Date:			5/15/2023		
Your Name:			Neisha Sundaram		
Manuscript Title:			Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health		
Mar	nuscript Number (if k	(nown):	NA		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each of the a should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
	ne for disclosure is the			· · · · · · · · · · · · · · · · · · ·	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		HR grant funding	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			5/26/2023		
Your Name:			Russell Viner		
Manuscript Title:			Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health		
Mai	nuscript Number (if k	known):	NA		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ript. "Rela of the mar e in doubt os/activitie ension, you entioned	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Funding	g from National Institute of Health and Care th (NIHR) to support undertaking the study	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., made to you or to your institution)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			5/11/2023			
Your Name:			Steven Hope			
Manuscript Title:				Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health		
Maı	nuscript Number (if k	known	: <u>NA</u>			
In the interest of transparency, w content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned.			manuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity rities/interests should be defined broadly. For eyou should declare all relationships with manuf	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	ne for disclosure is th	-		tanout time time. For all other reems, the time		
			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
			Time traine. Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Nat (NII	None ional Institute for Health Research	Payment to UCL  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	L.	None ional Institute for Health Research	Payment to UCL  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	L.	None ional Institute for Health Research HR)	Payment to UCL  Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			5/11/2023		
Your Name:			Chris Bonell		
Manuscript Title:			Public engagement and evidence review to intervention to promote adolescent menta	inform refinement of a whole-school health	
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ipt. "Rela of the mar e in doubt	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epid	•	nsion, you	•	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials,	l I	HR grant funding.	Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	Image: square of the square o	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Member of trial steering committee: Effectiveness and cost-effectiveness of a mindfulness training programme in schools compared with normal school provision (MYRIAD); Wellcome Trust 2019-21  Member, Scientific Advisory Board Wolfson Centre for Young People's Mental Health 2022-	
10	Leadership or fiduciary role in other board, society,	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None  2013-19 Member, Research Funding Board, NIHR Public Health Research Programme	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

5/11/2023

Date:

Your Name:			Dasha Nicholls		
Manuscript Title:			Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health		
Ma	nuscript Number (if k	nown):	NA		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma			
epi		nsion, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	vithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision	5% of r	ny time for involvement in the study to this manuscript	Payment to Insitution	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.	
			Time frame: past 36 month	IS	
2	Grants or contracts from	[□] N	one		
	any entity (if not indicated in item #1 above).	Improv Clinical	,000 from Healthcare Quality vement Partnership for the National Audit of Psychosis	Institution	
		Menta Resear	72 from NIHR for Uplift of funding for CYP I Health Research in NW London Applied ch Collaboration	Institution	
		Best for menta	00 from CW+ Charity for Evaluation of or You programme for young people in I health crisis	Institution	
		function prepar	9 from Rosetrees Foundation for Social on in young people with eating disorders: atory work for a future oxytocin ent trial	Institution	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	□ None  £164 from Springer Nature for Book Royalties	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	£900 for lectures to the British Association of Psychopharmacology	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

			ons/Comments (e.g., if payments were ou or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			5/15/2023		
You	r Name:	-	Oliver Lloyd-Houldey		
Manuscript Title:			Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health		
Ma	nuscript Number (if k	nown):	NA		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned i	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	-£45	
			rime mame. Since the mitial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	funded Researc	by the UK National Institute for Health (NIHR) [Public Health Research nme (PHR Project:NIHR131594]	Institution.  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	funded Researc	by the UK National Institute for Health th (NIHR) [Public Health Research	Institution.  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	funded Researc progran	by the UK National Institute for Health the (NIHR) [Public Health Research name (PHR Project:NIHR131594]	Institution.  Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		5/11/2023			
Your Name:		Stephen Scott			
Manuscript Title:		· ·	Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health		
Mar	nuscript Number (if kı	nown): NA			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		all support for the work reported in this manuscript w	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily //interest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.		
		Time frame: past 36 month	ns		
2					
_	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR for 15% of my time for RCT of personalized Programme for Children with conduct problems			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/16/2023	
Your Name:	Semina Michalopoulou	
Manuscript Title:	Public engagement and evidence review to inform refinement of a whole-school health intervention to promote adolescent mental health	
Manuscript Number (if known):	NA	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	g of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of	UK National Institute for Health Research (NIHR) [Public Health Research programme (PHR Project:NIHR131594]	Payments paid to the institution
	materials, medical writing, article processing charges, etc.)		Click the tab key to add additional rows.
	No time limit for this item.		
		Time frame: past 36 mon	ths

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None None	
4	Consulting fees	None     ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠  None	
7	Support for attending meetings and/or travel	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
1 1	Stock or stock options	None			
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
1 3	Other financial or non-financial interests	None			
Ple	Please place an "X" next to the following statement to indicate your agreement:				

3 12/13/2021 ICMJE Disclosure Form

this relationship or indicate none (add rows as needed) payments were made to you or to your institution)
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.