

ICMJE DISCLOSURE FORM

Date: 16/16/2024

Your Name: Chris Bonell

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input type="checkbox"/> National Institute for Health Research </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Deborah Christie

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/25/2024

Your Name: Lee D Hudson

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 6/25/2024

Your Name: Oliver Lloyd-Houldey

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

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ICMJE DISCLOSURE FORM

Date: 17 June 2024

Your Name: Dr Rosa Legood

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr> <td> I am funded by NIHR for the following studies: Adaptation and pilot trial of Learning Together Primary Schools, a whole-school restorative practice intervention to reduce bullying and promote mental health NIHR153932 INCLUSIVE trial: Initiating change locally in bullying and aggression through the school environment (12/153/60) </td> <td></td> </tr> </table>	I am funded by NIHR for the following studies: Adaptation and pilot trial of Learning Together Primary Schools, a whole-school restorative practice intervention to reduce bullying and promote mental health NIHR153932 INCLUSIVE trial: Initiating change locally in bullying and aggression through the school environment (12/153/60)						
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	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)
	Optimisation and pilot RCT of the 'Belonging' brief interventions to build school belonging, promote mental health and prevent violence in secondary schools NIHR160965	

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.

ICMJE DISCLOSURE FORM

Date: 6/25/2024

Your Name: Russell Viner

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Chief Scientific Advisor, Department for Education, England</td> <td>Secondment 2023-26 s</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Chief Scientific Advisor, Department for Education, England	Secondment 2023-26 s				
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ICMJE DISCLOSURE FORM

Date: 6/14/2024

Your Name: Steven Hope

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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	writing or educational events								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE FORM

Date: 6/24/2024

Your Name: Semina Michalopoulou

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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Time frame: past 36 months								

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	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None
11	Stock or stock options	<input checked="" type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None

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ICMJE DISCLOSURE FORM

Date: 16/16/2024

Your Name: Stephen Scott

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Joanna Sturgess

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

ICMJE DISCLOSURE FORM

Date: 6/18/2024

Your Name: Neisha Sundaram

Manuscript Title: Learning Together for Mental Health: intervention fidelity, reach and acceptability of a whole-school intervention aimed at promoting better health and wellbeing in secondary schools

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 6/19/2024

Your Name: Dasha Nicholls

Manuscript Title: **Learning Together for Mental Health: feasibility of trial measures to assess a whole-school intervention aiming to promote mental health and wellbeing among young people in secondary schools**

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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ICMJE DISCLOSURE FORM

Date: 6/14/2024

Your Name: Elizabeth Allen

Manuscript Title: **Learning Together for Mental Health: feasibility of trial measures to assess a whole-school intervention aiming to promote mental health and wellbeing among young people in secondary schools**

Manuscript Number (if known): [Click or tap here to enter text.](#)

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