews, focus group discussions, lesson observations and field notes. These methods were used in a complementary way: quantitative survey data provided repeated, structured insights into patterns of engagement and overall acceptability, while qualitative methods enabled deeper exploration of participants' experiences and the meanings they attached to the curriculum. Patterns identified in the survey data informed the development of interview and focus group topic guides, with qualitative data collection used to follow up on these findings and examine how interpretations and experiences varied across school contexts. By drawing on these various sources of data, both in type and over time, we aimed to build a rich and detailed picture of participants' experiences.

This sequential and iterative use of mixed methods aligns with a realist process evaluation approach by linking observed patterns to the contextual conditions under which they emerged (Pawson, 2013). Rather than treating findings as decontextualised effects, the design supports explanatory insight into how and why particular features of the intervention functioned differently across school settings. The study focused on understanding how the intervention functioned in situ, recognising that implementation is shaped by school cultures, teacher confidence, competing institutional priorities and wider structural pressures. These design features enabled an exploration of how the curriculum was taken up and adapted in practice across different school contexts.

Although the study is longitudinal in the sense that data were collected over multiple academic years, its longitudinal character extends beyond repeated measurement. The approach is underpinned by sustained relationships with participating schools, enabling iterative curriculum development, ongoing monitoring of implementation and attention to how teacher engagement and practice develop over time. This design supports examination of implementation processes as they unfold and stabilise, rather than treating engagement or uptake as fixed or immediate outcomes.

The [Anonymised project name] curriculum

The [Anonymised project name] curriculum centres around a series of free-to-use mental health and wellbeing lessons for UK secondary schools, sixth form colleges and Further Education colleges. It was initially launched in May 2023 with six pilot lessons aimed at Key Stage 5 (ages 16–18), with older students chosen deliberately to facilitate constructive feedback from both students and teachers. The programme has since expanded with the release of 17 further lessons for Key Stages 3 & 4 (ages 11–16). The lessons are each focused on a specific aspect of mental health and wellbeing. Lessons typically combine short inputs grounded in current psychological research, guided classroom discussion and practical activities that invite students to reflect on their own experiences and experiment with evidence-informed strategies. Lessons, teacher guidance and other curriculum materials can be found [Anonymised link to curriculum resources]. This paper examines students' and teachers' responses to the larger 23-lesson curriculum and their perceptions of its impact.

The curriculum deliberately avoids framing mental health and wellbeing as specific mental health conditions, recognising the growing concerns over the potentially harmful impacts of encouraging young people to self-diagnose (Foulkes & Stringaris, 2023). Instead, the lessons draw on elements of mental health literacy, particularly in supporting students to understand their own influence and agency in relation to their mental health and wellbeing. Each lesson explores at least one practical strategy that students can use in everyday life, while also normalising the full range of human emotions. In this way, the curriculum aims to

equip learners with a better understanding of their own role in managing their mental health and wellbeing. Much of the literature on mental health literacy in schools conceptualises literacy in terms of knowledge about mental disorders, symptom recognition and pathways to help-seeking (Jorm, 2000; Kutcher et al., 2016). While these approaches have contributed to stigma reduction and awareness-raising, they have also been criticised for reinforcing diagnostic framings and for privileging clinical recognition over everyday coping, interpretation and agency. The curriculum evaluated in this study draws selectively on the idea of “literacy” but adopts a deliberately educational rather than clinical interpretation. Mental health literacy in this sense is understood as referring to the development of practical skills, interpretive capacity and agency, rather than focusing on disorder recognition or clinical categorisation.

The [Anonymised project name] curriculum intervention described in this paper was guided by four key principles: (1) theoretical grounding in positive psychology, emphasising practical wellbeing rather than psychiatric conditions; (2) a participatory pedagogical approach that promoted a sense of agency; (3) a flexible lesson structure that enabled context-specific adaptation by teachers and (4) sufficient support material to ensure that lessons could be delivered with little or no prior knowledge, but with clear references and opportunities for further reading for those wanting to dive deeper. The curriculum content was based around the five elements of the PERMA (Positive Emotion, Engagement, Relationships, Meaning and Accomplishment) framework of Positive Psychology (Seligman, 2010). Pedagogically, the lessons draw on Claxton's (2018) three-tiered metaphor of a river of learning (Content and information; Skills and literacies; Attitudes and dispositions) with lessons designed around understanding a particular practical skill or strategy. Ultimately, the curriculum aimed to promote the idea that the student themselves can make a difference.

Given the limited number of PSHE specialists in UK schools and the lack of formal training in mental health education for many teachers, accessibility for teachers was a key design priority. Multiple prior studies, as well as our own piloting, have documented the feeling amongst teachers that they feel underprepared to teach mental health-related content. Lessons were therefore designed to require minimal prior expertise while being supported by detailed teacher notes and research guides to provide scientific backing for specific strategies and enable deeper exploration for teachers.

Study participants and data collection

Schools were recruited through a combination of online recruitment materials, free webinars and continuing professional development (CPD) events and word-of-mouth referrals, resulting in a form of snowball sampling. Interview participants were then purposively selected from within the participating schools to ensure representation across different school types and roles. Selection also prioritised teachers with relevant expertise or responsibilities and cases where survey data indicated patterns that warranted further qualitative exploration. While this recruitment strategy prioritised engagement and depth of insight rather than representativeness, it was appropriate for a process evaluation focused on understanding implementation and engagement across diverse school contexts.

The study was mixed methods and longitudinal with a focus on deep and repeated engagement with participants. The design collected both qualitative and quantitative data at multiple points in time to triangulate findings and to compare data across both time and place. Initially, all teaching materials and teacher support resources were reviewed by external experts (both academic and teaching specialists) who provided structured feedback. Their comments informed iterative revisions to curriculum content refinement to ensure both alignment with the latest consensus within the scientific community and appropriateness for the level and context of KS5 school students. Curriculum surveys,

TABLE 1 Data collection overview.

Data collection tool	Participants	Element of research question being targeted	Analytical strategy
Content analysis	Subject experts and specialist teachers review lesson materials.	Content refinement to ensure both alignment with the latest consensus within the scientific community and appropriateness for the level and context of KS5 school students.	Content validation by subject experts Pedagogical analysis by specialist teachers
Pre-curriculum survey[a]	School teachers ($n=46$) from 7 schools and students ($n=2929$) from 20 schools	Descriptive mapping of perceptions surrounding mental health and wellbeing education in schools. These surveys were used to contextualise the implementation of the curriculum.	Descriptive summary analyses of survey responses were used to identify broad patterns in engagement and perception, and to highlight areas requiring further qualitative exploration. Where appropriate, exploratory comparisons between pre and post curriculum survey responses were used to inform sampling and topic guide development, rather than to generate evaluative or inferential claims.
Post-lesson surveys	School teachers ($n=107$) from 14 schools and students ($n=9309$) from 24 schools	Descriptive indicators of how lessons and teaching materials were received, experienced and implemented. These were used for exploring engagement and for iterative refinement of materials.	
Post-curriculum survey	School teachers ($n=12$) from 5 schools and students ($n=1284$) from 8 schools	Descriptive mapping of perceptions surrounding mental health and wellbeing education in schools following implementation. These were used primarily to support the interpretation of qualitative analysis.	
Lesson observations	School teachers ($n=107$) from 14 schools	Detailed and rich understanding of the realisation of lessons in-practice.	Narrative notes and reflexive memos
Interviews and focus group discussions (FGDs)[b]	Interviews with schoolteachers ($n=9$) 4 FGDs with 10 schoolteachers (Tranby, Huddersfield—Thom) 8 FGDs with 71 students	Detailed exploration of teachers' understandings of mental health and wellbeing education, their perceptions of the functioning of the lessons and their potential role in supporting the mental health and wellbeing of students.	Inductive thematic analysis

[a]Survey instruments were study-specific and designed to capture perceptions of, and engagement with, the curriculum content and lessons. They were not intended to function as psychometric measures of mental health or wellbeing.

[b]Interviews and focus groups were semi-structured and informed by survey findings, consistent with the realist process-evaluation approach.

administered pre- and post-intervention, were completed by all students and teachers. These were analysed using primarily descriptive statistics to explore attitudes and perceptions surrounding mental health and wellbeing education in schools. Post-lesson surveys were completed by students and teachers immediately after sessions to gather lesson-level feedback and to capture immediate reactions and engagement. Quantitative survey data were used primarily to identify patterns warranting further qualitative exploration rather than to generate standalone evaluative claims about effectiveness or satisfaction. Interviews with teachers and focus groups with teachers and students were carried out at various stages of the project to explore themes identified in the surveys in more depth. These were audio-recorded, transcribed and analysed inductively using thematic analysis. Analysis was conducted reflexively rather than through formal inter-rater coding, with rigour supported through triangulation, team discussion and iterative refinement of themes. Additionally, field notes were recorded during school visits and used to contextualise and reflect on emerging findings. An overview of the numbers and methods of data collection and participants is shown in Table 1.

Analytical strategy

Analysis was conducted iteratively alongside data collection and was informed by principles of realist process evaluation, with a focus on understanding how the curriculum functioned in practice (Pawson, 2013). Rather than treating each source of data as a discrete strand, analysis synthesised insights across methods to build a coherent picture of the implementation process.

Quantitative survey data were analysed descriptively to identify recurring patterns in teacher and student engagement, confidence and perceptions of the curriculum. These patterns informed the focus of qualitative data collection and analysis. Interview transcripts, focus group discussions, lesson observation notes and field notes were analysed inductively, with attention to how participants described their experiences of the curriculum and the conditions under which particular features were perceived as supportive or challenging.

Across data sources, emerging patterns were compared, refined and discussed within the research team through an iterative process of analytic memo-writing and team discussion. Through this process, analytic attention shifted from individual observations to higher-order patterns, which were progressively synthesised into the two overarching themes reported in the findings. Findings were shared and discussed with participating schools through a dissemination webinar, which provided an opportunity to explore resonance between the analysis and participants' own experiences. This process functioned as a form of member checking, allowing interpretations to be refined in dialogue with teachers and to ensure that the themes reflected issues that were meaningful and recognisable in practice.

Consistent with a realist orientation, these themes are presented as explanatory rather than purely descriptive, capturing how particular features of the curriculum interacted with school contexts, teacher confidence and institutional pressures to shape implementation and engagement. Findings are not intended to be statistically generalisable but to offer transferable insights into implementation processes that may be relevant to similar school contexts.

Ethical considerations

Approval for the study was granted on 24 April 2024 by [anonymised university ethics board]. Given the sensitivity of the subject matter, care was taken to provide safeguarding measures

for participant wellbeing and all researchers had enhanced DBS checks. All participants, and in particular young people involved in the research, were reminded they could withdraw at any time. Mental health resources and support pathways were provided for the young people involved in the research.

The choice of a longitudinal process evaluation design enabled attention to potential adverse or unintended effects as they emerged in practice, rather than assuming that intervention effects would be uniformly positive. This aligns with calls for school-based mental health research to move beyond effectiveness alone and to consider how interventions may be experienced differently in different contexts and lead to negative outcomes in some participants (Bonell et al., 2015; Foulkes et al., 2024; Foulkes & Stringaris, 2023).

Research quality

In considering questions of research quality and rigour, we draw on Charmaz and Thornberg (2020) four elements of research quality: Credibility, Originality, Resonance and Usefulness. Whilst primarily intended for qualitative research, this framework works well for mixed-methods research as it affords greater depth and reflexivity when considering research quality than traditional measures of validity, reliability and generalisability.

1. *Credibility* was addressed through rich data collected over two academic years, triangulated across multiple sources including student interviews, teacher reflections and field notes. The iterative, embedded design allowed for prolonged engagement and member checking with participants throughout the process. Survey instruments were all study-specific and developed iteratively in line with both the study's theoretical framework and with a focus on providing a contextualised understanding of implementation. The use of a variety of methods of data collection allowed for patterns of engagement to be compared and interpreted across multiple sites.
2. *Originality* lies in the study's framing of curriculum implementation as a dynamic, co-constructed process rather than a test of fidelity, offering new insights into how mental health education can evolve in real-world school contexts.
3. *Resonance* was supported by sustained engagement with schools and iterative discussions with teachers and students. This helped ensure that our themes and interpretations reflected participants' own concerns and language.
4. *Usefulness* in this context refers to attempts to draw meaningful and actionable conclusions for both researchers and participants. We ran feedback and dissemination meetings with schools to report on our findings as a mechanism to share our learning with participants. We also believe that findings in this paper will help inform broader conversations about how wellbeing can be addressed meaningfully and sustainably in school settings.

FINDINGS

The analysis of survey and interview data revealed two interrelated themes, which explore how the curriculum was experienced and implemented in practice:

1. *Scaffolded implementation and teacher confidence*: Teachers repeatedly emphasised the value of having adaptable, ready-to-use resources, which were coupled with comprehensive teacher support and professional development opportunities. This ‘low-floor, high-ceiling’ design offered differentiated entry points and modes of engagement. Teachers with less confidence or greater time constraints could still deliver

high-quality lessons with minimal preparation. Teachers seeking to increase their self-efficacy and expertise had opportunities, through additional teacher notes or research webinars, for sustained and deepening engagement.
2. *Framing and language in mental health education*: Teachers and students regularly reflected on the ways in which language shapes perceptions of mental health and wellbeing. Participants valued the curriculum's use of evidence-based, psychologically grounded terminology, which avoided both the pathologizing tone of clinical discourse and the vagueness of sentimental, overly generic wellbeing messaging. The curriculum's alignment with the principles of positive psychology provided a productive middle ground that helped legitimise the emotional experiences of young people without reducing them to diagnoses.

Supporting teacher confidence through collaborative and scaffolded implementation

Across both survey and interview data, teacher confidence in delivering mental health and wellbeing curricula emerged as a key concern. Only 24% ($n=31/131$) of teachers reported feeling very confident in this area, citing limited, inconsistent and often poor-quality training:

> No, there's nothing like that, I think that everything's mostly focused on core subjects or the academic side […] at our CPD, they didn't mention mental health once, and a colleague even said to me, how can they do two days of training and it [Mental Health] didn't even get fifteen minutes of time with everything that's going on.
>
> (Teacher)

> I did do a mental health training; it was a level two in child mental health or something like that. But, I mean, personally, I don't think it was worth the paper it was written on. It was not rigorous, and I don't really feel that I came away with it any wiser…
>
> (Teacher)

Teachers frequently reported feeling under-prepared and anxious about teaching mental health content with adequate support. In particular, teachers worried about the unintended consequences of ‘getting it wrong’:

> If there are going to be teachers delivering mental health education to our young people, then they should have really good training. I haven't had any formal training to deliver this. My fundamental worry, my major concern is that I'll get something wrong and that it could be detrimental to the young people in my care.
>
> (Teacher)

These findings align with previous research highlighting low levels of teacher confidence and preparedness in this area (Davies & Matley, 2020).

In response to these concerns, the [Anonymised project name] curriculum deliberately adopted a scaffolded ‘low floor, high ceiling’ design. Core lesson materials were developed such that they were immediately usable with minimal preparation:

> I've leaned really, really heavily on [Anonymised project name] this year […] that's just taken a massive amount of work away.
>
> (Teacher)

Alongside these resources, opportunities for deeper professional engagement, such as scientific teacher notes and research webinars, were offered for teachers seeking deeper professional development. Teachers described this dual structure as both timesaving and confidence-building:

> I felt well prepped for the lesson after 10–15 minutes of pre-reading […] I now want to return to the extra resources… and really read them in more depth.
>
> The [Anonymised project name] lessons have been great […] I can do the wider reading, and I can read the teacher's notes and that fills me with confidence.
>
> (Teacher)

Teacher confidence was further supported through the collaborative relationship between [Anonymised project name] and participating schools. Teachers were actively invited to contribute to the project through providing feedback, trialling lessons and sharing best practice through webinars and CPD events. The [Anonymised project name] team also provided direct liaison support, editing materials, answering questions and responding to suggestions in real time:

> If I did have a question, or a student raised a question, I know it would actually be answered because there are still real people involved in real time.
>
> (Teacher)

Altogether this led to sustained engagement, which built a sense of collaboration and mutual trust. In the first phase of the study, 86% of teachers ($n=96/11$) planned to continue using the lessons and remain part of the [Anonymised project name] project for the following year, highlighting their sense of commitment to the project as a whole. Interviews suggested that this was closely tied to teachers' sense of ownership and participation in shaping and sustaining the intervention:

> We are excited to take this understanding further […] in collaboration with [Anonymised project name]. We are excited to play a small part in a significant research project which is an excellent opportunity to […] support the development of meaningful mental health strategies across the UK.
>
> (Teacher)

Teachers frequently described valuing the flexibility of the curriculum materials, particularly the ability to adapt lesson content to suit their classroom contexts. Editable resources enabled teachers to extend or modify lessons in response to student interests or time constraints:

> It's nice to be able to adapt stuff, when I'm going through it beforehand, if there's something that I really want to explore a little bit more, then I'll just bump an extra slide in - the resources are all editable, the option to edit is there, the option to adapt is there.
>
> (Teacher)

However, both teachers and students noted limits to how far lessons could be shortened without affecting the quality of discussion and engagement. For example, while lessons were initially designed to be delivered as either 40-min sessions or split into shorter blocks, participants reported that shorter sessions often constrained opportunities for meaningful discussion.

Teacher confidence and engagement as a mechanism for impact

Increased teacher confidence functioned as a key mechanism shaping both student experience and the likelihood of sustained implementation.

Students consistently identified teacher enthusiasm, confidence and subject knowledge as key to their own engagement. Students reported positively on teachers who appeared enthused, invested and engaged. Conversely, when teachers were perceived as disengaged, students were less likely to take the content seriously.

> Student 1: It's really obvious which teachers care, and which don't. If they don't care about it, then why should we?
>
> Student 2: Yeh, some of them were just reading from the slides and clearly couldn't be bothered.
>
> (Focus group discussion)

In one school, student enjoyment of a particular lesson jumped from 57% ($n=21$ of 37) to 94% ($n=48$ of 51) when delivered by a more enthusiastic teacher.

Teacher confidence was also linked to the sustainability of the project. Teachers noted that students responded positively when they felt part of a larger, meaningful project. This sense of participation and agency supported both student engagement and teachers' willingness to continue implementing the curriculum over time.

> The students were really motivated by the active participation and agency of being able to contribute to something bigger, rather than just being passive recipients of mental health resources.
>
> (Teacher)

Positive psychology—A linguistic and theoretical framework for supporting mental health and wellbeing discussion and education

The second main theme concerned the language and conceptual framing of mental health and wellbeing promoted by the curriculum. Participants reported a growing sense of fatigue with school-based mental health interventions, which are seen as repetitive, generic or disconnected from their lived experiences. The increasing prevalence of these in schools reduced perceived relevance and engagement:

> in order for it to feel important, it has to be new. As soon as you're taught something that you already know, or you think you know, because you've already been taught it, it becomes less engaging, and you don't want to engage as much.
>
> (Student)

> It's a bit of a chore. You go into your lesson and it's like, ‘oh we're doing this [mental health]. We've done this for the last two years.
>
> (Student)

In contrast, students described the [Anonymised project name] curriculum as new and relevant:

> We did a lot of new stuff [in the BW curriculum], we did managing stress and the teenage brain. That's all new stuff to us.
>
> (Student)

Another key factor underpinning the perception of relevance and credibility was the curriculum's emphasis on scientific evidence and the transparency of its sources. Teachers and students repeatedly highlighted the value of explicitly referencing research studies, which lent credibility to the content and increased confidence in its legitimacy. In this way, language and framing functioned not only pedagogically but also as a mechanism for building trust:

> I feel much more confident teaching these lessons than I have any other mental health resources that I've been given from any other sources because I trust the research. I trust the citations. I trust the resources.
>
> (Teacher)

> The very first lesson is, “let's look at our sources[…]” and they remember that, [for example] the teenage brain and the sleep lessons they went back and checked - “this is a study from [anonymised university], it's of 22,000 people, it was done recently, we can probably buy into the results of this survey”.
>
> (Teacher)

In an environment that is increasingly dominated by over-stated and under-evidenced claims, the scientific rigour of the lessons was particularly appreciated:

> It's definitely increased my levels of confidence because I know where this stuff is coming from. I trust where it's coming from, and I can stand in the class and say, it's not me saying this. Psychiatrists at [anonymised university] have done research and have said this, and it raises the kudos with the kids as well.
>
> (Teacher)

Although scientific rigour was appreciated, teachers raised concerns about the increasingly widespread (mis-) use of clinical language both in schools and in wider society. Participants described how terms such as ‘depression’, ‘anxiety’ or ‘OCD’ were routinely used impressively, resulting in increased self-diagnosis and a dilution of the meaning of these terms. Teachers expressed concern that this both pathologised normal emotional experiences and risked obscuring the needs of students with more severe mental illness:

> I think a big problem that we have in society is that as a result of talking a lot more about mental health and destigmatising the conversation, we have negatively affected people at both ends. We've got people who are just experiencing the normal range of human emotions and having them pathologized - young people are particularly susceptible to that - and then we've got people who actually have mental illnesses and who need support, and they're being lost because their voices aren't as loud, their experiences are being reduced - if everybody's saying, “I've got OCD, I've got anxiety”, by using that language and by it becoming common vocabulary, we are really screwing up the lives of people who are mentally ill.
>
> (Teacher)

This over-medicalisation was seen as reducing young people's agency by encouraging self-diagnosis, when instead many are experiencing the full range of human emotions

alongside the well-documented but disruptive changes to the developing adolescent brain. In response to this, the [Anonymised project name] curriculum deliberately adopted the language of positive psychology, emphasising the positive role that students can play in their own mental health and wellbeing. Teachers and students described this approach as a more balanced and empowering:

> It's more about maintaining wellness rather than what happens if you become mentally ill - that more universal approach - that's where the [Anonymised project name] lessons are really good.
>
> (Teacher)

The language that we use shapes our understanding of phenomena. In an environment where the teaching of mental health and wellbeing is seen as secondary to the primary function of school-teachers—namely their academic subject teaching—the language can become negative:

> For some staff, it is, “My priority is my subject - anytime I'm asked to prep for something that isn't my subject, I'm not marking my kids' maths work or physics work or biology work, whatever it is. How am I meant to keep up to date with the pedagogy in my particular subject, which is my specialism, if I'm also being expected to do research and reading around mental health?”
>
> (Teacher)

This disengagement tends to push young people to other sources of information, such as social media platforms, which often provide misinformation or glamorise mental health difficulties, increasing self-diagnosis and undermining young people's sense of agency (Pavarini et al., 2023).

The [Anonymised project name] curriculum sought to disrupt this trend and redirect the discussion. By providing teachers with high-quality, well-evidenced teaching resources, it attempted to support their sense of preparedness and confidence in talking about mental health and wellbeing. By using the language of positive psychology, focusing on strengths, agency and strategies for flourishing, students were positioned as active participants in their own wellbeing:

> I think the [Anonymised project name] lessons have been good to shift the conversation to positive psychology. I think that's a really important thing in schools because I think young people are being bombarded by negativity and fear - the world is hard, the world is stressful, the world is scary, they live through a lot of very frightening things. I think it's a responsibility of adults to moderate that conversation and to also focus on the fact that life is full of positive, beautiful things, that there are many wonderful experiences. That, yes, we all experience difficult things, but if we are well enough to engage with strategies for resilience - I don't like the word resilience particularly, but you know what I mean - if we are aware of our own emotions and feelings and we've learnt how we can moderate and regulate those things, if we are well enough, then that's really important.
>
> (Teacher)

By grounding the content in the latest scientific consensus while foregrounding agency and everyday strategies, the [Anonymised project name] curriculum provided an alternative linguistic framework. Emotional experiences were legitimised as biologically grounded but

dynamic and modifiable, positioning students as active participants in their own wellbeing rather than passive recipients of diagnoses or advice.

DISCUSSION

This study contributes to an evolving body of evidence that highlights both the promise and the complexity of school-based mental health and wellbeing interventions. While growing awareness has helped reduce stigma and encouraged more open conversations, it has also generated unintended consequences, including the casual use of clinical language to describe everyday emotional experiences and the risk of trivialising serious mental illness. Our findings support recent critiques of the pathologisation of the full range of human emotions, particularly among young people, linked to the casual and sometimes inappropriate use of clinical language.

The dangers associated with over-medicalisation reinforce the value of framing the curriculum with the language of positive psychology, wellbeing and agency. The approach taken reinforces the value of a whole-school approach that is proactive in emphasising practical strategies to promote mental wellbeing, over reactive measures to 'treat' poor mental health or disorders (Norwich et al., 2022). The [Anonymised project name] curriculum's grounding in positive psychology was frequently described by participants as offering a more balanced, empowering alternative.

This concern about the language of mental illness echoes recent findings in the literature, which caution against interventions that, although well-intentioned, may inadvertently reinforce negative self-perceptions or increase emotional difficulties (Foulkes & Stringaris, 2023). For example, the Youth Aware of Mental Health (YAM) project (Hayes et al., 2019) reported a negative impact of the intervention, reporting that "YAM led to increased emotional difficulties at the long term follow up, 9-12 months after intervention delivery" (Deighton et al., 2025, p. 3). This highlights the challenge in navigating a middle ground between encouraging an open, honest and de-stigmatised discussion, whilst refraining from glamourising or sensationalising diagnosable mental health disorders. We found benefits in using a positive psychology framing to balance the scientific and ideological elements of the curriculum and recognise the importance of both. Crucial in this is the importance of children and young people recognising their own role as agents of wellbeing.

Both this evaluation and the wider literature emphasised the importance of teacher confidence, contextual relevance and implementation support in the successful realisation of school-based interventions. Well-designed interventions fail when the individuals responsible for their implementation lack adequate support or training or are not sufficiently motivated or 'bought-in'. Teacher self-efficacy and engagement are therefore key to student-level outcomes (Bray-Clark & Bates, 2003). In this study, we found that the relationship between the [Anonymised project name] research team and individual teachers and schools was a key factor in enabling the successful functioning of the intervention. Amplifying this were reports from students that perceived teacher competence and motivation strongly influenced both the quality of the delivery of the content and consequently their own engagement. Both our findings and the wider literature illustrate wider debates about the nature of teacher professional development in England. Rather than supporting models of professional learning that emphasise one-off training, compliance or technical delivery, the study highlights the importance of sustained relationships, teacher agency and opportunities for collaboration and co-creation. While this study is situated within the English policy context, these dynamics are likely to resonate in other systems where schools are increasingly expected to respond to student mental health needs under conditions of accountability pressure and limited specialist support.

Alongside highlighting the importance of teacher confidence, the findings highlight a familiar tension in the implementation of school-based interventions between fidelity and adaptability. While adaptability is essential to enable teachers to integrate resources into diverse school contexts, excessive flexibility risks undermining fidelity to core components of the intervention. Both fidelity and adaptability are recognised as important to effective implementation (Durlak & DuPre, 2008), but the challenge lies in identifying which elements of an intervention are essential and therefore require fidelity, and which can be legitimately adapted. For example, in this study, several features emerged as effectively 'non-negotiable'. Sufficient time for authentic and meaningful classroom discussions, non-diagnostic and non-pathologizing language and an emphasis on student agency, both pedagogically and substantively, all emerged as core components of the curriculum. While flexibility affords teacher ownership and contextualisation, the absence of clearly articulated boundaries between core and adaptable components created uncertainty about acceptable forms of adaptation. While some teachers adapted lesson pacing and sequencing to better suit their cohort, others followed the guidance with impractical rigidity that reduced their own enjoyment and agency. This suggests that future iterations of the curriculum would benefit from clearer guidance on which features require fidelity and where flexibility can be encouraged.

There is evidence, both from our research and in the wider literature, as to the importance of relationships, both between students and teachers and between students themselves, as important support mechanisms for improving wellbeing (Harrison et al., 2023; Wood et al., 2025). A key feature of effective school-based mental health interventions is the duration of time over which they are implemented, with longer-term interventions tending to be more effective (Weare & Nind, 2011). This paper reflects on the learning from the process of implementing this intervention at the two-year stage, and as such, the degree to which relationships between teachers, students and the wider research project have been impacted is hard to determine. However, participants in the study reflect the wider belief in the literature that sustained research partnerships, with bi-directional learning, are essential for sustained cultural change. Additionally, some pupils reported feeling more able to talk to their friends and peers about mental health, both their own and each other's, which represents a step in the right direction.

In the field of school-based mental health interventions, there have been calls for more qualitative and participatory research to better understand the ways in which young people perceive and engage with (or not) the myriad of interventions available (Foulkes & Stapley, 2022). Vare (2007) framed participation as learning—to what extent does taking part in research contribute to the learning of the participants themselves, not merely the researchers. The case for participatory or collaborative approaches to interventions can be made both ideologically—it is right that those involved in implementation are also able to have some say in the what they are expected to implement—and pragmatically—interventions are more likely to succeed when those involved in implementation feel some sense of ownership and investment in the project (Hart, 1992; Leask et al., 2019; Rohner et al., 2025). In particular, research which recognises the value of student voice and agency is increasingly being recognised and is critical in the climate of increasing medicalisation of mental health and wellbeing support in schools (Billington et al., 2022). Our findings reflect this, with both teachers and students reporting positively on the sense of being a part of a larger project and the belief that their feedback and engagement had an impact.

Whilst teacher engagement and development are clearly important, arguably the most important element of this entire endeavour is the engagement of and impact on the learners involved in the project. An impact evaluation of the programme is not the goal at this stage—in part in recognition of the fact that impacts of these interventions may easily not be observable in the short-term but only years or decades later. However, while a deeper and more rigorous evaluation of impact is planned over the next few years, it is possible to

reflect on early signs of impact and learn from participants in the study. The degree to which students see themselves as agents of their own mental health and wellbeing is both an ideological target, as a key element of positive psychology, and an empirical one (Demkowicz et al., 2023; Graham et al., 2022).

CONCLUSION

It is widely accepted that teachers are amongst the most significant factors in shaping every aspect of students' school experiences, a claim that has been repeatedly backed up by research (Goldhaber, 2016; Hattie, 2003, 2008; Hattie et al., 2015). This claim extends not only to students' academic outcomes, but also their mental health and wellbeing (Schmitz, 2024). However, unlike academic subject teaching, which is often thought of as the primary function of schools, the role of teachers in delivering mental health education can be seen as the secondary function (Willis et al., 2019). This means that mental health and wellbeing education often receives less attention and fewer resources, which in turn affects teachers' confidence, preparation and the quality of the materials they use. Our findings reflect this discrepancy between the perceived primacy of academic teaching and the marginal status often afforded to wellbeing education. The [Anonymised project name] education intervention attempts to disrupt this by offering a free, fully resourced curriculum, grounded in evidence and shaped by the principles of positive psychology to support teachers in feeling confident to deliver lessons which they believe are important, relevant and meaningful.

Teacher confidence and student engagement are mutually reinforcing, and both are improved when teachers are equipped with high-quality, evidence-based, easily implementable and adaptable materials. When teachers are supported—not only through accessible resources but also through collaborative networks—they are more likely to deliver engaging, credible lessons that resonate with students and promote meaningful learning about mental health and wellbeing. The pressures identified by teachers must be situated within the wider regulatory and accountability frameworks. Currently, the prioritisation of academic attainment can implicitly marginalise wellbeing work, despite growing policy expectations that schools address students' mental health. Through the provision of an 'oven-ready' curriculum, the [Anonymised project name] curriculum represents the first step in this direction, as teachers reported being supported and motivated by the lessons. However, there are still questions to answer both about the significant differences in impact felt by students, depending on the teacher delivering the lesson, and the sustained and long-term engagement with the project as a whole, which we believe is integral to meaningful and sustainable change. Eventually, the intervention must shift away from being a curriculum intervention towards being a cultural one that reshapes how both teachers and students understand, talk about and act on supporting their mental health and wellbeing.

Several limitations of this study should be acknowledged. First, while the project is longitudinal, the findings reported here focus on early implementation and engagement rather than long-term impact; this impact-evaluation is currently ongoing. Changes in wellbeing, school culture or sustained practice are likely to emerge over extended time periods and will be examined in subsequent phases of the research. Second, participating schools and teachers were self-selecting and may have been more motivated or receptive to mental health and wellbeing initiatives than the wider population, which limits the extent to which findings can be generalised. Finally, variation in delivery between teachers suggests the need for further research into how professional development, school context and implementation support shape student experiences. Future research should therefore combine longer-term outcome evaluation with closer attention to differential impacts across school settings and learner groups.

The [Anonymised project name] curriculum, by grounding its content in positive psychology and mental health literacy, aims to foster a sense of agency among young people. Teachers and students alike valued the shift in focus from diagnostic frameworks to practical, relatable strategies. Several participants described the curriculum as empowering because it helped students understand and influence their own emotional states. At the heart of this lies an ideological commitment to positioning young people as agents of their own wellbeing, rather than passive recipients of diagnoses or interventions.

> The [Anonymised project name] lessons have been really nice in that way - in that I'm having proper hour-long sessions talking about positive things. We're talking about what makes you feel happy, what makes you feel well, you know, what helps you sleep, and it's focused on the idea that there are solutions here. We all experience a range of emotions. But actually, we have control and power over them.
>
> (Teacher)

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CONFLICT OF INTEREST STATEMENT

Some authors (Julian Turner, Tracey Riseborough, Abbie Simpkin, Naomi French, Natalie Coles and Thomas Godfrey-Faussett) are or have been employed by The Day News & Media Ltd., which developed the educational materials evaluated in this study. The BrainWaves lessons and teacher support material are freely available to all UK schools and are not sold commercially. The Day News & Media Ltd. did not fund this research and had no institutional role in its design, analysis or interpretation.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are not publicly available due to the sensitive nature of the qualitative interview material and to protect participant confidentiality. Anonymized excerpts are included within the article where relevant. Further details may be available from the corresponding author upon reasonable request, subject to ethical approval.

ETHICS STATEMENT

I confirm that the research presented in this article was carried out with due consideration to all relevant ethical issues and in line with BERA's Ethical Guidelines. Approval for the study was granted on 24 April 2024 by the University of Oxford's Department of Education Departmental Research Ethics Committee (DREC) EDUC-C1A-2223-029.

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