

Research Article



Feasibility study of Learning Together for Mental Health: fidelity, reach and acceptability of a whole-school intervention aiming to promote health and wellbeing in secondary schools

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Abstract

Background: Despite high rates of adolescent mental health problems, there are few effective school-based interventions to address this. Whole-school interventions offer a feasible and sustainable means of promoting mental health, but to date, few have been evaluated. Previously we trialled the Learning Together intervention comprising local needs assessment, student and staff participation in decision-making, restorative practice, and a social and emotional skills curriculum. This was effective not only in preventing bullying (primary outcome) but also in promoting mental well-being and psychological functioning (secondary outcomes). We adapted Learning Together to develop Learning Together for Mental Health, focused on promoting mental health.

Objective: This paper reports on quantitative data on intervention implementation fidelity, reach and acceptability to assess progression to a Phase III trial.

Design: We drew on student baseline and follow-up surveys and an integral process evaluation from a non-randomised feasibility study involving four secondary schools.

Setting: Southern England.

Participants: Students in year 8 (age 12/13) at baseline and year 10 (age 14/15) at follow-up and school staff and students and intervention trainers and facilitators completing process evaluation tools.

Interventions: Whole-school intervention featuring student needs assessment, action groups involving staff and students which selected actions from an evidence-based menu, restorative practice to improve relationships and address student behaviour and a social and emotional skills curriculum.

Results: Restorative practice training was implemented with fidelity in all schools. Curriculum training was implemented with fidelity in three of four schools. The response rate to the needs survey across the three schools that participated was 79%. Action groups were implemented with fidelity. Action groups at all four schools completed at least one locally decided action and chose at least one action from the menu of evidence-based options. Restorative practice was implemented across all schools. Of lessons that were observed and lessons for which teachers returned

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logbooks, curriculum delivery was implemented with fidelity. However, two schools delivered 50% or less of the recommended lessons, and not all teachers completed logbooks. All students and staff completing surveys reported finding the Learning Together for Mental Health intervention a good way to promote student mental health. Over a third of students reported definite awareness of actions being undertaken by their schools to improve student mental health. All pre-defined progression criteria to proceed to a Phase III trial were met. The intervention was delivered with good fidelity and had strong acceptability.

Limitations: The schools involved may not be representative of those which we would recruit to a Phase III trial. **Conclusions:** The study met all pre-determined progression criteria, and the intervention is ready for a Phase III trial with minor adaptations.

Future work: A Phase III trial of effectiveness is justified.

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Introduction

Mental health problems are the largest cause of disability in the UK,¹ with around three-quarters starting before age 24 and half before age 14.² Among those aged 5–19, 13% have at least one mental disorder.³ Multiple reviews support a role for school programmes in improving young people's mental health,⁴⁻⁷ with evidence across anxiety and depression^{5,8} over body image and disordered eating,⁹ selfharm and supportive capacities such as self-regulation.¹⁰ Schools aim to implement effective programmes but have lacked resources, specialist expertise and access to evidence-based interventions.

The most effective school-based interventions address mental health via multiple mechanisms at multiple levels. Such 'whole-school' interventions include environmental and curriculum components, and have broad effectiveness across different outcomes and are popular with schools.¹¹ School-environment components address culture and systems, and impact on different health and learning outcomes.¹² A whole-school approach works across the entire school community and includes both universal and targeted approaches.^{13,14} A key aspect is increasing student engagement with school, particularly the most disadvantaged and those with highest baseline need.^{15,16}

We previously led the INCLUSIVE cluster randomised trial of the Learning Together (LT) intervention across 40 English secondary schools in 2014–7.¹⁷ LT is a multicomponent intervention which aims to modify the school environment to reduce bullying and antisocial behaviour. The key elements are: survey of students to identify needs; action group (AG) comprising staff and students to review needs data and use this to plan and co-ordinate local delivery, and rewrite school behaviour policies and rules supported by an external facilitator; training of all school staff in restorative practice (RP),

which aims to identify harm and restore relationships in response to conflict within the school; and a social and emotional learning (SEL) classroom curriculum. We found significant benefits of the intervention reducing bullying victimisation (primary outcome) as well as improving mental well-being and health-related quality of life, and reducing psychological distress and substance use (secondary outcomes), with high cost-effectiveness comparable to other school-based interventions.¹⁷ The effect sizes for impacts on mental health and wellbeing were approximately 0.1 standard deviation. These outcomes occurred despite the limited intervention focus on mental health, other than through the SEL curriculum, which was found to be poorly implemented and was therefore unlikely to have contributed to impact. This suggests the possibility that modification of LT to address mental health more directly may enable greater impact upon such outcomes.

This paper reports on the feasibility and acceptability of the LTMH intervention. LTMH aims to retain the effective elements of LT but also give schools new tools to make locally owned needs-driven choices from a package of evidence-based practices to promote student mental health.^{18,19}

The research questions we address are:

- 1. Is progression to a Phase III trial justified in terms of pre-specified criteria (see below)?
- 2. What level of student awareness does the intervention achieve among year-10 students at follow-up?

To progress from the feasibility study to the Phase III trial of effectiveness, our feasibility study had to demonstrate that all of the following progression criteria were met: two or more schools have a response rate of 60% or more at the baseline (needs) survey; two or more schools hold three or more AGs; two or more schools have two or more

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staff trained in-depth in RP; two or more schools complete one or more locally decided actions; two or more schools have two or more trained staff regularly implementing RP; two or more schools implement the curriculum with 50% or more fidelity; two or more schools choose one or more action from the evidence-based menu; and two or more schools have 50% or more of AG and senior leadership team (SLT) members reporting the intervention as acceptable. For trial feasibility, two or more schools have response rate of 60% or more at the follow-up survey, but this is not a focus of this paper, which reports on intervention feasibility. The progression criteria were informed by previous pilot and feasibility studies of school interventions. They received advice and approval by our steering committee and Data Monitoring and Ethics Committee and are included in the study protocol. We assessed level of student awareness achieved by the intervention as an indication of intervention reach. This was in order to understand equity in intervention reach and differences, if any, based on student socioeconomic status, gender, sexuality and ethnicity.

Methods

Overall design

We undertook a feasibility study with an integral process evaluation in four state secondary schools to test the intervention over 1 school year. Full study details are reported elsewhere.²⁰ Patient and public involvement was conducted to guide and inform the feasibility study, and these details have been reported elsewhere.¹⁹ All schools received the intervention to assess implementation across schools. The intervention targeted all students in years 7–11 (age 11–16) in participating schools. The evaluation in this feasibility study focused on students in year 7 (age 11/12) at baseline and on students in year 10 (age 14/15) during the follow-up survey 12 months later. In a Phase III trial, the cohort of students at baseline would be evaluated at follow-up 3 years later. However, in this feasibility study (which ran for 1 year), we did follow-up surveys with year-10 students who had not been evaluated at baseline in order to pilot these surveys with the year-group of students who would complete them in a future Phase III trial. The feasibility study is not designed or powered to estimate intervention effects.

Recruitment

Four state secondary schools in southern England participated. All were mixed sex with an Office for Standards in Education, Children's Services and Skills (Ofsted) inspection rating of 'requires improvement' or higher and a non-temporary head teacher. Schools varied by free-school-meal-entitlement rates (above and below the national average) as a measure of need in terms of deprivation, and Ofsted rating (requires improvement or good vs. excellent) as an indicator of school capacity. Schools were recruited via e-mails followed by phone calls with interested schools. Response rates were recorded. More details on recruitment are reported elsewhere.²⁰

Intervention

Theory of change

Learning Together for Mental Health (LTMH) intervention was underpinned by a theory of change based on that used in the LT intervention. Drawing on the theory of human functioning and school organisation,²¹ this theorised that engagement in risk behaviours could be reduced and mental well-being enhanced by building student sense of belonging and engagement with learning in school, which in turn contribute to students developing 'practical reasoning' skills and peer affiliations supportive of healthier decisions and well-being. This was theorised to promote impacts on:9,10 improved mental health with fewer emotional problems and less disruptive behaviour; improved well-being and quality of life; improved body image and self-esteem; reduced antisocial behaviour, selfharm, substance use and disordered eating; and reduced use of NHS crisis services.

Intervention inputs and activities

- Needs assessment: intervention actions in each school were to be guided by a needs-assessment report (NAR), based on data obtained from the baseline survey. We retained the original LT needs assessment and introduced assessment of a wide range of mental health issues.²²
- 2. Action group: in each school, an AG was to be convened, enabling staff and students to collaborate on planning and co-ordinating intervention delivery, identifying local needs, taking ownership for intervention elements and enabling student agency. The facilitator (Place2Be charity) would assist the school in convening the AG, understanding the school's needs-assessment data, setting initial priorities for action and facilitating initial meetings and functions. External facilitation was modified to involve predominantly online support.
- 3. Menu of evidence-based whole-school actions: the AG would choose intervention activities from a menu of options. These were evidenced to improve overall student mental health/well-being in young people, be practical and free/minimal cost to schools (costs to be borne by schools). Examples of actions

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on the menu included classroom sessions on body image and the media, creative art, dealing with exam stress activities, gender-sexuality alliances, growth mindset, mental health champions and physical activity, to name a few. AGs were provided with a simple guide to linking identified needs to potential actions.

- 4. Restorative practice: this was to be implemented largely unchanged from LT. All staff (including teachers, teaching assistants, support staff and anyone else the school wished to include in the training) were offered training in empathic and respectful communication and RP. Up to five selected staff were offered in-depth training in RP and conferencing. Selection of participants for the in-depth training was done by the schools. They typically include member(s) of SLT, staff with pastoral responsibilities, year leader(s) and other interested teacher(s) and teaching assistant(s). Some training was provided online and some face-to-face (L30 Relational Systems, accredited provider).
- 5. Curriculum: lessons were planned to be delivered by teachers in timetabled lessons, tutor time or whole-day sessions dependent on school timetables to all year-8 students. There were a recommended six lessons (each around 1 hour long) to be delivered. Teachers who would deliver the curriculum lessons received online training to support delivery (Bounce Forward charity) over a period of 1.5 days.

Data and outcome collection

Surveys

We surveyed year-7 students (age 11/12) at baseline and year-10 students (age 14/15) at follow-up to pilot these among the year-groups which would complete them in a future Phase III trial. Baselines (which also provide data for the NARs for schools) were in June–July 2022, and follow-ups were 12 months later (see *Report Supplementary Material* 1, supplementary materials 1 and 2). Paper questionnaires were completed confidentially in classrooms supervised by fieldworkers, with teachers remaining at the front of the class to maintain quiet and order but unable to see student responses. We surveyed absent students by leaving questionnaires and stamped addressed envelopes with schools and liaising with schools to maximise returns. Full details of all measures utilised in baseline and follow-up surveys are described elsewhere.²⁰

Process evaluation

Integral process evaluation aimed to examine intervention fidelity, reach and acceptability. In addition to assessing the progression criteria relating to intervention feasibility and acceptability, we examined reach via questionnaire survey items at follow-up. The information collected on sociodemographic characteristics in the student surveys allowed us to examine reach according to these measures. We also assessed the fidelity, reach and perceived impacts of staff training activities. Data were collected via: audiorecording of training for school staff and training fidelity checklists; surveys of school staff receiving training; online surveys of AG members and SLT; logbooks from school staff chairing AGs and delivering curriculum lessons, logbooks of school staff implementing RP; and structured observations of randomly selected sessions per school of AGs and curriculum lessons (see Report Supplementary Material 1, supplementary materials 3-15). We defined and measured fidelity as a 'combination of content; frequency and duration of delivery; and coverage'.^{23,24} For acceptability, we considered participant responses to and satisfaction with the intervention.²⁴ Fidelity and acceptability were measured both quantitatively and qualitatively, and this paper reports on our quantitative findings.

Data analysis

Our main analyses determined whether criteria for progression to a Phase III trial were met. Descriptive statistics on fidelity drew on AG meeting minutes and logbooks, records of staff training, staff logbooks, surveys with AG and SLT members and structured observations of intervention activities. Statistics on acceptability drew on surveys with AG members, SLT members and staff participating in training. Quantitative analyses of reach examined intervention awareness among year-10 students at follow-up, and how this varied by student socioeconomic status, gender and ethnicity.

Ethics

Ethical approval for the study was obtained from the University College London (UCL) and London School of Hygiene & Tropical Medicine ethics committees. Head teachers were asked for informed consent for the intervention (see Report Supplementary Material 1, supplementary materials 16). Informed written opt-in consent was sought from all research participants, including students judged competent to provide this (see Report Supplementary Material 1, supplementary materials 17–24). Participants were given an information sheet several days before data collection (see Report Supplementary Material 1, supplementary materials 17-28). In addition, schools were sent parent information sheets (see Report Supplementary Material 1, supplementary materials 29–31) around 2 weeks in advance and asked to contact students' parents by letter at least 1 week prior to fieldwork, informing them about this and providing them with the

option of opting out their child by contacting the school or the research team. Just before data collection, participants also received an information sheet and oral description of the study, and had the chance to ask questions.

Results

Baseline surveys assessing student needs were conducted at schools 1–4. However, in September 2022, school 2 dropped out of the study before the intervention had commenced due to concerns over their capacity to implement the intervention. A replacement school (school 5) was selected in November 2022 from the schools previously expressing interest. A baseline survey was not conducted at this school.

Schools 1, 3, 4 and 5 (three original and one replacement school) received the intervention. Once the intervention had begun, no schools withdrew from the study. A follow-up survey was conducted at all four schools.

School context

All schools in the study were state secondary schools with 1300-2000 students. The percentage of children eligible for free school meals ranged from 5% to 46%. Two schools had Ofsted inspections conducted during the study. Teacher strikes which took place during the study further challenged intervention and evaluation. Finally, the post-pandemic environment was described as particularly challenging by many study leads. Schools were described as being stretched with fewer resources available, competing priorities and lower student and staff well-being.

Process evaluation response rates and data collection

Bounce Forward's SEL curriculum training was delivered online over 1.5 days to schools 1, 3 and 4 together. The training was audio-recorded and observed by a researcher, and a fidelity check was completed (*Table 1*). Over 60% of staff attending the training completed the satisfaction survey at the end. A logbook was collected from the

TABLE 1 Overview of process evaluation data collection activities

Study component	Data collection activity	School 1	School 3	School 4	School 5ª
Curriculum staff training	Audio-recording and observation, n (% target)		1 (100)		O (O) ^b
	Fidelity check of training, <i>n</i> (% target)		1 (100)		0 (0) ^b
	Curriculum trainer logbook collection, n (% target)		1 (100)		O (O) ^b
	Trainee survey, n/N (%)	3/5 (60)	5/7 (71)	6/7 (86)	0 (0) ^b
Curriculum teaching to year-8 students	Observation of one session per school, n (% target)	0 (0) ^c	1 (100)	2 (200)	1 (100)
	Fidelity check of session observed, n (% target)	0 (0) ^c	1 (100)	2 (200)	1 (100)
	Number of lessons taught	2 ^c	6	6	3
	Number of teachers delivering these lessons	1 ^d	1	7	8
	Logbook collection, n (%)				
	Lesson 1	1 (100) ^d	1 (100)	3 (43)	4 (50)
	Lesson 2	1 (100) ^d	1 (100)	2 (29)	4 (50)
	Lesson 3	N/A	1 (100)	2 (29)	4 (50)
	Lesson 4	N/A	1 (100)	2 (29)	N/A
	Lesson 5	N/A	1 (100)	1 (14)	N/A
	Lesson 6	N/A	1 (100)	0 (0)	N/A
					continued

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Study component	Data collection activity	School 1	School 3	School 4	School 5ª	
RP training: all-staff ^e	Audio-recording and observation, <i>n</i> (% target)	1 (100)	1 (100)	1 (100)	1 (100)	
	Fidelity check, n (% target)	1 (100)	1 (100)	1 (100)	1 (100)	
	Trainer logbook collection, n (% target)	1 (100)	1 (100)	1 (100)	1 (100)	
	Trainee survey, n/N (%) ^f	43/85 (51)	28/56 (50)	32/101 (32)	22/45 (49)	
RP training: in-depthAudio-recording and observation, n (% target)1 (100)						
	Fidelity check, n (% target)1 (100)					
	Trainer logbook collection, n (% target)		1	(100)		
	Trainee survey, n/N (%)	4/5 (80)	2/2 (100)	3/3 (100)	2/2 (100)	
RP implementation	Logbook collection	5/5 (100)	2/2 (100)	2/3 (67)	2/2 (100)	
AG	Observation, n (% target)	2 (200)	2 (200)	2 (200)	1 (100)	
	Logbook collection, <i>n/N</i> (% receipt)	6/6 (100)	5/5 (100)	6/6 (100)	3/3 (100)	
	AG participant survey, n/N (%)	9/17 (53)	11/16 (69)	5/10 (50)	5/8 (63)	
Other: school	SLT survey, n/N (%)	3/6 (50)	7/9 (78)	11/12 (92)	9/9 (100)	

TABLE 1 Overview of process evaluation data collection activities (continued)

N/A, not applicable.

a Refers to the replacement school, as school 2 withdrew from the study after the baseline survey and did not participate in any training or intervention implementation.

b The curriculum training was conducted online over 2 days. This school did not attend the online curriculum training as they joined the study later than schools 1, 3 and 4. Instead, teachers who would teach the curriculum lessons viewed video-recordings of the training. A satisfaction survey was therefore not distributed as they did not attend the training, and the trainer log was not completed.

c This school only delivered two of the six lessons, and these were delivered by one teacher to half of the cohort. The third lesson, which was to be observed by the research team, was not delivered due to teacher strikes and therefore could not be observed. The remaining lessons could not be scheduled due to timetabling challenges.

d One teacher at school 1 taught two lessons to half of the cohort, and logbooks for both these lessons were collected. Another teacher was to teach lessons to the remaining half of the cohort, but those lessons could not be scheduled by the school due to timetabling challenges. A logbook was not provided to this teacher.

e This training was conducted online. The training session for schools 1 and 4 were conducted together, while schools 3 and 5 had their own training sessions each.

f N refers to the total number of participants who recorded their attendance through the chat function for this online training.

trainer after the session. School 5 did not participate in the training as they joined the study after the training had been delivered.

An introductory RP online training session delivered by L30 Relational Systems was offered to all staff at study schools. The training for schools 1 and 4 was conducted jointly, while schools 3 and 5 had separate sessions. Researchers audio-recorded, observed and conducted a fidelity check for all sessions. A completed logbook after each session was collected from the trainers. A link to the satisfaction survey was sent via the online chat to all participants at the end of the training session. A follow-up e-mail with a link to the survey was also sent to participants. Researchers sent this e-mail along with a minimum of three reminders to schools 3 and 5. The lead contact at schools 1 and 4 sent this e-mail to their staff (researchers were not copied into the e-mail). We asked the lead contact to send at least three reminders to staff over a 2-week period. Response rates to the survey were 51%, 50%, 32% and 49% at schools 1, 3, 4 and 5, respectively. School 5 decided to offer this training session to select students too.

The in-depth RP training occurred over 3 days, with the first two sessions delivered in-person and the third online. Researchers audio-recorded, observed, fidelity-checked and collected a trainer log from each session. Satisfaction surveys were completed by 11 of the 12 participants (92%). Eleven of the 12 participants (92%) provided information for logbooks, which documented their implementation of RP at their schools.

Researchers observed the teaching of one curriculum lesson at schools 3 and 5. Two curriculum lessons were observed at school 4, but researchers were escorted into the lesson 5-10 minutes late and were therefore unable to observe the start. No lessons were observed at school 1, as the lesson was cancelled due to teacher strikes on the date scheduled. No more lessons were taught thereafter at school 1 for researchers to observe. One teacher at school 1 taught two lessons to half of the cohort, and logbooks for both these lessons were collected. Another teacher who was to teach lessons to the remaining half of the cohort did not manage to teach the lessons at all, and therefore no logbooks were collected. At school 3, one teacher taught all six recommended lessons to the cohort, and all logbooks were collected. At school 4, all lessons were taught by seven teachers. Logbook collection varied by teacher: one submitted logs for five lessons, another for four lessons and a third teacher submitted a log for one lesson. The remaining four teachers did not submit any logs despite repeated reminders. Teachers were given the option of submitting the logs through an online survey form, Microsoft Word (Microsoft Corporation, Redmond, WA, USA) or hard copy. The teachers who returned their logs all used the online survey form.

At least one AG meeting was observed by researchers at all schools. At three schools, two meetings were observed. Over the course of the academic year, schools 1 and 4 held six meetings each, while school 3 held five and school 5 held three. Logbooks for all meetings were received from the AG chair for schools 1 and 4. Schools 3 and 5 returned meeting minutes instead of the logbooks for all meetings. Response rates for the AG survey ranged from 50% to 69% across schools. Researchers visited schools 1, 3 and 4 at their last AG meetings to conduct these surveys. Absentees and AG participants at school 5 were sent an online link to complete the survey to maximise response rates. The survey with SLT members at all schools had an overall response of 83%.

Quantitative findings on implementation

Fidelity

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Student needs survey

The baseline survey which assessed student needs was conducted with year-7 students in three of the four schools that received the intervention as well as the school that dropped out, with an overall response rate of 79% (*Table 2*). Student needs were summarised in a report and provided to schools 1, 3 and 4 on 3 November 2022. As the baseline survey was not conducted in school

5, this school could not receive a NAR but instead was encouraged to utilise existing school data on students' mental health needs to inform priorities to address. The follow-up survey had an overall response rate of 66%, with large variation in rates between schools (see *Table 4*), reflecting a timetabling clash with a school trip and high rates of absenteeism on the day in school 4, the challenges reported above at school 5, and high opt-out rates (12% and 27%) in schools 4 and 5.

Staff training

Curriculum training, introductory RP training and in-depth RP training was offered to staff at all schools.

Staff from schools 1, 3 and 4 attended the same online curriculum training session together over 1.5 days. This was delivered early in the autumn term (September 2022) with 83% fidelity (Table 3). Attendance information was collected through researcher observation, participant recording of their attendance through the chat function and trainer logs. Two staff members acting as study leads at school 3 signed into the training session at the start of the first day to ensure it was running smoothly but did not thereafter participate in the training or attend the second day because they were not planning to deliver lessons. No staff from school 5 participated in the online training, as the school had been recruited into the study after the training had been delivered. The organisation providing the curriculum training had changed their delivery model to provide a pre-recorded session and live webinars by the time school 5 was recruited, so this school was provided with video-recordings of the training session given to schools 1, 3 and 4. These were viewed by relevant teachers at school 5.

Introductory RP training was offered to all staff at all schools. This was delivered online, lasting approximately an hour (which was how long schools could spare). School 5 had a slightly longer session lasting 1 hour and 15 minutes. The training was delivered jointly to staff at schools 1 and 4 in early January 2023, to school 3 in December 2022 and to school 5 in May 2023. Some schools had teachers join the training on individual computers, while others joined on a shared computer that was projected to all staff in attendance. Attendance information was collected by requesting participants recorded their attendance through the chat function, or requesting that study leads maintained a record of attendance. The training was delivered with 80% fidelity at all schools, and the only element that was not delivered was allowing time for staff planning and reflection (see Table 3). This was not possible due to time constraints.

TABLE 2 Response rates to baseline (which contained the student needs survey) and follow-up survey (which examined reach)

Survey	School 1	School 2	School 3	School 4	School 5	Total
Baseline responses, n (%)	179 (83)	169 (80)	192 (91)	100 (59)	N/A	471 (79)
Follow-up responses, n (%)	193/213 (91)	N/A	164/180 (91)	97/211 (46)	112/254 (44)	566/858 (66)
N/A, not applicable.						

TABLE 3 Implementation of staff training activities

Training		School 1	School 3	School 4	School 5	Total
Curriculum training	Attendance ^a : day 1, <i>n</i>	5	7	6	0	18
	Attendanceª: day 2, n	4	5	7	0	16
	% coverage of topics ^b		83%		N/A ^c	83%
	Responses to trainee survey, n/N (%)	3/5 (60)	5/7 (71)	6/7 (86)	0 (0) ^c	14/19 (74)
	Reported receiving of a link to the pre-recorded webinar for the topics covered	3/3 (100)	2/5 (40)	5/6 (83)	0 (0) ^c	10 (71)
	Reported watching the pre-recorded webinar for the topics covered	1/3 (33)	2/4 (50)	4/5 (80)	0 (0) ^c	7/12 (58)
Introductory RP all-staff training	Attendance, n	85	56	101	45	287
	% coverage of topics ^b	80%	80%	80%	80%	80%
In-depth RP training	Attendance: day 1, n	5	1	3	O ^d	9
	Attendance: day 2, n	5	2	3	2 ^d	11
	Attendance: day 3, n	4	2	3	2	11
	% coverage of topics ^b			86%		86%

N/A, not applicable.

a Data obtained from researcher observation, participant recording of their attendance through the chat function and trainer logs.

b Researcher observation.

c This school did not attend the online curriculum training as they joined the study later than schools 1, 2 and 3. A satisfaction survey was, therefore, not distributed as they did not attend the training.

d Both participants from this school were unable to attend the training in-person on day 1 due to staff shortages at the school, so they viewed a video-recording of the training from day 1 instead. On day 2, one participant from this school was recovering from illness and joined the training online, while the other attended in-person.

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TABLE 4 Implementation of AGs: data from AG chair logbooks, researcher observation and discussion with facilitator

AG implementation	School 1		School 3		School 4		School 5	5
Number of meetings ^a	6		5		6		3	
Attendance ^b	Staff	Stud	Staff	Stud	Staff	Stud	Staff	Stud
Meeting 1	7 ^{c,d}	10 ^{c,d}	9 ^{c,d}	7 ^{c,d}	7 ^{c,d}	7 ^{c,d}	3 ^{c,d}	5 ^{c,d}
Meeting 2	7 ^{c,d}	8 ^{c,d}	6 ^{c,d}	7 ^{c,d}	$4^{c,d}/3^{e}$	$7^{d,e}/5^{c}$	2 ^{c,e}	4 ^{d,e} /5
Meeting 3	6 ^{c,d}	9°/10 ^d	$9^{d,e}/6^{c}$	10 ^{d,e}	3 ^d	7 ^d	1 ^{c,d}	5 ^{c,d}
Meeting 4	5 ^{c,d}	8 ^d /6 ^c	6 ^{c,d}	7 ^{c,d}	3ª	6 ^d	1 ^{c,d}	0 ^{c,d}
Meeting 5	4 ^{d,e} /5 ^c	8 ^{d,e} /6 ^c	$4^{d,e}/2^{c}$	$4^{d,e}/7^{c}$	2 ^d	5 ^d	N/A	N/A
Meeting 6	2 ^{d,e} /6 ^c	4 ^{d,e} /9 ^c	1 ^{d,e}	0 ^{d,e}	2 ^{d,e}	3 ^{d,e}	N/A	N/A
AG student membership diversity by gender: chair logbook (Y/N)	Y		Not reco	rded	Υ		Not rec	orded
AG student membership diversity by gender: researcher observation (Y/N)	Y		Y		Y		Y	
AG student membership diversity by ethnicity: chair logbook (Y/N)	Y		Not reco	rded	Υ		Not rec	orded
AG student membership diversity by ethnicity: researcher observation (Y/N)	Y		N ^f		Y		Ν	
AG student membership diversity by academic attainment: chair logbook (Y/N)	Y		Not reco	rded	Y		Not rec	orded
Chose at least one action from a menu of evidence-based options $(Y/N)^{\scriptscriptstyle 3}$	Υ		Y		Y		Υ	
Completed at least one locally decided action (Y/N) ^a	Y		Y		Y		Y	

N, no; N/A, not applicable; Y, yes.

a Data obtained from discussion with AG chair, discussion with AG facilitator and researcher observation.

b Figure in which authors have most confidence is reported first.

c Data from AG chair logbook/meeting minutes.

d Data from AG facilitator's notes.

e Data from researcher observation.

f Although no ethnic diversity was noted in AG student membership at this school, it reflected the overall ethnic diversity at the school.

In-depth RP training was offered to a subset of staff at each school selected by school study leads. It was conducted jointly with all four schools over 3 (non-consecutive) days in March 2023. Training days 1 and 2 were conducted in-person, and attendance was recorded in-person through an attendance sheet. Day 3 was conducted online, and a researcher recorded attendance. Absent participants were sent a recording of the training on the days they missed. The training was delivered with 86% fidelity (see *Table 3*).

Researchers were present at and observed all training sessions and recorded fidelity of training using a checklist.

Action groups

All schools held at least three AG meetings. AG chairs were asked to maintain logbooks. Schools 1 and 4 held six meetings (*Table 4*). School 3 held five AG meetings with students and staff members, plus a sixth one, where only the chair, facilitator and a researcher were present. School 5, which joined the study late, held three full AG meetings plus a fourth attended only by the chair, facilitator and researcher to consolidate learning and actions. The final meetings at schools 3 and 5 have, therefore, not been counted in the totals in *Table 4*. Information on the number of meetings held was obtained through discussions with the study leads at each school and facilitator, as well as logbooks from the chair of each AG.

Information on attendance was obtained from AG chair logbooks. Where information was missing, this was obtained from researchers' notes (for sessions observed) or the facilitator's notes. Diversity by gender and ethnicity of student membership of AGs were assessed both by the AG chair through notes in the logbook and by researchers observing AGs. AG chairs at schools 3 and 5 returned their record of AG meeting minutes instead of study logbooks and therefore did not answer the questions on the diversity of student membership.

Members of the AG also reported on its work via the AG survey (*Table 5*). In total, 30 AG members across schools completed questionnaires, including a mixture of staff and students. Staff completing the questionnaire tended, other than in school 3, to fulfil roles other than the subject teacher. Students were drawn from different year-groups, with year 8 being the most common. Most participants had attended at least three meetings. A large majority (97%) agreed that the AG involve a quite or very good range of different staff, and 83% agreed that the AG involved students from different backgrounds or academic abilities. Less than half of the participants reported being involved in revising school rules/policies. Almost all (97%) agreed that the AG had chosen all or some actions from a menu

of evidence-based options. In terms of implementation, 56% agreed that 75% or more of actions identified had been implemented with no participants reporting that no actions had been implemented.

Curriculum

All schools taught at least some SEL lessons to year-8 students (Table 6). School 3 taught all six recommended lessons in the spring 2023 term, while school 4 taught seven lessons (including an extra one) over the 2023 spring and summer terms. Schools 1 and 5 began teaching the curriculum in the summer 2023 term and were unable to teach all the recommended lessons before the end of term. School 3 had a single teacher deliver all SEL lessons to all year-8 classes at their school, while others had several teachers deliver them for different year-8 classes. Although not all teacher logbooks were returned, we could see that from those that were as well as from discussions with teachers and researcher observations that: essential topics were delivered with 75% or more fidelity at all schools; and suggested classroom activities were completed with 63% or more fidelity at all schools. A researcher observed the delivery of one lesson each at schools 3 and 5 and two lessons at school 4. No lessons were observed at school 1 as this could not be scheduled with the school.

Restorative practice

All 12 staff members who completed the in-depth RP training were sent logbooks to record their use of RP the remainder of the school year (*Table 7*). Logbooks were received from 11 participants: 7 completed an online version of the logbook; 2 completed a hard-copy version; and 2 provided their responses to a researcher over the telephone.

Most of those who completed the logbook (82%) noted having used restorative language three or more times, but only a minority (36%) reported using circle time or similar group activities to build and maintain relationships. A majority reported having used informal RP meetings to address minor conflict (82%) and formal RP meetings to address more serious conflict (64%).

Senior leadership team reports of implementation

Of 36 SLT members across the four schools, 30 completed the SLT survey. Among survey participants, 93% believed LTMH was a good way to promote students' mental health (*Table 8*), with only those in the late-joining school 5 not reporting this. A number of SLT members, again predominantly in school 5, were unaware of various LTMH activities ongoing at their schools.

TABLE 5 Implementation of AGs: data from AG survey

AG survey data		School 1	School 3	School 4	School 5	Total
Response rate to AG survey, n/N (%)		9/17 (53)	11/16 (69)	5/10 (50)	5/8 (63)	30/51 (59)
Participant type	Student	7 (78)	4 (36)	3 (60)	2 (40)	16 (53)
	Staff	2 (22)	7 (64)	2 (40)	3 (60)	14 (47)
For staff: role	Subject teacher	0 (0)	4 (57)	O (O)	O (O)	4 (29)
	Head of year	1 (50)	O (O)	O (O)	1 (33)	2 (14)
	Head of department	1 (50)	2 (29)	O (O)	O (O)	3 (21)
	Senior management	0 (0)	1 (14)	1 (50)	1 (33)	3 (21
	Other	0 (0)	0 (0)	1 (50)	1 (33)	2 (14
For students: year-group	Year 7	0 (0)	0 (0)	1 (33)	0 (0)	1 (6)
	Year 8	1 (14)	1 (25)	1 (33)	2 (100)	5 (31
	Year 9	1 (14)	0 (0)	O (O)	O (O)	1 (6)
	Year 10	4 (57)	0 (0)	0 (0)	0 (0)	4 (25
	Year 11	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
	Year 12	1 (14)	0 (0)	1 (33)	O (O)	2 (13
	Year 13	0 (0)	3 (75)	0 (0)	O (O)	3 (19
Number of AG meetings attended	One or two	0 (0)	O (O)	0 (0)	2 (40)	2 (7)
	Three or four	7 (78)	4 (36)	1 (20)	3 (60)	15 (50
	Five or more	2 (22)	7 (64)	4 (80)	O (O)	13 (43
AG involved a range of different staff from across the school	Very good	3 (33)	7 (64)	3 (60)	2 (40)	15 (50
	Quite good	6 (67)	3 (27)	2 (40)	3 (60)	14 (47
	Not very good	0 (0)	0 (0)	0 (0)	O (O)	0 (0)
	Not good at all	0 (0)	1 (9)	O (O)	O (O)	1 (3)
AG included students from a range of different backgrounds or of different academic ability	Very good	4 (44)	3 (27)	4 (80)	1 (20)	12 (40
	Quite good	5 (56)	7 (64)	1 (20)	3 (60)	16 (53

This article should be referenced as follows: Sundaram N, Lloyd-Houldey O, Sturgess J, Allen E, Michalopoulou S, Hope S, *et al*. Feasibility study of Learning Together for Mental Health: fidelity, reach and acceptability of a whole-school intervention aiming to promote health and wellbeing in secondary schools (published online ahead of print June 18 2025). *Public Health Res* 2025. https://doi.org/10.3310/ RTRT0202

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TABLE 5 Implementation of AGs: data from AG survey (continued)

AG survey data		School 1	School 3 S	chool 4	School 5	Total
	Not very good	0 (0)	1 (9)	0 (0)	1 (20)	2 (7)
	Not good at all	0 (0)	0 (0)	0 (0)	0 (0)	O (O)
Reported involved in revising school rules/policies	Yes	6 (67)	1 (9)	4 (100)	1 (20)	12 (41)
	No	3 (33)	10 (91)	0 (0)	4 (80)	17 (59)
Actions chosen from a menu of evidence-based options	All	5 (56)	6 (55)	0 (0)	0 (0)	11 (37)
	Some	4 (44)	5 (45)	4 (80)	5 (100)	18 (60)
	None	0 (0)	0 (0)	1 (20)	0 (0)	1 (3)
Proportion of actions chosen by the AG that were implemented	All	1 (13)	2 (18)	0 (0)	0 (0)	3 (10)
	At least 75%	2 (25)	8 (73)	3 (60)	3 (60)	16 (55)
	Fewer than 75%	5 (63)	1 (9)	2 (40)	2 (40)	10 (34)
	None	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

TABLE 6 Implementation of student curriculum

Student curriculum implementation		School 1	School 3	School 4	School 5
% lessons taught of recommended six lessons, <i>n</i> (%) ^a		2 (33) ^b	6 (100)	7 (117)	3 (50)
Number of teachers delivering the lessons		1	1	7	8
Number of teachers who returned logbooks, n (%)	Lesson 1	1 (100)	1 (100)	3 (43)	4 (50)
	Lesson 2	1 (100)	1 (100)	2 (29)	4 (50)
	Lesson 3	N/A	1 (100)	2 (29)	4 (50)
	Lesson 4	N/A	1 (100)	2 (29)	N/A
	Lesson 5	N/A	1 (100)	1 (14)	N/A
	Lesson 6	N/A	1 (100)	O (O)	N/A
% coverage of essential topics (logbooks) $^{\circ}$	Lesson 1	100	100	89	100
	Lesson 2	100	100	100	92
	Lesson 3	N/A	100	100	75
	Lesson 4	N/A	100	100	N/A
	Lesson 5	N/A	100	100	N/A
	Lesson 6	N/A	100	No logs	N/A
$\%$ coverage of suggested classroom activities (logbooks)^c	Lesson 1	80	100	93	80
	Lesson 2	83	100	75	88
	Lesson 3	N/A	100	92	63
	Lesson 4	N/A	83	75	N/A
	Lesson 5	N/A	83	83	N/A
	Lesson 6	N/A	100	No logs	N/A
Researcher observation	Number of lessons observed	0	1	2	1
	Timetable slot lesson taught in	N/A	Subject lesson	Tutor group	PSHE
	% coverage of essential topics ^d	N/A	100	100	100
	% coverage of suggested classroom activities	N/A	80	100 ^e	100 ^e

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N/A, not applicable; PSHE, Personal, Social, Health and Economic education.

a Number of lessons taught at each school was determined through discussions with study leads at each school and teacher logbooks.

b Two lessons were delivered to half of the cohort of year-8 students.

c Where more than one teacher completed a logbook for the lesson, an average was calculated.

d Where more than one lesson was observed at the school, an average was calculated.

e Researcher was led into the classroom 5–10 minutes after the lesson had begun. The % coverage of activities therefore refers to those the researcher was present for.

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TABLE 7 Implementation of RP

RP implementation		School 1	School 3	School 4	School 5	Total
Logbook receipt, n/N (%)		5/5 (100)	2/2 (100)	2/3 (67)	2/2 (100)	11/12 (92)
Use of restorative language as a way of building and maintaining good relationships, n (%)	Never	O (O)	O (O)	O (O)	1 (50)	1 (9)
	1–2 times	1 (20)	O (O)	O (O)	O (O)	1 (9)
	3–10 times	3 (60)	1 (50)	1 (50)	0 (0)	5 (45)
	More than 10 times	1 (20)	1 (50)	1 (50)	1 (50)	4 (36)
Use of circle time (or similar group activities) as a way of building and maintaining good relationships, <i>n</i> (%)	Never	3 (60)	1 (50)	1 (50)	2 (100)	7 (64)
	1-2 times	1 (20)	1 (50)	1 (50)	0 (0)	3 (27)
	3-10 times	1 (20)	0 (0)	O (O)	0 (0)	1 (9)
	More than 10 times	O (O)	0 (0)	O (O)	0 (0)	0 (0)
Informal RP meetings to address minor conflict, <i>n</i> (%)	Never	1 (20)	0 (0)	O (O)	1 (50)	2 (18)
	1-2 times	1 (20)	0 (0)	O (O)	O (O)	1 (9)
	3–10 times	3 (60)	O (O)	2 (100)	0 (0)	5 (45)
	More than 10 times	0 (0)	2 (100)	O (O)	1 (50)	3 (27)
Formal RP meetings/conferences to address more serious conflict, n (%)	Never	3 (60)	0 (0)	O (O)	1 (50)	4 (36)
	1-2 times	2 (40)	0 (0)	0 (0)	0 (0)	2 (18)
	3–10 times	0 (0)	2 (100)	2 (100)	1 (50)	5 (45)
	More than 10 times	O (O)	0 (0)	O (O)	O (O)	0 (0)

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TABLE 8 Acceptability and awareness of LTMH by school SLT members

SLT survey		School 1	School 3	School 4	School 5	Total
Survey completion, n/N (%)		3/6 (50)	7/9 (78)	11/12 (92)	9/9 (100)	30/36 (83)
Role	Head teacher	1 (33)	0 (0)	2 (18)	1 (11)	4 (13)
	Deputy head teacher	1 (33)	1 (14)	4 (36)	1 (11)	7 (23)
	Assistant head teacher	1 (33)	6 (86)	5 (45)	4 (44)	16 (53)
	Other	O (O)	0 (0)	0 (0)	3 (33)	3 (10)
Reported think LTMH is a good way to promote students' mental health?, n (%) ^a	Yes	3 (100)	7 (100)	11 (100)	5 (71)	26 (93)
	No	O (O)	0 (0)	0 (0)	2 (29)	2 (7)
Reported implementation of Bounce Forward SEL curriculum	Yes	1 (33)	5 (71)	11 (100)	2 (22)	19 (63)
	No	(O)	(O)	(O)	(O)	(O)
	Don't know	2 (67)	2 (29)	0 (0)	7 (78)	11 (37)
Reported increased use of RP^{\flat}	Yes	3 (100)	6 (100)	11 (100)	3 (33)	23 (79)
	No	O (O)	0 (0)	0 (0)	1 (11)	1 (3)
	Don't know	O (O)	0 (0)	0 (0)	5 (56)	5 (17)
Reported rewriting school policies or rules ^b	Yes	2 (67)	5 (83)	11 (100)	0 (0)	18 (62)
	No	1 (33)	1 (17)	0 (0)	2 (22)	4 (14)
	Don't know	O (O)	0 (0)	0 (0)	7 (78)	7 (24)
Reported that the school identified other priorities informed by the needs survey ${}^{\scriptscriptstyle b}$	Yes	3 (100)	6 (100)	10 (91)	0 (0)	19 (66)
	No	O (O)	0 (0)	0 (0)	2 (22)	2 (7)
	Don't know	O (O)	0 (0)	1 (9)	7 (78)	8 (28)
Reported identification of options from the menu in the LTMH manual to address these needs $^{\scriptscriptstyle \mathrm{b}}$	Yes	1 (33)	5 (83)	10 (91)	1 (11)	17 (59)
	No	O (O)	0 (0)	0 (0)	1 (11)	1 (3)
	Don't know	2 (67)	1 (17)	1 (9)	7 (78)	11 (38)
Reported implementation of some or all of these options	Yes	3 (100)	7 (100)	10 (91)	1 (11)	21 (70)
	No	0 (0)	0 (0)	0 (0)	2 (22)	2 (7)
	Don't know	0 (0)	0 (0)	1 (9)	6 (67)	7 (23)

a Two participants from school 5 did not respond to this question (denominator is therefore lower due to missing data).

b One participant from school 3 did not respond to this question (denominator is therefore lower due to missing data).

Acceptability

Staff training

Over 60% of participants who completed the SEL curriculum training satisfaction survey reported it as good or excellent, while over 30% rated it as fair (see *Appendix* 1). All participants thought the training provided adequate opportunities for discussion and over 80% felt confident or very confident about putting what they had learnt into practice. Teachers who completed the survey were also asked how well they thought individual topics were covered and these details are provided in *Appendix* 1. Majorities of participants reported that specific training elements had been very well or well covered.

Less than half of participants who attended the RP allstaff training completed the satisfaction survey. Of the 125 participants who completed the survey, 49% rated it as good, 10% as excellent, 32% as fair and 9% as poor (see *Appendix 2*). Eighteen per cent felt very confident about putting what they had learnt into practice, 69% were confident and the remainder (13%) were not confident. Most participants (78% overall) reported that the training did not provide sufficient opportunities for discussion. Majorities of participants reported that specific training elements had been very well or well covered.

The in-depth RP training which was offered to select staff at each school was better received. Eleven of 12 of those trained completed the survey. Of these, 82% rated it as excellent, while 18% rated it as good (see *Appendix 3*). In response to the question on how confident they felt putting into practice what they had learnt, 64% reported feeling confident and 36% felt very confident. No survey respondents reported any of the 22 topics covered in the training as not having been covered well.

Restorative practice

Those who received the in-depth RP training were requested to complete a logbook to document whether they had been implementing RP and how useful various elements of this were. Of 11 participants who completed the logbook, all who reported using restorative language considered it a quite or very useful way in building and maintaining good relationships (see *Appendix 4*). All who reported having used informal RP meetings to address minor conflict (82%) or formal RP meetings to address more serious conflict (73%) found it very useful. Use of circle time had more mixed reviews: 45% had not used it, 9% found it not useful, 27% quite useful and 18% very useful.

Action groups

All 30 participants who completed the AG survey believed that LTMH was a good way to promote students' mental health (see *Appendix 5*), and there were no differences reported in the acceptability of LTMH between students and staff members. Ninety per cent of those who responded to the AG survey considered the NARs useful in guiding AG decisions.

Reach

A follow-up survey was done with year-10 students towards the end of the intervention in July 2023 that included questions about their awareness of intervention activities in their schools. Over a third (39%) of students reported definite awareness of actions being undertaken by their schools to improve student mental health. A similar proportion was not sure, and 20% did not think any actions were being undertaken (see *Appendix 6*). Awareness of student involvement in AGs was lower at 27%. When asked about disciplinary approaches at their school, 62% noted use of some form of RP, while 33% reported use of punitive approaches only. However, only a minority of survey participants (20%) reported understanding what is meant by 'restorative practice'.

We did further subgroup analysis to examine differences in sex, gender, sexuality, ethnicity or family affluence for intervention awareness (see Appendix 7). Similar proportions of males and females reported awareness that their school had recently been taking actions to improve students' mental health and of student involvement in AGs. However, more females (73%) than males (56%) reported that staff response to conflict included restorative approaches. More males (24%) than females (17%) reported understanding what is meant by 'restorative practice'. Similar differences occurred for gender. Comparisons between subgroups for sexuality were not instructive, as very few participants identified as other than heterosexual. Comparisons between subgroups for ethnicity were similarly not instructive, as they likely reveal differences in schools rather than ethnicity because schools varied in student ethnicities. Finally, no major differences were noted in intervention awareness between students from above median or below median family affluence.

Discussion

Summary of key findings

Our research indicates that LTMH was feasible to implement and acceptable to school staff, students, trainers and facilitators. Training and implementation proceeded with fidelity, and the pre-defined progression criteria for a Phase III trial were met (*Table 9*). Below we address each research question.

Looking across all of the data on implementation fidelity, it is apparent that the all-staff and in-depth RP training were implemented with fidelity in all schools and that all schools had at least two staff members trained in-depth in RP, so meeting the progression criterion for RP training. Curriculum training was implemented with fidelity in three out of four schools. As live, online training was not provided to the fifth school (they viewed recorded videos instead), we were unable to assess fidelity in the same manner at this school. However, curriculum training was not a part of the progression criteria.

The overall response rate to the baseline (needs) survey across the three schools that participated in the baseline survey was 79%. The progression criteria required at least two schools to have a > 60% response rate to the baseline survey. As two of the three schools that completed the baseline survey achieved over an 80% response rate, this progression criterion was met. The progression criterion for trial feasibility based on follow-up survey rates was also met (follow-up survey response rate was 66%, and two schools had a response rate of over 60%), and this is discussed further elsewhere.²⁰

Action groups were implemented with fidelity. Two schools held six meetings, one held five and one held three over the year with students and staff. The progression criterion for number of AG meetings, which required at least two schools to have held three or more AG meetings, was met. AG student membership was diverse by gender at all four schools. The ethnic diversity of student AG membership at three out of the four schools was reflective of ethnic diversity within the schools. AGs at all four schools completed at least one locally decided action and chose at least one action from the menu of evidence-based options. The progression criteria requiring at least two schools to have completed at least one locally decided action and at least two schools to have chosen at least one option from the menu of evidence-based options were also met.

Restorative practice was implemented across all schools. Three schools had at least two trained staff members, and the fourth had one staff member regularly implementing informal RP meetings to address minor conflict and regularly using restorative language to build and maintain good relationships. Three out of four schools also reported regularly using formal RP meetings to address more serious conflict. The progression criterion requiring at least two schools to have at least two trained staff regularly implementing RP was met.

Of lessons that were observed or lessons for which teachers returned logbooks, curriculum delivery was implemented with fidelity. However, two schools delivered 50% or less of the recommended lessons, and not all teachers completed logbooks. The progression criterion for this component was that at least two schools should have delivered the curriculum with at least 50% fidelity. This was achieved as one of the two schools that delivered the entire curriculum reported over 80% coverage of essential items, and the other school reported over 75% coverage of essential topics and activities (although not all teachers teaching lessons at this school completed a logbook, and no logs were received for the sixth lesson). Qualitative process evaluation research suggests that schools with existing, satisfactory SEL curriculums did not prioritise teaching of the curriculum offered through LTMH. This may explain why some schools delivered less than the recommended number of lessons and suggests that the curriculum should be made optional for schools in a larger trial.²⁵

All students and staff (100% across all four schools) who completed the AG survey, and 93% of SLT members (100% at three schools, and 71% at one school) who completed the SLT survey, reported finding the LTMH intervention a good way to promote student mental health. The progression criterion requiring at least two schools to have over 50% of AG, and SLT members find the intervention acceptable, was therefore also met. Only in the late-joining school 5 had acceptability < 100%.

Over a third of students reported definite awareness of actions being undertaken by their schools to improve student mental health. Awareness that their school had recently been taking actions to improve students' mental health and of student involvement in AGs did not differ by gender, but more girls reported staff responded to conflict using restorative approaches, and more boys reported understanding what is meant by 'restorative practice'. There were no major differences in intervention awareness by family affluence, and we could not assess differences by sexuality or ethnicity. Our findings from qualitative research conducted as a part of a process evaluation found that school staff were also not always aware of synergies between various intervention components.²⁵ Implementation of both RP and actions by the AG may have had benefits and impacts, but they may not have necessarily been visible to students (i.e. students who benefited from the intervention may have been unaware that what they were receiving was part of

TABLE 9 Summary of progression criteria

Торіс	Indicator	Pass criteria	Result	Notes
Intervention feasibility	Response rate at baseline survey	2 schools have response rate of 60% or more	Pass	3 out of 4 schools have response rate of 60% or more
Intervention feasibility	Number of AGs	2 schools to have 3 or more AGs	Pass	All schools had 3 or more AGs
Intervention feasibility	Number of staff who had intensive RP training	2 schools to have trained 2 or more staff	Pass	All schools trained 2 or more staff
Intervention feasibility	Number of locally decided actions completed	2 schools to have completed 1 or more locally decided actions	Pass	All schools completed 1 or more locally decided actions
Intervention feasibility	Number of trained staff regularly implementing RP	2 schools to have 2 or more staff regularly implementing RP	Pass	3 out of 4 schools had 2 or more staff regularly implementing RP
Intervention feasibility	Curriculum	2 schools to implement curriculum with 50% or more fidelity	Pass	2 out of 4 schools implemented curriculum with 50% or more fidelity
Intervention feasibility	Actions from menu of evidence-based actions	2 schools to choose 1 or more action from evidence-based menu	Pass	All schools chose 1 or more action from evidence-based menu
Intervention feasibility	Feedback from AG and SLT members	2 schools to have 50% or more of AG and SLT members find intervention acceptable	Pass	All schools had 50% or more of AG and SLT members find intervention acceptable
Trial feasibility	Response rate at follow-up survey	2 schools to have response rate of 60% or more	Pass	2 out of 4 schools had response rate of 60% or more

our intervention). However, in a larger trial, we suggest using introductory meetings and actively promoting the programme to both students and staff to bring visibility to the programme.

Limitations

Our study was non-randomised and so could not assess the feasibility of recruiting schools to or retaining schools within a randomised trial. However, numerous previous studies suggest that this is highly feasible.^{17,26} The schools which we recruited to participate in this feasibility study may not be representative of those which we would recruit to a Phase III trial or those to which LTMH, if effective, would be scaled up for. This was likely slightly exacerbated by one school originally recruited to the school dropping out of the study and being replaced. Nonetheless, the schools were diverse in terms of likely influences on the feasibility and acceptability of implementing LTMH.

Some aspects of our process evaluation had suboptimal response rates. This is a common problem in research in secondary schools. It is unlikely to have significantly biased our findings on fidelity or acceptability.

Implications for policy and research

This study adds to the evidence base about the feasibility and acceptability of implementing whole-school health interventions in secondary schools. It also adds to the evidence base about the value of local tailoring in terms of what actions are locally determined and only delivering new SEL lessons when schools identify this as a gap in provision, which they can practically timetable.

Our findings suggest the appropriateness of conducting a Phase III trial of LTMH given that LTMH was feasible to implement and acceptable to school staff, students, trainers and facilitators. LTMH appears, in important ways, potentially superior to the previous LT intervention on which it was based. The previous intervention lacked a menu of evidence-based options from which AGs could identify actions to address priority needs among students. Instead, AGs made local decisions on what actions to take in the absence of evidence of effectiveness. Furthermore, the SEL curriculum element of the original version of LT was found in the Phase III trial to be poorly implemented; the results of this study suggest that LTMH's curriculum option is more feasible and acceptable. Given the effectiveness of LT across multiple student outcomes in the domains of mental health, bullying, substance use and

educational attainment, this bodes well for the potential effectiveness of LTMH.

To increase response rates to surveys as a part of the process evaluation, we recommend additional, in-person data collection using hard-copy questionnaires and tools where online questionnaires have suboptimal response rates. While this approach is resource and time intensive, if feasible, it can greatly improve response rates in such school-based research. Communicating with schools and deciding dates for various process evaluation data collection activities well in advance (at least one or more term in advance) so they go into school calendars make them more likely to go ahead. However, despite planning, unforeseeable events (such as teacher strikes, in the case of this study) and some level of non-response is to be anticipated in evaluation of such complex interventions at secondary schools.

Variation observed in fidelity of implementation of the intervention between schools was largely around curriculum delivery. As noted earlier in the discussion, our qualitative research suggested that this was influenced by priority assigned to curriculum delivery by the school, which was based on whether or not an effective curriculum was in place at the school. We suggest that the curriculum should be made optional for schools in a larger trial. Variation in intervention delivery in a future Phase III trial would be assessed quantitatively through fidelity metrics as captured in this feasibility study. As well as intentionto-treat analyses of effects, we would also undertake on-treatment analyses examining how effects appear to be affected by fidelity.

From this work, for a future Phase III trial, we suggest actively promoting the programme to both students and staff in schools through introductory meetings at the outset and through AGs, to increase programme visibility. We report elsewhere on qualitative research conducted as part of the process evaluation and its implications for how the intervention should be refined before a Phase III trial.^{20,25}

Conclusions

All pre-defined progression criteria to proceed to Phase III trial were met. The intervention was delivered with good fidelity and had strong acceptability. Two schools delivered 50% or less of the curriculum. Around a third of students were aware of the intervention. The intervention is ready for Phase III trial with minor adaptations.

Sundaram N, Lloyd-Houldey O, Sturgess J, Allen E, Michalopoulou S, Hope S, *et al.* Feasibility study of Learning Together for Mental Health: fidelity, reach and acceptability of a wholeschool intervention aiming to promote health and wellbeing in secondary schools [published online ahead of print June 18 2025]. *Public Health Res* 2025. https://doi.org/10.3310/ RTRT0202

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Data-sharing statement

All data requests should be submitted to the corresponding author (Neisha Sundaram) for consideration. Access to anonymised data may be granted following review.

Ethics statement

Ethics approval for the Learning Together for Mental Health study UCL Research Ethics Committee (REC) on 30 March 2022 (UCL Ethics Project ID Number: 21179/001) and the London School of Hygiene & Tropical Medicine REC 26 August 2022 (ref. 27994).

Information governance statement

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Disclosure of interests statement

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at https://doi.org/10.3310/RTRT0202.

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This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Study registration

This study is registered as Current Controlled Trials ISRCTN15301591

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About this article

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List of supplementary material

Report Supplementary Material 1

Supplementary material can be found on the NIHR Journals Library report page (https://doi. org/10.3310/RTRT0202).

Supplementary material has been provided by the authors to support the report and any files provided at submission will have been seen by peer reviewers, but not extensively reviewed. Any supplementary material provided at a later stage in the process may not have been peer reviewed.

List of abbreviations

AG	action group
LT	Learning Together
LTMH	Learning Together for Mental Health
NAR	needs-assessment report
Ofsted	Office for Standards in Education, Children's Services and Skills
RP	restorative practice
SEL	social and emotional learning
SLT	senior leadership team
UCL	University College London

References

- 1. The Mental Health Taskforce to the NHS in England. The Five Year Forward View for Mental Health: NHS England Mental Health Taskforce. NHS England; 2016. URL: https://www.england.nhs.uk/wp-content/uploads/ 2016/02/Mental-Health-Taskforce-FYFV-final.pdf (accessed 19 February 2025).
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry

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2005;**62**:593-602. https://doi.org/10.1001/archpsyc. 62.6.593

- Sadler K, Vizard T, Ford T, Marcheselli F, Pearce N, Mandalia D, et al. Mental Health of Children and Young People in England: Summary of Key Findings. NHS Digital; 2018. URL: https://files.digital.nhs.uk/F6/A5706C/ MHCYP%202017%20Summary.pdf (accessed 19 February 2025).
- Caldwell DM, Davies SR, Hetrick SE, Palmer JC, Caro P, López-López JA, *et al.* School-based interventions to prevent anxiety and depression in children and young people: a systematic review and network metaanalysis. *Lancet Psychiatry* 2019;6:1011–20. https:// doi.org/10.1016/S2215-0366(19)30403-1
- Neil AL, Christensen H. Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clin Psychol Rev* 2009;29:208–15. https://doi.org/10.1016/j.cpr.2009.01.002
- Sanchez AL, Cornacchio D, Poznanski B, Golik AM, Chou T, Comer JS. The effectiveness of school-based mental health services for elementary-aged children: a meta-analysis. J Am Acad Child Adolesc Psychiatry 2018;57:153–65. https://doi.org/10.1016/j.jaac. 2017.11.022
- Werner-Seidler A, Perry Y, Calear AL, Newby JM, Christensen H. School-based depression and anxiety prevention programs for young people: a systematic review and meta-analysis. *Clin Psychol Rev* 2017;**51**:30–47. https://doi.org/10.1016/j.cpr.2016. 10.005
- Paulus FW, Ohmann S, Popow C. Practitioner review: school-based interventions in child mental health. J Child Psychol Psychiatry 2016;57:1337–59. https://doi. org/10.1111/jcpp.12584
- Yager Z, Diedrichs PC, Ricciardelli LA, Halliwell E. What works in secondary schools? A systematic review of classroom-based body image programs. *Body Image* 2013;10:271–81. https://doi.org/10.1016/j. bodyim.2013.04.001
- Pandey A, Hale D, Das S, Goddings AL, Blakemore SJ, Viner RM. Effectiveness of universal self-regulationbased interventions in children and adolescents: a systematic review and meta-analysis. JAMA Pediatr 2018;172:566–75. https://doi.org/10.1001/jamape diatrics.2018.0232
- 11. O'Reilly M, Svirydzenka N, Adams S, Dogra N. Review of mental health promotion interventions in schools. *Soc Psychiatry Psychiatr Epidemiol* 2018;**53**:647–62. https://doi.org/10.1007/s00127-018-1530-1
- Farahmand FK, Grant K, Polo AJ, Duffy SN, DuBios DL. School-based mental health and behavioral programs for low-income, urban youth: a systematic and metaanalytic review. *Clin Psychol Sci Pract* 2011;18:372–90.

- Garside M, Wright B, Nekooi R, Allgar V. Mental health provision in UK secondary schools. Int J Environ Res Public Health 2021;18:12222. https://doi. org/10.3390/ijerph182212222
- 14. Tomé G, Almeida A, Ramiro L, Gaspar T, Gaspar de Matos M. Intervention in schools promoting mental health and well-being: a systematic review. *Glob J Community Psychol Pract* 2021;**12**:1–23. https://doi.org/10.17161/gjcpp.v12i1.20659
- 15. Bonell C, Beaumont E, Dodd M, Elbourne DR, Bevilacqua L, Mathiot A, *et al.* Effects of school environments on student risk-behaviours: evidence from a longitudinal study of secondary schools in England. *J Epidemiol Community Health* 2019;**73**:502–8. https:// doi.org/10.1136/jech-2018-211866
- 16. Bonell C, Allen E, Opondo C, Warren E, Elbourne DR, Sturgess J, et al. Examining intervention mechanisms of action using mediation analysis within a randomised trial of a whole-school health intervention. J Epidemiol Community Health 2019;73:455–64. https:// doi.org/10.1136/jech-2018-211443
- Bonell C, Allen E, Warren E, McGowan J, Bevilacqua L, Jamal F, *et al.* Effects of the Learning Together intervention on bullying and aggression in English secondary schools (INCLUSIVE): a cluster randomised controlled trial. *Lancet* 2018;**392**:2452–64. https://doi.org/10.1016/s0140-6736(18)31782-3
- Fazel M, Kohrt BA. Prevention versus intervention in school mental health. *Lancet Psychiatry* 2019;6:969– 71.https://doi.org/10.1016/S2215-0366(19)30440-7
- 19. Bonell C, Hope S, Sundaram N, Lloyd-Houldey O, Michalopoulou S, Scott S, *et al.* Public engagement to refine a whole-school intervention to promote adolescent mental health [published online ahead of print December 4 2024]. *Public Health Res* 2024:1-22. https://doi.org/10.3310/jwgt4863
- 20. Lloyd-Houldey O, Sundaram N, Michalopoulou S, Sturgess J, Legood R, Carlile O, *et al.* Refinement and feasibility study of the Learning Together for Mental health (LTMH) in English secondary schools: synopsis paper. *Public Health Res*; in press.
- 21. Markham WA, Aveyard P. A new theory of health promoting schools based on human functioning, school organisation and pedagogic practice. *Soc Sci Med* (1982) 2003;**56**:1209–20.
- 22. Murphy S, Littlecott H, Hewitt G, MacDonald S, Roberts J, Bishop J, et al. A transdisciplinary complex adaptive systems (T-CAS) approach to developing a national school-based culture of prevention for health improvement: the school health research network (SHRN) in Wales. Prev Sci 2018;22:50–61. https://doi. org/10.1007/s11121-018-0969-3

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- 23. Carroll C, Patterson M, Wood S, Booth A, Rick J, Balain S. A conceptual framework for implementation fidelity. Implement Sci 2007;2:40. https://doi. org/10.1186/1748-5908-2-40
- 24. Moore G, Audrey S, Barker M, Bond L, Bonell C, Hardeman W, et al. Process Evaluation of Complex Interventions - UK Medical Research Council (MRC) Guidance: MRC Population Health Science Research Network. 2015. URL: www.ukri.org/publications/process-evaluation-of-complex-interventions/ (accessed 19 February 2025).
- 25. Sundaram N, Lloyd-Houldey O, Michalopoulou S, Hope S, Sturgess J, Allen E, et al. Qualitative study of the feasibility and acceptability of implementation,

and potential mechanisms of Learning Together for Mental Health, a whole-school intervention aiming to promote mental health and wellbeing in secondary schools. Pilot Feasibility Stud 2024;10:142. https://doi. org/10.1186/s40814-024-01563-8

26. Ponsford R, Bragg S, Meiksin R, Tilouche N, Van Dyck L, Sturgess J, et al. Feasibility and acceptability of a whole-school social-marketing intervention to prevent unintended teenage pregnancies and promote sexual health: evidence for progression from a pilot to a phase III randomised trial in English secondary schools. Pilot Feasibility Stud 2022;8:52. https://doi. org/10.1186/s40814-022-00971-y

Curriculum training satisfaction survey		School 1	School 3	School 4	School 5 ^a	Total
Survey completion, n/N (%)		3/5 (60)	5/7 (71)	6/7 (86)		14/19 (74)
Overall rating, n (%)	Poor	O (O)	0 (0)	O (O)		0 (0)
	Fair	3 (100)	0 (0)	2 (33)		5 (36)
	Good	0 (0)	2 (40)	3 (50)		5 (36)
	Excellent	0 (0)	3 (60)	1 (17)		4 (29)
Reported training provided sufficient opportunities for discussion, <i>n</i> (%)	Yes	3 (100)	5 (100)	6 (100)		14 (100)
	No	0 (0)	0 (0)	O (O)		0 (0)
Reported confidence about putting into practice what learnt, n (%)	Very confident	O (O)	3 (60)	1 (17)		4 (29)
	Confident	2 (67)	2 (40)	4 (67)		8 (57)
	Not very confident	1 (33)	0 (0)	1 (17)		2 (14)
How well do you think the following topics we training?	ere covered by the	N = 3	N = 5	N = 5 ^b		<i>N</i> = 13 ^b
Coverage of 'underpinning research, what is psychological fitness and why is it important'	Not at all	O (O)	1 (20)	O (O)		1 (8)
	Very well	0 (0)	3 (60)	1 (20)		4 (31)
	Well	3 (100)	1 (20)	3 (60)		7 (54)
	Okay	0 (0)	O (O)	1 (20)		1 (8)
	Not well	0 (0)	0 (0)	O (O)		O (O)
	Not well at all	0 (0)	O (O)	O (O)		O (O)
Coverage of 'exploring the skills through personal exploration and practice'	Not at all	0 (0)	1 (20)	1 (20)		2 (15)
	Very well	1 (33)	2 (40)	2 (40)		5 (38)
	Well	1 (33)	2 (40)	1 (20)		4 (31)
	Okay	1 (33)	0 (0)	1 (20)		2 (15)
	Not well	0 (0)	0 (0)	O (O)		O (O)
	Not well at all	O (O)	O (O)	0 (0)		O (O)

Appendix 1 Acceptability of curriculum training

This article should be referenced as follows: Sundaram N, Lloyd-Houldey O, Sturgess J, Allen E, Michalopoulou S, Hope S, et al. Feasibility study of Learning Together for Mental Health: fidelity, reach and acceptability of a wholeschool intervention aiming to promote health and wellbeing in secondary schools [published online ahead of print June 18 2025]. Public Health Res 2025. https://doi.org/10.3310/ **RTRT0202**

Curriculum training satisfaction survey		School 1	School 3	School 4	School 5ª	Total
Coverage of 'harnessing emotions'	Not at all	0 (0)	0 (0)	0 (0)		0 (0)
	Very well	O (O)	2 (40)	2 (40)		4 (31)
	Well	2 (67)	2 (40)	2 (40)		6 (46)
	Okay	1 (33)	1 (20)	1 (20)		3 (23)
	Not well	O (O)	0 (0)	0 (0)		0 (0)
	Not well at all	O (O)	0 (0)	0 (0)		O (O)
Coverage of 'noticing the gremlins'	Not at all	O (O)	0 (0)	1 (20)		1 (8)
	Very well	1 (33)	3 (60)	1 (20)		5 (38)
	Well	1 (33)	2 (40)	2 (40)		5 (38)
	Okay	1 (33)	0 (0)	1 (20)		2 (15)
	Not well	O (O)	0 (0)	0 (0)		0 (0)
	Not well at all	O (O)	O (O)	0 (0)		0 (0)
Coverage of reframing the gremlins'	Not at all	O (O)	O (O)	1 (20)		1 (8)
	Very well	1 (33)	3 (60)	2 (40)		6 (46)
	Well	1 (33)	2 (40)	1 (20)		4 (31)
	Okay	1 (33)	O (O)	1 (20)		2 (15)
	Not well	O (O)	O (O)	O (O)		O (O)
	Not well at all	O (O)	O (O)	0 (0)		O (O)
Coverage of 'moving on'	Not at all	O (O)	O (O)	O (O)		0 (0)
	Very well	1 (33)	3 (60)	2 (40)		6 (46)
	Well	1 (33)	2 (40)	2 (40)		5 (38)
	Okay	O (O)	O (O)	1 (20)		1 (8)
	Not well	1 (33)	O (O)	0 (0)		1 (8)
	Not well at all	O (O)	O (O)	0 (0)		O (O)
Coverage of 'WoBbLe'	Not at all	O (O)	O (O)	1 (20)		1 (8)
	Very well	O (O)	4 (80)	1 (20)		5 (38)
	Well	2 (67)	1 (20)	2 (40)		5 (38)
	Okay	1 (33)	O (O)	1 (20)		2 (15)
	Not well	0 (0)	O (O)	0 (0)		O (O)
	Not well at all	O (O)	O (O)	0 (0)		O (O)
Coverage of 'introduction to the teaching materials'	Not at all	0 (0)	0 (0)	0 (0)		O (O)
	Very well	O (O)	3 (60)	2 (40)		5 (38)
	Well	1 (33)	2 (40)	2 (40)		5 (38)
	Okay	O (O)	O (O)	1 (20)		1 (8)
	Not well	2 (67)	O (O)	0 (0)		2 (15)
	Not well at all	0 (0)	0 (0)	O (O)		0 (0)

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Curriculum training satisfaction survey		School 1	School 3	School 4	School 5 ^a	Total
Coverage of 'health education'	Not at all	O (O)	0 (0)	0 (0)		0 (0)
	Very well	O (O)	1 (20)	2 (40)		3 (23)
	Well	2 (67)	1 (20)	2 (40)		5 (38)
	Okay	O (O)	1 (20)	1 (20)		2 (15)
	Not well	1 (33)	0 (0)	O (O)		1 (8)
	Not well at all	O (O)	0 (0)	0 (0)		0 (0)
Coverage of 'reviewing the core skills'	Not at all	O (O)	0 (0)	0 (0)		0 (0)
	Very well	0 (0)	3 (60)	2 (40)		5 (38)
	Well	2 (67)	2 (40)	2 (40)		6 (46)
	Okay	0 (0)	O (O)	1 (20)		1 (8)
	Not well	1 (33)	O (O)	O (O)		1 (8)
	Not well at all	0 (0)	O (O)	0 (0)		0 (0)
Coverage of 'listening with empathy'	Not at all	0 (0)	O (O)	1 (20)		1 (8)
	Very well	1 (33)	4 (80)	1 (20)		6 (46)
	Well	2 (67)	1 (20)	2 (40)		5 (38)
	Okay	0 (0)	O (O)	1 (20)		1 (8)
	Not well	O (O)	O (O)	O (O)		0 (0)
	Not well at all	0 (0)	O (O)	0 (0)		0 (0)
Coverage of 'explore the remaining skills'	Not at all	O (O)	O (O)	1 (20)		1 (8)
	Very well	0 (0)	3 (60)	2 (40)		5 (38)
	Well	2 (67)	2 (40)	1 (20)		5 (38)
	Okay	1 (33)	O (O)	1 (20)		2 (15)
	Not well	0 (0)	O (O)	0 (0)		0 (0)
	Not well at all	0 (0)	O (O)	0 (0)		0 (0)
Coverage of 'big sticky beliefs'	Not at all	0 (0)	O (O)	0 (0)		0 (0)
	Very well	1 (33)	2 (40)	3 (60)		6 (46)
	Well	2 (67)	3 (60)	1 (20)		6 (46)
	Okay	0 (0)	O (O)	1 (20)		1 (8)
	Not well	0 (0)	O (O)	0 (0)		0 (0)
	Not well at all	0 (0)	O (O)	0 (0)		0 (0)
Coverage of 'managing the moment'	Not at all	0 (0)	O (O)	1 (20)		1 (8)
	Very well	0 (0)	3 (60)	2 (40)		5 (38)
	Well	2 (67)	2 (40)	1 (20)		5 (38)
	Okay	1 (33)	O (O)	1 (20)		2 (15)
	Not well	0 (0)	O (O)	0 (0)		0 (0)
	Not well at all	O (O)	0 (0)	0 (0)		0 (0)

Curriculum training satisfaction survey		School 1	School 3	School 4	School 5 ^a	Total
Coverage of 'playing to strengths'	Not at all	0 (0)	O (O)	1 (20)		1 (8)
	Very well	O (O)	2 (40)	2 (40)		4 (31)
	Well	2 (67)	3 (60)	1 (20)		6 (46)
	Okay	1 (33)	O (O)	1 (20)		2 (15)
	Not well	0 (0)	O (O)	O (O)		0 (0)
	Not well at all	O (O)	O (O)	O (O)		0 (0)
Coverage of 'comments and questions on the content of 6 lessons'	Not at all	0 (0)	0 (0)	1 (20)		1 (8)
	Very well	0 (0)	2 (40)	2 (40)		4 (31)
	Well	2 (67)	2 (40)	1 (20)		5 (38)
	Okay	1 (33)	1 (20)	1 (20)		3 (23)
	Not well	0 (0)	O (O)	O (O)		0 (0)
	Not well at all	0 (0)	O (O)	O (O)		0 (0)
Coverage of 'share ideas'	Not at all	0 (0)	O (O)	O (O)		0 (0)
	Very well	0 (0)	3 (60)	2 (40)		5 (38)
	Well	3 (100)	2 (40)	2 (40)		7 (54)
	Okay	0 (0)	O (O)	1 (20)		1 (8)
	Not well	0 (0)	O (O)	O (O)		0 (0)
	Not well at all	0 (0)	O (O)	O (O)		0 (0)
Coverage of 'peer support'	Not at all	0 (0)	O (O)	O (O)		0 (0)
	Very well	O (O)	2 (40)	3 (60)		5 (38)
	Well	3 (100)	3 (60)	1 (20)		7 (54)
	Okay	0 (0)	O (O)	1 (20)		1 (8)
	Not well	0 (0)	O (O)	O (O)		O (O)
	Not well at all	0 (0)	O (O)	O (O)		0 (0)

a Teachers in school 5 were not provided the satisfaction survey as they did not attend the online training. They viewed recorded videos instead.

b One participant at school 4 did not complete this set of questions. The denominator for this school and the total was changed to account for the missing data.

Appendix 2 Acceptability of all-staff restorative practice training

RP all-staff training: s	atisfaction survey	School 1	School 3	School 4	School 5	Total
Survey completion, n/N	(%)	43/85 (51)	28/56 (50)	32/101 (32)	22/45 (49)	125/287 (44)
Role at school	Teacher	37 (86)	22 (79)	16 (50)	11 (50)	86 (69)
	Teaching assistant	1 (2)	0 (0)	6 (19)	6 (27)	13 (10)
	Special Educational Needs Coordinator	O (O)	1 (4)	2 (6)	0 (0)	3 (2)
	School staff (non-teaching)	1 (2)	1 (4)	3 (9)	3 (14)	8 (6)

RP all-staff training: s	atisfaction survey	School 1	School 3	School 4	School 5	Total
	School nurse	0 (0)	0 (0)	0 (0)	0 (0)	O (O)
	PSHE/Sex and Relationships Education lead	1 (2)	O (0)	1 (3)	0 (0)	2 (2)
	Member of SLT	2 (5)	4 (14)	6 (19)	3 (14)	15 (12)
	Other	2 (5)	O (O)	O (O)	O (O)	2 (2)
Overall rating, n (%)	Poor	8 (19)	2 (7)	O (O)	1 (5)	11 (9)
	Fair	18 (42)	9 (32)	9 (28)	4 (18)	40 (32)
	Good	16 (37)	12 (43)	20 (63)	13 (59)	61 (49)
	Excellent	1 (2)	5 (18)	3 (9)	4 (18)	13 (10)
Reported training provided sufficient opportunities for discussion, n (%)	Yes	5 (12)	11 (39)	5 (16)	6 (29)	27 (22)
	No	38 (88)	17 (61)	27 (84)	15 (71)	97 (78)
Reported confidence putting into practice what was learnt, n (%)	Very confident	4 (9)	6 (21)	7 (22)	6 (27)	23 (18)
	Confident	28 (65)	20 (71)	23 (72)	15 (68)	86 (69)
	Not very confident	11 (26)	2 (7)	2 (6)	1 (5)	16 (13)
Coverage of 'an introduction to the concepts and philosophy of restorative practice'	Not at all	O (O)	O (O)	0 (0)	O (O)	O (O)
	Very well	11 (26)	11 (39)	18 (56)	13 (59)	53 (42)
	Well	18 (42)	12 (43)	10 (31)	9 (41)	49 (39)
	Okay	6 (14)	5 (18)	3 (9)	0 (0)	14 (11)
	Not well	6 (14)	0 (0)	1 (3)	0 (0)	7 (6)
	Not well at all	2 (5)	0 (0)	0 (0)	0 (0)	2 (2)
Coverage of 'the importance of building connection and investing in social capital: a relational model'	Not at all	0	O (O)	O (O)	O (O)	O (O)
	Very well	13 (30)	15 (54)	18 (56)	16 (73)	62 (50)
	Well	17 (40)	8 (29)	9 (28)	6 (27)	40 (32)
	Okay	8 (19)	5 (18)	5 (16)	O (O)	18 (14)
	Not well	3 (7)	O (O)	0 (0)	0 (0)	3 (2)
	Not well at all	2 (5)	O (O)	O (O)	0 (0)	2 (2)
Coverage of 'an overview of the social discipline window'	Not at all	O (O)	0 (0)	2 (6)	O (0)	2 (2)
	Very well	14 (33)	12 (43)	16 (50)	13 (59)	55 (44)

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RP all-staff training: s	atisfaction survey	School 1	School 3	School 4	School 5	Total		
	Well	14 (33)	9 (32)	12 (38)	6 (27)	41 (33)		
	Okay	8 (19)	7 (25)	2 (6)	3 (14)	20 (16)		
	Not well	4 (9)	O (O)	O (O)	O (O)	4 (3)		
	Not well at all	3 (7)	O (O)	O (O)	O (O)	3 (2)		
Coverage of 'restor- ative language and questions: managing conflict and tensions in a way that repairs harm and relationships'	Not at all	0 (0)	0 (0)	1 (3)	O (O)	1 (1)		
	Very well	9 (21)	11 (39)	16 (50)	16 (73)	52 (42)		
	Well	15 (35)	10 (36)	9 (28)	5 (23)	39 (31)		
	Okay	12 (28)	6 (21)	5 (16)	1 (5)	24 (19)		
	Not well	4 (9)	1 (4)	1 (3)	O (O)	6 (5)		
	Not well at all	3 (7)	O (O)	0 (0)	O (O)	3 (2)		
Coverage of 'plan- ning and reflection time'	Not at all	1 (2)	O (O)	O (O)	2 (9)	3 (2)		
	Very well	1 (2)	9 (32)	6 (19)	9 (41)	25 (20)		
	Well	8 (19)	12 (43)	11 (34)	7 (32)	38 (30)		
	Okay	17 (40)	5 (18)	7 (22)	3 (14)	32 (26)		
	Not well	7 (16)	2 (7)	7 (22)	0 (0)	16 (13)		
	Not well at all	9 (21)	O (O)	1 (3)	1 (5)	11 (9)		
	CUE Demond Costel Health and Economic education							

PSHE, Personal, Social, Health and Economic education.

Appendix 3 Acceptability of in-depth restorative practice training

RP in-depth training: sat	isfaction survey	School 1	School 3	School 4	School 5	Total
Survey completion, n/N (%)		4/5 (80)	2/2 (100)	3/3 (100)	2/2 (100)	11/12 (92)
Role at school	Teacher	2 (50)	1 (50)	3 (100)	1 (50)	7 (64)
	Teaching assistant	(O)	(O)	(O)	(0)	(0)
	SENCo	(O)	(O)	(O)	(0)	(0)
	School staff (non-teaching)	2 (50)	O (O)	O (O)	0 (0)	2 (18)
	School nurse	(O)	(O)	(O)	(0)	(0)
	PSHE/SRE Lead	(O)	(O)	(O)	(O)	(0)
	Member of SLT	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Other	O (O)	1 (50)	O (O)	1 (50)	2 (18)

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RP in-depth training: sat	isfaction survey	School 1	School 3	School 4	School 5	Total
Reported training provided sufficient opportunities for discussion, <i>n</i> (%)	Yes	4 (100)	2 (100)	3 (100)	2 (100)	11 (100)
	No	O (O)	O (O)	O (O)	0 (0)	O (O)
Overall rating, n (%)	Poor	O (O)	O (O)	O (O)	0 (0)	0 (0)
	Fair	O (O)	O (O)	O (O)	0 (0)	0 (0)
	Good	O (O)	O (O)	1 (33)	1 (50)	2 (18)
	Excellent	4 (100)	2 (100)	2 (67)	1 (50)	9 (82)
Reported confidence putting into practice what you learnt, <i>n</i> (%)	Very confident	4 (100)	0 (0)	O (O)	0 (0)	4 (36)
	Confident	O (O)	2 (100)	3 (100)	2 (100)	7 (64)
	Not very confident	O (O)	O (O)	O (O)	0 (0)	O (O)
Coverage of 'an introduction to the concepts, theories and philosophy of restora- tive practice'	Not at all	(0)	(0)	(O)	(O)	(O)
	Very well	4 (100)	1 (50)	1 (33)	1 (50)	7 (64)
	Well	O (O)	1 (50)	1 (33)	1 (50)	3 (27)
	Okay	O (O)	O (O)	1 (33)	0 (0)	1 (9)
	Not well	(O)	(0)	(O)	(0)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(O)
Coverage of 'an intro- duction to restorative skills'	Not at all	(0)	(0)	(0)	(0)	(0)
	Very well	4 (100)	1 (50)	3 (100)	2 (100)	10 (91)
	Well	O (O)	1 (50)	O (O)	0 (0)	1 (9)
	Okay	(O)	(O)	(O)	(O)	(O)
	Not well	(O)	(0)	(O)	(O)	(O)
	Not well at all	(O)	(0)	(O)	(O)	(O)
Coverage of 'an over- view of the restorative from informal to formal and skills involved at each stage'	Not at all	(0)	(0)	(O)	(O)	(O)
	Very well	4 (100)	1 (50)	2 (67)	1 (50)	8 (73)
	Well	0 (0)	1 (50)	1 (33)	1 (50)	3 (27)
	Okay	(0)	(0)	(0)	(0)	(O)
	Not well	(0)	(O)	(0)	(0)	(O)
	Not well at all	(O)	(O)	(0)	(0)	(O)

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RP in-depth training: sat	isfaction survey	School 1	School 3	School 4	School 5	Total
Coverage of 'managing difficult conversations'	Not at all	(0)	(O)	(0)	(0)	(O)
	Very well	2 (50)	2 (100)	1 (33)	1 (50)	6 (55)
	Well	2 (50)	O (O)	1 (33)	1 (50)	4 (36)
	Okay	O (O)	O (O)	1 (33)	O (O)	1 (9)
	Not well	(0)	(O)	(O)	(0)	(O)
	Not well at all	(0)	(O)	(O)	(0)	(O)
Coverage of 'affective statements'	Not at all	(0)	(O)	(0)	(0)	(O)
	Very well	3 (75)	2 (100)	2 (67)	2 (100)	9 (82)
	Well	1 (25)	O (O)	1 (33)	O (O)	2 (18)
	Okay	(0)	(O)	(O)	(O)	(O)
	Not well	(0)	(O)	(O)	(O)	(O)
	Not well at all	(0)	(O)	(O)	(0)	(0)
Coverage of 'in-depth learning of the working with model and applying it to practice: high challenge and high support model'	Not at all	(0)	(0)	(0)	(0)	(0)
	Very well	4 (100)	2 (100)	2 (67)	2 (100)	10 (91)
	Well	O (O)	O (O)	1 (33)	O (O)	1 (9)
	Okay	(0)	(O)	(O)	(0)	(0)
	Not well	(0)	(O)	(O)	(0)	(0)
	Not well at all	(0)	(O)	(O)	(O)	(O)
Coverage of 'fair process'	Not at all	(0)	(O)	(0)	(0)	(O)
	Very well	3 (75)	2 (100)	3 (100)	2 (100)	10 (91)
	Well	1 (25)	O (O)	O (O)	0 (0)	1 (9)
	Okay	(0)	(O)	(O)	(O)	(O)
	Not well	(0)	(O)	(O)	(O)	(O)
	Not well at all	(0)	(O)	(O)	(O)	(O)
To learn skills which will enable the user to apply RPs in an informal manner	Not at all	0 (0)	1 (50)	0 (0)	0 (0)	1 (9)
	Very well	4 (100)	1 (50)	3 (100)	2 (100)	10 (91)
	Well	(0)	(O)	(0)	(0)	(0)
	Okay	(0)	(O)	(0)	(0)	(0)
	Not well	(0)	(O)	(0)	(0)	(0)
	Not well at all	(0)	(O)	(O)	(O)	(O)

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RP in-depth training: sat	tisfaction survey	School 1	School 3	School 4	School 5	Total
Coverage of 'the restorative context for circles'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	4 (100)	1 (50)	3 (100)	2 (100)	10 (91)
	Well	(0)	(0)	(0)	(0)	(O)
	Okay	(0)	(O)	(O)	(O)	(O)
	Not well	(0)	(O)	(O)	(O)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(O)
Coverage of 'safety in the circle'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	3 (75)	1 (50)	3 (100)	2 (100)	9 (82)
	Well	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Okay	(0)	(O)	(O)	(O)	(O)
	Not well	(O)	(O)	(O)	(O)	(O)
	Not well at all	(0)	(O)	(O)	(0)	(O)
Coverage of 'circle processes and practice'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	3 (75)	1 (50)	3 (100)	2 (100)	9 (82)
	Well	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Okay	(O)	(O)	(O)	(O)	(O)
	Not well	(0)	(O)	(O)	(O)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(O)
Coverage of 'proactive and responsive circles'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	3 (75)	1 (50)	3 (100)	2 (100)	9 (82)
	Well	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Okay	(O)	(O)	(O)	(O)	(O)
	Not well	(0)	(0)	(O)	(O)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(O)
Coverage of 'problem- solving circles'	Not at all	O (O)	1 (50)	O (O)	0 (0)	1 (9)
	Very well	3 (75)	1 (50)	3 (100)	2 (100)	9 (82)
	Well	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Okay	(O)	(O)	(O)	(O)	(0)
	Not well	(0)	(0)	(O)	(O)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(O)
Coverage of 'impor- tance of preparing participants'	Not at all	O (O)	1 (50)	0 (0)	O (O)	1 (9)
	Very well	3 (75)	1 (50)	3 (100)	2 (100)	9 (82)
	Well	1 (25)	O (O)	O (O)	0 (0)	1 (9)

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RP in-depth training: sat	isfaction survey	School 1	School 3	School 4	School 5	Total
	Okay	(0)	(O)	(O)	(0)	(0)
	Not well	(0)	(O)	(O)	(0)	(0)
	Not well at all	(O)	(O)	(O)	(O)	(0)
Coverage of 'under- standing the five-step process'	Not at all	(O)	(O)	(O)	(O)	(O)
	Very well	4 (100)	2 (100)	3 (100)	1 (50)	10 (91)
	Well	O (O)	O (O)	O (O)	1 (50)	1 (9)
	Okay	(0)	(O)	(O)	(O)	(0)
	Not well	(0)	(O)	(O)	(O)	(0)
	Not well at all	(0)	(O)	(O)	(O)	(0)
Coverage of 'the impor- tance of preparation'	Not at all	(O)	(O)	(O)	(O)	(0)
	Very well	4 (100)	2 (100)	2 (67)	1 (50)	9 (82)
	Well	O (O)	O (O)	1 (33)	1 (50)	2 (18)
	Okay	(O)	(O)	(O)	(O)	(0)
	Not well	(O)	(O)	(O)	(O)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(O)
Coverage of 'managing risk in restorative processes'	Not at all	O (O)	1 (50)	0 (0)	0 (0)	1 (10)
	Very well	3 (75)	1 (50)	2 (100)	2 (100)	8 (80)
	Well	1 (25)	O (O)	O (O)	O (O)	1 (10)
	Okay	(0)	(O)	(O)	(0)	(0)
	Not well	(0)	(O)	(O)	(O)	(0)
	Not well at all	(0)	(O)	(O)	(O)	(0)
Coverage of 'practice and observe facilitation skills (role-play)'	Not at all	1 (25)	0 (0)	O (O)	O (O)	1 (9)
	Very well	3 (75)	2 (100)	3 (100)	1 (50)	9 (82)
	Well	O (O)	O (O)	O (O)	1 (50)	1 (9)
	Okay	(O)	(O)	(O)	(O)	(O)
	Not well	(O)	(O)	(O)	(O)	(O)
	Not well at all	(O)	(O)	(O)	(O)	(0)
Coverage of 'giving and receiving constructive facilitation skills feedback'	Not at all	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Very well	2 (50)	1 (50)	3 (100)	1 (50)	7 (64)
	Well	1 (25)	1 (50)	O (O)	1 (50)	3 (27)
	Okay	(O)	(O)	(O)	(O)	(0)
	Not well	(O)	(O)	(O)	(O)	(0)

RP in-depth training: satisfaction survey		School 1	School 3	School 4	School 5	Total
	Not well at all	(O)	(0)	(0)	(0)	(0)
Coverage of 'planning and embedding into practice'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	2 (50)	1 (50)	3 (100)	1 (50)	7 (64)
	Well	1 (25)	O (O)	O (O)	1 (50)	2 (18)
	Okay	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Not well	(O)	(O)	(O)	(O)	(0)
	Not well at all	(O)	(O)	(O)	(O)	(0)
Coverage of 'continued reflection space throughout the 3 days'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	2 (50)	1 (50)	3 (100)	1 (50)	7 (64)
	Well	2 (50)	O (O)	O (O)	1 (50)	3 (27)
	Okay	(O)	(O)	(O)	(O)	(0)
	Not well	(O)	(O)	(O)	(0)	(0)
	Not well at all	(O)	(O)	(O)	(O)	(0)
Coverage of 'action planning and imple- mentation time'	Not at all	O (O)	1 (50)	O (O)	O (O)	1 (9)
	Very well	2 (50)	1 (50)	3 (100)	2 (100)	8 (73)
	Well	1 (25)	O (O)	O (O)	0 (0)	1 (9)
	Okay	1 (25)	O (O)	O (O)	O (O)	1 (9)
	Not well	(O)	(O)	(0)	(O)	(0)
	Not well at all	(0)	(O)	(0)	(0)	(0)

PSHE, Personal, Social, Health and Economic education.

Appendix 4 Acceptability of restorative practice implementation

Acceptability of RP		School 1	School 3	School 4	School 5	Total
Logbook receipt, n/N (%)		5/5 (100)	2/2 (100)	2/3 (67)	2/2 (100)	11/12 (92)
Reported usefulness of restorative language as a way building and maintaining good relationships, <i>n</i> (%)	Very	4 (80)	1 (50)	2 (100)	1 (50)	8 (73)
	Quite	1 (20)	1 (50)	O (O)	0 (0)	2 (18)
	Not	O (O)	O (O)	O (O)	0 (0)	O (O)
	Didn't use	O (O)	O (O)	O (O)	1 (50)	1 (9)
Reported usefulness of circle time (or similar group activities) as way of building and maintaining good relationships, n (%)	Very	2 (40)	0 (0)	0 (0)	0 (0)	2 (18)
	Quite	0 (0)	1 (50)	2 (100)	O (O)	3 (27)
	Not	1 (20)	O (O)	0 (0)	O (O)	1 (9)
	Didn't use	2 (40)	1 (50)	0 (0)	2 (100)	5 (45)

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Acceptability of RP		School 1	School 3	School 4	School 5	Total
Reported usefulness of informal RP meetings to address minor conflict, n (%)	Very	4 (80)	2 (100)	2 (100)	1 (50)	9 (82)
	Quite	O (O)	O (O)	O (O)	O (O)	O (O)
	Not	O (O)	0 (0)	O (O)	0 (0)	O (O)
	Didn't use	1 (20)	O (O)	O (O)	1 (50)	2 (18)
Reported usefulness of formal RP meetings/conferences to address more serious conflict, n (%)	Very	3 (60)	2 (100)	2 (100)	1 (50)	8 (73)
	Quite	O (O)	O (O)	O (O)	O (O)	O (O)
	Not	O (O)	O (O)	O (O)	O (O)	O (O)
	Didn't use	2 (40)	0 (0)	0 (0)	1 (50)	3 (27)

Appendix 5 Acceptability of Learning Together for Mental Health by action group members

AG survey		School 1	School 3	School 4	School 5	Total
Response rate to AG survey, n/N (%)		9/17 (53)	11/16 (69)	5/10 (50)	5/8 (63)	30/51 (59)
Participant type, n (%)	Student	7 (78)	4 (36)	3 (60)	2 (40)	16 (53)
	Staff	2 (22)	7 (64)	2 (40)	3 (60)	14 (47)
Reported LTMH was a good way to promote students' mental health, <i>n</i> (%)		9 (100)	11 (100)	5 (100)	5 (100)	30 (100)
Reported usefulness of NAR useful in helping the AG decide what actions to take, <i>n</i> (%)	Very useful	1 (11)	6 (55)	O (O)	1 (20)	8 (27)
	Quite useful	8 (89)	5 (45)	4 (80)	2 (40)	19 (63)
	Not very useful	O (O)	O (O)	1 (20)	1 (20)	2 (7)
	Not at all useful	O (O)	O (O)	O (O)	O (O)	O (O)
	Not applicable	O (O)	0 (0)	O (O)	1 (20)	1 (3)

Appendix 6 Intervention awareness among year-10 students at follow-up

Intervention awareness at follow-up		School 1	School 3	School 4	School 5	Total
Follow-up survey completion, n/N (%)		193/213 (91)	164/180 (91)	97/211 (46)	112/254 (44)	566/858 (66)
Aware school has recently been taking actions to improve students' mental health, n (%)	Yes	48 (24.9)	104 (63.4)	26 (26.8)	40 (35.7)	218 (38.5)
	No	49 (25.4)	8 (4.9)	27 (27.8)	27 (24.1)	111 (19.6)
	Not sure	95 (49.2)	51 (31.1)	44 (45.4)	36 (32.1)	226 (39.9)
	Missing	1 (0.5)	1 (0.6)	0 (0)	9 (8)	11 (1.9)
Aware students have recently been involved in deciding how the school should improve	Yes	35 (18.1)	70 (42.7)	17 (17.5)	33 (29.5)	155 (27.4)

students' mental health, n (%)

Intervention awareness at follow-up		School 1	School 3	School 4	School 5	Total
	No	65 (33.7)	19 (11.6)	32 (33)	20 (17.9)	136 (24)
	Not sure	93 (48.2)	74 (45.1)	48 (49.5)	51 (45.5)	266 (47)
	Missing	0 (0)	1 (0.6)	O (O)	8 (7.1)	9 (1.6)
Perceived staff response if there is trouble at school, <i>n</i> (%)	By punishing those who did wrong (only)	66 (34.2)	47 (28.7)	26 (26.8)	47 (42)	186 (32.9)
	By meeting with those involved to understand what happened and help them get on better (only)	62 (32.1)	71 (43.3)	47 (48.5)	33 (29.5)	213 (37.6)
	Both of the above	54 (28)	41 (25)	21 (21.6)	20 (17.9)	136 (24)
	Missing	11 (5.7)	5 (3)	3 (3.1)	12 (10.7)	31 (5.5)
Understood what is meant by 'restorative practice', <i>n</i> (%)	Yes, definitely	3 (1.6)	3 (1.8)	4 (4.1)	4 (3.6)	14 (2.5)
	Yes, sort of	36 (18.7)	26 (15.9)	16 (16.5)	20 (17.9)	98 (17.3)
	No	154 (79.8)	133 (81.1)	77 (79.4)	82 (73.2)	446 (78.8)
	Missing	O (O)	2 (1.2)	O (O)	6 (5.4)	8 (1.4)

Appendix 7 Subgroup analysis among those reporting 'yes' for intervention awareness above

Subgroups	Aware school has recently been taking actions to improve students' mental health – 'Yes' n (%)		Aware students have recently been involved in deciding how the school should improve students' mental health – 'Yes' n (%)		Perceived response i trouble at meeting to and 'Both' approache n (%)	staff f there is school – 'By o understand' (restorative is)	Understood what is meant by 'restorative practice' – 'Yes, definitely' and 'Yes, sort of' n (%)	
Sex								
Male	97	(38.3)	70	(27.7)	136	(56.0)	62	(24.4)
Female	121	(40.2)	85	(28.1)	213	(73.2)	50	(16.5)
Gender								
Воу	96	(38.9)	70	(28.3)	134	(56.3)	60	(24.2)
Girl	121	(40.9)	84	(28.2)	211	(73.5)	51	(17.1)
Non-binary	0		0		0		0	
Other	1	(16.7)	1	(16.7)	3	(60.0)	1	(16.7)
Sexuality								
Straight or heterosexual	206	(40.6)	146	(28.7)	319	(65.0)	105	(20.6)
Gay or lesbian	1	(12.5)	3	(37.5)	6	(85.7)	1	(12.5)
Bisexual	4	(25.0)	3	(18.8)	14	(93.3)	3	(18.8)

This article should be referenced as follows: Sundaram N, Lloyd-Houldey O, Sturgess J, Allen E, Michalopoulou S, Hope S, *et al.* Feasibility study of Learning Together for Mental Health: fidelity, reach and acceptability of a whole-school intervention aiming to promote health and wellbeing in secondary schools [published online ahead of print June 18 2025]. *Public Health Res* 2025. https://doi.org/10.3310/ RTRT0202

Subgroups	Aware school has recently been taking actions to improve students' mental health – 'Yes' n (%)		Aware students have recently been involved in deciding how the school should improve students' mental health - 'Yes' n (%)		Perceived response in trouble at meeting to and 'Both' approache n (%)	staff f there is school – 'By o understand' (restorative s)	Understood what is meant by 'restorative practice' – 'Yes, definitely' and 'Yes, sort of' n (%)	
Asexual	1	(100)	0		1	(100)	0	
Unsure/questioning	2	(15.4)	2	(15.4)	4	(33.3)	3	(23.1)
Ethnicity								
White	37	(25.3)	26	(17.7)	89	(64.0)	29	(19.7)
Asian/Asian British	138	(48.1)	89	(31.0)	196	(70.3)	57	(19.7)
Black/Black British	13	(31.7)	10	(23.8)	25	(59.5)	10	(23.8)
Mixed ethnicity	13	(40.6)	12	(37.5)	14	(45.2)	5	(15.6)
Other	16	(36.4)	17	(38.6)	22	(55.0)	10	(23.3)
Family affluence scale								
At or above median	112	(40.0)	75	(26.7)	170	(63.9)	64	(22.9)
Below median	102	(38.8)	78	(29.7)	171	(66.3)	47	(17.8)
Note					•			

Percentages calculated over non-missing items.