School children’s experience of engaging in *A Lust for Life Schools Programme*.

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Abstract

The development of appropriate emotional literacy, coping and social skills is vital during childhood and adolescence. School-based programmes are well placed to promote mental health, well-being, resilience, and emotional learning. This thesis aimed to uncover what existing research tells us regarding student experiences of teacher-led, well-being and resilience programmes. It also aimed to explore how students with low subjective levels of well-being experience a new, universal, school-based programme in Ireland, *A Lust for Life Schools Programme*. A systematic review was conducted to uncover qualitative data regarding school children’s perspectives of universal, school-based mental health, mindfulness, and social and emotional learning programmes. In relation to *ALFL Schools Programme*, pre- and post-programme interviews shed light on the emotional literacy, coping skills, and social skills of twenty participants both before and after engaging in the programme. Semi-structured interviews were conducted at three timepoints; pre-programme (n=20), immediately post-programme (n=8), and 12-16 weeks post-programme (n=12). Thematic analysis was conducted on the interview data and five primary themes were constructed: i) understanding feelings, ii) coping skills, iii) connection, iv) illustrations of change, and v) programme feedback. Findings from participants of *ALFL Schools Programme* were similar to the findings of 23 studies described in the systematic review, suggesting that school-based, universally delivered, well-being programmes are generally well received, especially when learning is interactive, teachers are enthusiastic, and a variety of teaching methods are used. Benefits were reported in terms of personal development, emotion regulation, relationships, and classroom climate, and suggestions for improvements were made. In conclusion, incorporating the views of students is useful for the development of engaging and enjoyable school-based programmes that can instil positive change in youth well-being.

*Keywords*: youth mental health, well-being, school-based programmes, qualitative.
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Overview

This thesis explores school-based social, emotional, and psychological well-being programmes over four chapters.

Chapter 1 presents the context of this thesis, considering statistics and guidelines relating to youth well-being and mental health around the world. This chapter explores the use of universally delivered, school-based programmes for preventing and reducing symptoms of mental ill-health and for bolstering social, emotional, and psychological well-being. A new well-being and resilience programme, *A Lust for Life Schools Programme*, the focus of chapter 3, is introduced. Lastly, aims and rationale of the thesis are outlined.

Chapter 2 describes a systematic review of qualitative information from teacher-led programmes aimed at improving mental health, well-being, resilience and/or social and emotional learning from school children’s perspectives. It provides a concise synthesis of the views and insights of participants, with implications for clinical practice and future research.

Chapter 3 reports findings from an original piece of research exploring the emotional literacy, social knowledge, and coping skills, of young people with low levels of subjective well-being both before and after engaging in *A Lust for Life Schools Programme*.

The fourth and final chapter summarises the overall findings of this thesis and the contribution it makes to knowledge and practice in the area is discussed.

Essentially, this thesis addresses the following two overarching research questions:

1. What does existing research tell us about student experiences of teacher-led well-being and resilience programmes?
2. How do students with low subjective levels of well-being experience and apply ALFL Schools Programme to their lives?
Chapter 1

Introduction

This thesis is one of two theses exploring a novel, school-based, emotional well-being and resilience programme for children called *A Lust for Life (ALFL) Schools Programme*. In this introductory chapter, recommendations in relation to youth mental health and well-being precede a critical appraisal of school-based programmes. Next, a portrayal of *ALFL Schools Programme*, and details of its theoretical underpinnings are provided. Finally, the current programme evaluation is illustrated, and the rationale and aims of this thesis are presented.

1.1 Statistics and guidelines on child well-being and mental health

Mental health encompasses our social, emotional, and psychological well-being. It is defined by the World Health Organisation (WHO) as “a state of well-being” in which an individual can recognise and appreciate their own abilities, can appropriately cope with stressors and challenges of life, and can feel like a productive and valued member of a community (WHO, 2004, p. 10). WHO estimate that 13% of young people aged between 10 and 19 have a diagnosed mental health problem. This is more than 160 million children globally, roughly half of whom are under the age of 15 years old (UNICEF, 2021). In Ireland, research suggests that 1 in 3 children is likely to have experienced a mental health difficulty by the age of 13 (Cannon et al., 2013). Worldwide, there are organisations advocating for the importance of nurturing youth mental health and well-being. Organisations such as UNICEF constantly advocate for interventions that promote and protect the well-being of young people. The use of preventative interventions for youth mental health is recommended by WHO (2018), while the National Institute for Health and Care Excellence (NICE) supports the use of cognitive behavioural approaches in their guidelines for combatting youth mental health difficulties (NICE, 2008).

1.2 School-based well-being and resilience programmes

As children spend a lot of their time at school, it makes sense that the implementation of well-being programmes is recommended in the school curriculum worldwide (Diekstra & Gravesteijn, 2008; Waters, 2011). In many countries around the world, including Ireland, numerous universal, school-based programmes have
been developed targeting youth mental health and well-being. Schools have the potential to be safe, inclusive, supportive environments where young people can learn and flourish academically, socially, and emotionally, if given the opportunity (UNICEF, 2021).

Previous systematic reviews in the area, (e.g., Dray et al., 2017; Fenwick-Smith et al., 2018; Sancassiani et al., 2015; Tejada-Gallardo, 2020), provide detailed information about a whole host of universal mental health and well-being programmes delivered in schools world-wide. Often the RCTs included in these reviews compare the school-based programme to either a “school-as-usual” control condition or a waitlist control condition. It is only more recently that studies are being conducted using an attention control condition or an alternate educational condition such as bibliotherapy (Werner-Seidler et al., 2021). Nonetheless, benefits are apparent in relation to classroom-based interventions for improving well-being and preventing mental illness (Šouláková et al., 2019), however, these benefits can be modest. While school-based programmes elicit positive outcomes in relation to reducing both anxiety and depression (Dray et al., 2017; Werner-Seidler et al., 2017), the effects are mixed, and often small. For instance, one review exploring the impact of school-based, depression prevention programmes found that only half of the 42 trials included in the synthesis reported significant reductions in depressive symptoms post intervention (Calear & Christensen, 2010). The authors concluded that targeted programmes focusing on students with elevated depressive symptoms, based on CBT, and delivered by mental health professionals, were most effective at reducing symptoms of depression. Additionally, Werner-Seidler and colleagues (2021) conducted a systematic review and meta-analysis of 81 RCTs investigating the effects of school-based anxiety and depression prevention programmes. The authors reported small effect sizes in relation to reducing both depression and anxiety. Similarly to Calear and Christensen (2010), the authors found that targeted programmes delivered by professionals were more effective in reducing symptoms of depression, but not anxiety.

In their meta-aggregation, Bastounis and colleagues (2017) suggested that depression-focussed programmes are less applicable to a universal participant group and can result in reduced motivation, enthusiasm, and overall programme effectiveness. Developing universal programmes with a resilience-orientated approach
to developing social and emotional skills may be more engaging and effective for
classes of school children. Studies investigating universal, school-based, mental
health promotion programmes often report positive effects in terms of personal
development, resilience, social relationships, and stress management (Elias et al.,
2015; Fenwick-Smith et al., 2018). However, Sancassiani and colleagues (2015)
reported “controversial” (p.21) findings from RCTs exploring universal, school-
based, positive mental health programmes due to methodological flaws in the
research. Additionally, it has been argued that teaching emotional literacy, self-
esteeom, and emotional well-being in schools is unnecessary and can actually prevent
children from developing resilience naturally through facing adversity (Craig, 2009;
Ecclestone, 2007). Regardless of mixed findings and contrasting views, many
researchers appear to agree that universal school-based programmes remain promising
for children, in terms of developing coping skills and resilience (Fenwick-Smith et al.,
2018), reducing symptoms of mental ill-health (Dray et al., 2017; Werner-Seidler et
al., 2021), promoting psychological well-being (Tejado-Gallardo et al., 2020), and
enhancing emotional and social skills (Sancassiani et al., 2015).

In Ireland, the FRIENDS programmes for anxiety management and Zippy’s
Friends for emotional well-being promotion are recommended for use in primary
schools during the Social, Physical and Health Education (SPHE) curriculum
(Department of Education and Skills, 2015; Henefer & Rodgers, 2013). The
FRIENDS programme is a cognitive behavioural therapy (CBT)-based intervention
that supports children to cope with feelings of fear, worry and sadness by building
emotional resilience, coping skills, problem-solving ability, and self-esteem, with
positive outcomes, (Barrett & Turner, 2001). Studies have found the FRIENDS
programmes to be beneficial in an Irish context in terms of reducing anxiety, building
coping skills and promoting an enhanced sense of school connectedness (Rodgers &
Dunsmuir, 2015; Rutledge, et al., 2016). Zippy’s Friends (Partnership for Children,
n.d.), a universal emotional well-being programme for primary school children, aims
to enhance emotion regulation, self-esteem, social skills, problem solving and
decision making. The programme has been delivered internationally since 2002 and
has also had positive outcomes in Irish primary schools (Clarke & Barry, 2010). The
authors reported improved emotional literacy and social skills, however, did not find
improvements in relation to emotional and behavioural problems. As previously
mentioned, this thesis is centred upon a newly developed, universal, well-being and resilience programme that is continuing to be developed by the Irish charity, A Lust for Life.

1.3 A Lust for Life Schools Programme

A Lust for Life (ALFL), has developed an emotional well-being and resilience programme for primary school children. ALFL is a mental health organisation founded in 2015 in Ireland aiming to empower young people, reduce stigma around mental health, and promote change in society, through content, events, and campaigns (A Lust for Life, 2021). ALFL has produced podcast series on mental health and self-image. The charity has developed an online supportive community called ‘Not On My Watch’ for parents, grandparents, teachers, friends, and guardians of young people to share how to promote emotional well-being and resilience in their young people.

ALFL has also developed a 26-week educational and mentoring programme entitled ‘Gone Past Talking’ which empowers young people to make positive changes in their communities and societies, and their emotional well-being and resilience intervention for children, ALFL Schools Programme.

ALFL Schools Programme was developed with input from educators, psychologists, and mindfulness practitioners. It is an emotional well-being programme informed by cognitive behavioural and mindfulness approaches to youth mental health. The programme aims to improve emotional awareness, emotional literacy, and resilience. It is delivered over 10 sessions and, as can be seen in the infographic in Appendix A, markets itself as a “Netflix style digital platform”. The programme incorporates structured lessons, class activities, individual and group-work, videos, and mindfulness practices. A sample lesson plan for ‘Lesson 1: My Well-being’ can be found in Appendix B. Throughout the programme, students engage in mindfulness exercises such as mindful breathing, body scan, and progressive muscle relaxation exercises. See Figure 1.1 for a sample mindfulness exercise from the programme entitled ‘Square Breathing’.
Participants also watch videos on topic such as, screen time, emotions, interpersonal conflict, and perspective taking, and take part in activities like role-plays, collages, and group discussions. Figure 1.2 depicts a sample class discussion that participants are encouraged to take part in after watching a video that introduces the fight, flight, freeze response.

The programme is continuing to be developed based on research from the current evaluation, for instance, the programme is now delivered over 10 sessions, whereas at the time of this research there were six sessions. A breakdown of the lessons, as they were delivered to participants during the empirical study in chapter 3, is presented in Table 1.1. ALFL Schools Programme is facilitated by class teachers and fits with the SPHE curriculum in Irish schools. It has received positive
endorsements from teachers, who called it “relatable”, “relevant”, “current”, and “easily implemented” (ALFL, 2021). Teachers are provided with structured lesson plans and a comprehensive teachers guide. They also have access to psychological support should they need it.

**Figure 1.2**

*Sample activity from ALFL Schools Programme*
### Table 1.1

**ALFL Schools Programme lesson plans 2021-2022 academic year***

<table>
<thead>
<tr>
<th>Session</th>
<th>Core topics</th>
<th>Mindfulness exercise</th>
<th>Video</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 1. My Wellbeing | ➢ Wellbeing and its importance during times of COVID-19  
➢ Factors which impact our wellbeing  
➢ Resilience | ➢ Square Breathing | ➢ My Phone and Me | ➢ Class discussions  
➢ ‘Our Wellbeing Rights’ activity  
➢ Reflection and learning log |
| 2. My Thoughts and Feelings | ➢ Identifying feelings  
➢ Powerful feelings  
➢ The connection between the Head, Heart, and Actions.  
➢ Thoughts and feelings | ➢ My Selfie Scan | ➢ Four Big Feelings | ➢ Class discussions  
➢ Thoughts and feelings activity  
➢ Powerful feelings collage  
➢ Feelings thermometer  
➢ Reflection and learning log |
| 3. Managing My Thoughts and Feelings | ➢ Strategies for managing thoughts and feelings  
➢ Getting perspective on a problem  
➢ How to build positive thoughts  
➢ Being aware of feelings  
➢ Identifying ways of building resilience | ➢ My TLC (tighten, loosen, calm) tool | ➢ Adults and Their Feelings | ➢ Class discussions  
➢ Managing my thoughts and feelings activity  
➢ Thought detective activity  
➢ Reflection and learning log |
| 4. Healthy Relationships | ➢ Positive self-talk  
➢ Types of relationships  
➢ Trust in relationships  
➢ Showing self-compassion | ➢ My Wise Words | ➢ The Fallout | ➢ Class discussions  
➢ Self-compassion activity  
➢ Exploring relationships activity  
➢ Role-play  
➢ Reflection and learning log |
| 5. Managing Relationships | ➢ Strategies for managing and maintaining friendships  
➢ Conflict resolution  
➢ Assertiveness  
➢ Inclusion | ➢ My Mindful moment. | ➢ 360° of a problem | ➢ Class discussions  
➢ Friendships Activity  
➢ Inclusion activity  
➢ Conflict activity  
➢ Role-play  
➢ Reflection and learning log |
| 6. Tricky World | ➢ The Tricky World  
➢ Influences - positive and negative  
➢ Making choices  
➢ Social Media  
➢ Thinking Traps | ➢ My Thoughtful Words | ➢ Tricky world on social media | ➢ Class discussions  
➢ Tricky world activities  
➢ Reflection and learning log |

*Of note: ALFL Schools Programme has been updated since this roll-out of the programme and students now engage in 10 lessons.*
1.4 Theoretical underpinnings

*ALFL Schools Programme* is a teacher-led, well-being and resilience programme that incorporates CBT, mindfulness, and emotional literacy.

1.4.1 CBT interventions for youth well-being and resilience

CBT is a widely accepted intervention for combatting a variety of childhood difficulties (Mychailyszyn et al., 2012). CBT involves learning more about thoughts, actions, and emotions, and working to change dysfunctional cognitive processes and behaviours (Beck, 2020). CBT has an evidence base for treatment of anxiety (Ishikawa, et al., 2007), depression (Arnberg & Öst, 2014), anger (Sukhodolsky et al., 2004) and aggression (Özabaci, 2011), in children. In terms of well-being, CBT is often focused on symptom reduction, with less evidence suggesting that it promotes social, emotional, and psychological well-being. Regarding school-based programmes, evidence for CBT based programmes is mixed. While Dray and colleagues (2017) recommend a CBT approach, Werner-Seidler and colleagues (2017) found no significant difference in relation to whether a school-based programme took a CBT-based approach or another approach, such as mindfulness or social skills development.

While it’s clear that CBT is helpful in reducing psychological distress, the promotion of psychological well-being and resilience is also an important goal for all children. By encouraging and providing ways of improving emotional well-being, there is potential for not just those with languishing mental health, but all children, to benefit (Caffo et al., 2008). Interventions that nourish and promote psychological well-being provide children with skills and opportunities to promote the development of protective factors that may help them in terms of developing stronger personal relationships, improving problem solving skills and learning positive psychology techniques that promote resilience and well-being (Howell et al., 2013). Well-being interventions that encourage autonomy, personal growth, environmental mastery, purpose in life, positive relations, and self-acceptance, have been found to be as powerful as CBT interventions for children, yet are informed by a positive psychology perspective (Ruini et al., 2006). Accordingly, it may be helpful to consider ‘third wave’ or process-based CBT interventions.
Process-based CBT interventions focus on promoting well-being through psychological and behavioural processes instead of focusing solely on reducing psychological distress (Hayes & Hofmann, 2018). In addition to traditional cognitive behavioural methods, process-based CBT incorporates practices such as acceptance, mindfulness, and personal values exploration (Hayes & Hofmann, 2017). Process-based CBT interventions, such as acceptance and commitment therapy (ACT) show promise as universal school-based interventions (Takahashi et al., 2020). Research suggests greater well-being can be promoted through the inclusion of third-wave processes such as compassion and mindfulness (Hayes, 2004; Marshall & Brockman, 2016).

1.4.2 Mindfulness interventions for youth well-being and resilience

ALFL Schools Programme is also informed by mindfulness. Mindfulness-based interventions (MBIs) show promise for children’s mental health and well-being (Zoogman et al., 2015). Mindfulness can be thought of as “moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (Kabat-Zinn, 2015, p. 1481). Mindfulness has long been recognised as benefitting individuals’ well-being and self-awareness (Brown & Ryan, 2003). In young people, improvements in mental health, well-being, mood, self-esteem, self-regulation, behaviour and academic learning, have been found from engaging in mindfulness (Weare, 2013).

The combination of mindfulness practices with psychological practices has become increasingly popular for interventions targeting the improvement of well-being and psychological functioning (Gu et al., 2015). Of these interventions, mindfulness-based cognitive therapy (MCBT; Segal et al., 2002) and mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1982) are two of the most recognised, and have been successfully adapted for children (Saltzman & Goldin, 2008; Semple & Lee, 2014). Evidence suggests mindfulness-based approaches are feasible interventions for children and adolescents (Burke, 2010). Evidence also suggests that mindfulness can be beneficial whether done individually or in groups (Perry-Parrish, et al., 2016), using apps (Nunes et al., 2020), or in school-based programmes (Rempel, 2012). MBIs in the classroom setting are associated with reduced
psychopathology in addition to improvements in prosocial behaviour, cognitive performance, and resilience (Felver et al., 2016; Zenner et al., 2014).

1.4.3 Emotional literacy and its importance for well-being and resilience

Finally, ALFL Schools Programme aims to teach children emotional literacy. Learning how to recognise, understand and express our feelings is important for appropriately regulating and responding to our feelings. More and more, the importance of developing emotional literacy in childhood is being highlighted (Bruce, 2010). Research portrays improvements in emotional literacy following programmes such as SEL interventions, and the benefits that doing so brings to self-esteem, perspective-taking, and relationships (Coppock, 2007; Sharp, 2000).

Many researchers and organisations today encourage the teaching of emotional literacy skills in schools, in addition to teaching academic subjects and physical education, endeavouring youth development be approached in a more holistic manner (Sharp, 2012). While there is debate on the issue (Watson et al., 2012) teaching emotional literacy appears to be a promising way to enhance coping skills, foster resilience, and promote well-being (Di Fabio & Kenny, 2016; Sánchez-Álvarez et al., 2016). For instance, different programmes for youth encouraging the development of emotional literacy have found improvements in listening, empathy, and self-efficacy (Schumacher, 2014), better perspective taking and improved relationships (Coppock, 2007), increased pro-social behaviour and self-confidence (Márquez et al., 2006), and reduced levels of aggression and self-destructive behaviours (García-Sancho, et al., 2014).

Overall, it appears beneficial to develop and nourish an atmosphere of safety for children to recognise and talk openly about feelings without feeling judged or criticised. Yet teaching children skills and strategies to then manage and cope with difficult feelings and problems is essential for interventions to be effective (Weare & Nind, 2011). In a more holistic fashion, combining emotional literacy with CBT and mindfulness techniques as described above, which many school-based programmes now do, may be of the most value to young people’s well-being.
1.5 Evaluative Framework

This thesis is part of the first evaluative phase of ALFL Schools Programme. It was conducted in conjunction with a randomised controlled trial (RCT) exploring the efficacy of the programme for improving subjective well-being relative to a waiting list control group. A secondary aim of the RCT was to examine the effects of the programme on self-reported levels of resilience, emotional literacy, and mindfulness (O’Connor et al., 2022). The research presented in chapter 3 of this thesis is a Study Within A Trial (SWAT) and compliments that of Dr O’Connor’s, by exploring insights from participants with the lowest levels of subjective well-being at baseline. Twenty participants, with lower levels of well-being than their peers, were interviewed before and after engaging in ALFL Schools Programme to gain insight into their knowledge of emotions, relationships, and coping skills pre and post intervention. The evaluation of ALFL Schools Programme is ongoing, and the organisation continue to adapt and develop the programme based on research findings.

This evaluation, comprising the qualitative research from this thesis and the RCT of Dr O’Connor’s thesis, corresponds with the Medical Research Council (MRC) framework (2021) for evaluating complex interventions. The MRC framework suggests that the process of development through to implementation occurs in phases, namely development or identification of an intervention, assessment of feasibility of the intervention and evaluation design, evaluation of the intervention, and impactful implementation (see Figure 1.3; Skivington et al., 2021). Both quantitative and qualitative methods of evaluation are recommended throughout the development to implementation phases (Campbell et al., 2000). The MRC framework posits that a purely quantitative approach, such as a process evaluation, is “rarely adequate for complex intervention research”, and recommends use of qualitative and mixed methods designs to answer questions “beyond effectiveness” (Skivington et al., 2021, p. 7). RCTs have long been considered the “gold standard” of evaluating the effectiveness of a new intervention or treatment (Hariton & Locascio, 2018, p. 1716), and are considered the best approach to explore the efficacy of novel, educational interventions (Torgerson & Torgerson, 2013). Qualitative research is valuable for exploring important aspects of interventions such as how an intervention works, how it works within the context it is implemented, how the intervention contributes to
system change, any potential barriers to change, participant experiences of the intervention and implementation, and how research findings can inform real world decision making (Skivington et al., 2021; Campbell et al., 2000; Haynes & Haines, 1998).

**Figure 1.3**

**MRC framework for developing and evaluating complex interventions (Skivington et al., 2021)**

Of note, often ceiling effects can hide positive outcomes for participants from universally delivered programmes (Clarke et al., 2014). This is common when conducting RCTs in settings such as schools due to the majority of students reporting high levels of positive mental health at baseline, leaving little room for improvement on self-report measures at future timepoints (Weare & Nind, 2011). As such, the empirical study reported in chapter 3 of this thesis compliments that of Dr O’Connor’s study (O’Connor et al., 2022). By exploring the experiences of young people who are reporting lower levels of positive mental health than their peers, the voices of those who have the potential to benefit most from a universal well-being programme are emphasised. As research into ALFL Schools Programme is in its infancy, it is necessary to evaluate it thoroughly in line with recommendations from the MRC framework, one aspect of which is qualitative investigation of those who could benefit most from engaging in the programme.
1.6 Thesis aims and rationale

In a synthesis of systematic reviews, Robson and colleagues (2019) state that most research examines the impact of school-based programmes in terms of preventing mental health problems, rather than on promoting subjective well-being. The absence of mental ill-health does not necessarily mean that young people are flourishing (Hayes, 2004). It is important to explore the impact of universal, school-based interventions on social, emotional, and mental well-being, in addition to the impact on maladaptive symptoms and behavioural problems. The importance of including the insights of young people engaging in universal school-based well-being and resilience programmes has also been recognised (Robson et al., 2019; Werner-Seidler et al., 2017). As Foulkes and Stapley (2022), stated, we need to “ask young people what they actually think” (p. 41).

The objective of this thesis is to critically examine student experiences of school-based, teacher-led interventions aimed at improving social, emotional, and mental well-being. Specifically, over the next three chapters this thesis addresses the following two overarching research questions:

1. What does existing research tell us about student experiences of teacher-led well-being and resilience programmes?
2. How do students with low subjective levels of well-being experience and apply ALFL Schools Programme to their lives?
Chapter 2

School children's experiences of teacher-led, well-being programmes: A narrative synthesis

Abstract

School-based programmes promoting mental health, well-being, resilience, and emotional learning are widely used in many countries around the world, with positive outcomes. While systematic reviews focusing on the results of quantitative data in this area have previously been conducted, studies exploring school children’s perspectives and experiences have not been synthesised. A systematic search of PsycINFO, MEDLINE, ERIC, CINAHL, and Social Sciences Citation Index databases was conducted to uncover qualitative data regarding school children’s perspectives of universal, school-based, mental health, mindfulness, and social and emotional learning programmes. A total of 23 studies from the searched literature met the inclusion criteria for the narrative synthesis. Key themes were summarised in relation to participants’ experiences of school-based programmes and factors impacting their experiences, applicability of knowledge and skills to daily life, and any reported changes in knowledge or behaviour as a result of taking part in the programme. Main findings suggest that school-based, universally delivered, well-being programmes are well received, especially when learning is interactive, and a variety of teaching methods are used. The importance of teacher enthusiasm and training is also acknowledged, and benefits reported in terms of personal development, emotion regulation, relationships, and classroom climate.

Keywords: narrative synthesis, school-based programmes, youth mental health, well-being.
2.1 Introduction

2.1.1 Background

Youth mental health and well-being is an area of importance worldwide, with the World Health Organization (WHO) reporting that half of youth mental health difficulties occur before the age of 14 (WHO, 2018). As young people spend so much of their time in school, it is understandable that positive mental health programmes are encouraged in school curriculums (Waters, 2011). Worldwide, schools are encouraged to teach social and emotional skills (Diekstra & Gravesteijn, 2008). Positive mental health, or well-being, programmes go beyond a problem-focused approach to mental health, embracing a more positive view of the area to promote youth well-being (Sancassiani et al., 2015). Well-being promotion interventions focus on boosting resilience, social, emotional, and mental health, through activities that can be applied to everyday life quite easily (Schotanus-Dijkstra et al., 2015).

Well-being relates to more than happiness, it amounts to living a life with pleasure, engagement, and meaning, and having the psychological, social, and physical resources to deal with life’s challenges appropriately (Dodge, et al., 2012; Seligman, 2002). Core dimensions of psychological well-being include self-acceptance, having a purpose in life, environmental mastery, having positive relationships, personal growth, and autonomy (Ryff & Singer, 2008). Well-being promotion interventions are increasingly implemented for young people and come recommended by NICE to be implemented in schools (NICE, 2008; 2009). For the purpose of this review, school-based, well-being programmes will refer to programmes delivered in the school setting that aim to bolster mental health, resilience, and social and emotional well-being, and/or reduce symptoms of anxiety, low mood and stress. These programmes are often referred to as social and emotional learning (SEL) programmes, emotional well-being and/or resilience programmes, mindfulness programmes, positive psychology interventions, or stress/anxiety management programmes (Fenwick-Smith et al., 2018).

School-based, well-being programmes often incorporate emotional learning, coping skills, mindfulness, relaxation strategies, and encourage positive, empathic, and respectful relationships (Sklad et al., 2012). Programmes vary in their structure, content, and delivery style with some programmes being implemented daily, others
weekly, some being delivered over the course of 6 weeks, some over an academic school year. Some programmes are delivered by class teachers, and others are delivered by external individuals like psychologists or social workers. Programmes include a range of teaching methods such as class discussions, individual activities, group activities, games, videos, workbooks, PowerPoint presentations, role playing, and skill development. Effectiveness of school-based well-being programmes has been found to be influenced by the level of interaction and the variety of educational tools used in the programme (Diekstra, & Gravesteijn, 2008).

It is worth mentioning that school-based programmes can be delivered universally or to a targeted group of students. Previous systematic reviews of research in the area of school-based well-being programmes have found positive results for both type of programmes (Calear & Christensen, 2010; Dray et al., 2017; Sancassiani, et al., 2015), however, outcomes are mixed. Mackenzie and Williams (2018) reported that many studies that report positive outcomes have small effect sizes and methodological issues, such as lack of randomisation and small sample sizes. Werner-Seidler and colleagues (2021) found the quality of many studies in the area to be poor and re-affirmed the finding that effect sizes were modest. However, the authors stated that even small effect sizes may be associated with meaningful improvements in this context as these programmes are not aimed at treating mental ill-health, but at prevention and promotion. Calear & Christensen found that targeted programmes were more effective than universal programmes in the treatment of depression, however, they did not disregard universal programmes, sharing that there is potential for both types of programmes, and that effectiveness may be due to the quality of implementation, the content, and the delivery style, rather than the universal delivery method. In fact, Dray and colleagues (2017) reported that universal, resilience-focused interventions showed promise in reducing symptoms of anxiety and depression in children and adolescents. For example, the FRIENDS for Life programme (Barrett, 2004) and the Penn Resiliency Programme (Gillham et al., 1990) have had positive outcomes in relation to reducing symptoms of anxiety and low mood (Fisak et al., 2011; Seligman et al., 2009). Universal, school-based well-being programmes improve social functioning, academic performance, and behaviour (Durlak et al., 2011). Strengths-focused programmes, such as the Resourceful Adolescent Programme (Shochet et al., 1997) have seen positive improvements in
self-esteem and emotion management (Stallard & Buck, 2013). Other positive outcomes from these programmes include teaching coping skills, building resilience, and improving relationships (Fenwick-Smith et al., 2018).

Sancassiani and colleagues (2015) highlighted that well-being programmes frame mental health in a more positive regard to promote youth well-being. A recent review by Werner-Seidler and colleagues (2017) also found school-based programmes to elicit positive outcomes in relation to reducing both anxiety and depression. In their systematic review and meta-analysis, Tejada-Gallardo and colleagues (2020) found that school-based multicomponent positive psychology interventions had a positive impact on subjective and psychological well-being, while also reducing symptoms of depression in adolescents. They reported that these improvements in mental health were apparent in the short and long-term.

School-based well-being interventions are thought to be “effective and easily implemented tools that help to enhance adolescents’ mental health” (Tejada-Gallardo et al., 2020, p. 1943). Further research is recommended in order to strengthen the findings that are being synthesised in relation to school-based programmes (Calear & Christensen, 2010; Mackenzie & Williams, 2018). The synthesising of the voice of students taking part in well-being programmes contributes well to the research in this area. Youth mental health and education developers agree that “listening to the voice of the child” is essential for their cognitive and emotional development (O’Sullivan & Lynch, 2015). The importance of including views and experiences of young people in both mental health promotion and education has been highlighted (Cook-Sather, 2006; Hall, 2017; Halliday et al., 2019). Exploring students’ perspectives of these programmes allows a more thorough understanding of the effectiveness of school-based programmes (Fenwick-Smith et al., 2018). Research suggests that incorporating the experiences of participants is necessary for providing a “valid understanding of the way young people both experience and engage… and are changed by [school-based, well-being programmes]” (Bourke & MacDonald, 2018, p. 156). Including the voice of participants contributes to understanding what makes a programme engaging, relevant, helpful, and applicable to everyday life, and research in this area has been encouraged (Maloney et al., 2016; Werner-Seidler et al., 2017). This will in turn,
benefit future students participating in school-based mental health or well-being programmes and their caregivers.

Findings of previously conducted systematic reviews rely heavily on the results of quantitative data and RCTs. While Fenwick-Smith and colleagues (2018) include mixed-methods studies in their review, the majority of reviews in the area are quantitative by design, and children’s experience of receiving such school-based programmes is not the focus of their review. However, the authors state the benefits of exploring children’s views of these programmes, and not relying on secondary sources. To the author’s knowledge, only one review (Bastounis et al., 2017), synthesising findings from five studies on anxiety and depression prevention programmes, has focused on student views of school-based programmes. At present there is no systematic review exploring the qualitative student experience of receiving a classroom-based programme promoting well-being, resilience, or mental health. Hence, a synthesis of qualitative research in this area, not only addresses a relevant gap in the literature, but has the potential to benefit both education and healthcare systems by providing cumulative knowledge informing evidence-based policy and practice (Major & Savin-Baden, 2011). By exploring opinions and reactions of young people who have engaged in these programmes it is possible to uncover what elements of school-based programmes they believe to be helpful or challenging, enjoyable or frustrating, or applicable to everyday life. A concise review of what young people have to say about these programmes, for example, what makes some more beneficial or enjoyable than others, may help to inform programme developers to create more evidence-based programmes, or alter existing programmes to incorporate user feedback.

2.1.2 Aims

The aims of this systematic review are:

1. To explore what existing qualitative research tells us about student experiences of engaging in school-based mental health, well-being, resilience and/or emotional learning programmes.
2. To discover the factors that impact young people’s experience of school-based programmes aimed at improving mental health, well-being, resilience, or emotional intelligence.
3. To consider what impacts the applicability of learned skills and knowledge to every-day life.

4. To gather participant reported changes in relation to their knowledge of mental health, well-being, resilience, and/or emotional literacy as a result of engaging in the programme.
2.2 Method

A systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). This systematic review was conducted in line with a preregistered review protocol (PROSPERO registration number: CRD42021240044).

2.2.1 Study Design

A narrative synthesis of the literature was conducted as outlined by Popay and colleagues (2006). This synthesis integrated qualitative data that captured young people’s experiences and opinions of universal school-based programmes delivered by their teacher in the classroom setting. The school-based programmes focused on promoting mental health, social and emotional well-being, resilience, coping skills, emotional learning, and/or preventing or reducing symptoms of mental ill-health. For the purpose of this research, a universal programme is one offered to all members of a group, e.g., an entire classroom, and not targeted towards individuals for any specific reason, e.g., elevated levels of anxiety or aggression, or the presence of a diagnosed mental health condition.

2.2.2 Search Procedures

Key search terms related to participant experiences of universal, school-based, well-being and mental health programs were identified through preliminary literature searches in the area, consideration of terms used in previous systematic reviews in similar areas (e.g., Fenwick-Smith et al., 2018; McCashin et al., 2019), and through use of a thesaurus. The selected search terms allowed for a broad search to be conducted in relation to teacher-led, school-based programmes that targeted improving mental health, well-being, resilience, or emotional learning. The selected search terms made possible the synthesis of data portraying what is valuable about programmes, and what is not, from youth’s own perspectives. A systematic title and abstract search of peer-reviewed articles from the year 2000 - present was carried out in November 2021. The following electronic databases were systematically searched: PsycINFO, Education Resources Information Centre (ERIC), MEDLINE via PubMed and MEDLINE ProQuest, Cumulative Index to Nursing and Allied Health Literature
Plus (CINAHL Plus), and Social Sciences Citation Index (SSCI; via Web of Science). The search strategy combined six areas including:

(i) population search terms for school children aged between 6 and 14 (i.e., student OR pupil OR peer OR youth OR pre-teen OR child* OR adolescent OR teen*)
(ii) terms relative to qualitative feedback (i.e., experience OR opinion OR reaction OR perspective OR thought OR impression OR view OR feedback OR perception OR insight OR response)
(iii) setting-related search terms (i.e., school* OR classroom*)
(iv) terms relative to the facilitator (i.e., teacher*)
(v) programme-related terms (i.e., intervention OR program*)
(vi) terms relevant to programme characteristics (i.e., mental health OR well-being OR wellbeing OR resilience OR emotional literacy OR emotional intelligence OR emotional learning OR mindfulness).

This search was updated in March 2022. Reference sections of included studies were also hand searched.

2.2.3 Selection of Studies

Studies were selected for inclusion by the lead author on the basis of the following inclusion and exclusion criteria.

Inclusion criteria

1. Children over the age of 6 (pre-school age) and under the age of 14.
2. Student engagement in a school-based mental health, well-being, resilience, or emotional learning programme delivered in the classroom setting by a teacher. Teacher-led mindfulness-based interventions were also included if specifically aimed at improving mental health, well-being, or resilience.
3. Studies using qualitative methods of data collection such as focus groups, interviews, observation, documentary analysis, audio/visual/note collection. Qualitative methods of analysis such as narrative analysis, thematic analysis, grounded theory, and phenomenological analysis were included.
4. Mixed methods studies where there was a relevant qualitative component documenting the experiences of the participants that allowed them to express any thoughts, feelings, reflections, or feedback, whether positive or negative.

5. No restrictions were put on participants in relation to race, ethnicity, gender, mental health, or intellectual diagnoses.

6. Only peer-reviewed studies were included.

**Exclusion criteria**

1. Studies focused primarily on children in kindergarten (under 6 years), or students in upper secondary school/high school (over 14 years) or university.

2. A mental health, well-being or resilience programme delivered to young people outside the classroom setting.

3. Well-being programmes that focused solely on physical health e.g., physical activity or diet.

4. Studies that evaluated school-based mindfulness interventions that were not specifically aimed at improving mental health, well-being, and/or resilience.

5. Studies that evaluated targeted group interventions for a specific group of students, e.g., students with ADHD.

6. External programmes or groups that are held in the school or classroom setting for individuals other than students were not included.

7. Quantitative studies with no qualitative component were excluded.

8. Studies published in languages other than English.

**2.2.4 Risk of Bias Assessment**

A sample of 25% of search results were independently reviewed against the inclusion and exclusion criteria by an external reviewer. Cohen’s kappa (κ: Cohen, 1960, 1968) statistic was run to determine if there was agreement between the two reviewers who independently identified records eligible for full-text review. There was 97.87% inter-rater agreement (Cohen’s k = 0.78) across 25% of studies indicating substantial agreement between reviewers.
2.2.5 Data Extraction and Analysis

Search results were saved to EndNote X9 and imported into Covidence software, where duplicates were removed. The titles and abstracts of the retained studies were then reviewed by the lead author to identify studies which meet inclusion criteria set out above. Of the 25% of studies that were separately reviewed by a collaborator, where there was disagreement, the studies in question were included for full-text review. The full-text of studies meeting inclusion criteria were retrieved and again assessed for eligibility by the lead author. Output of the searches and screening are presented in the PRISMA study flow diagram (Figure 2.1).

The data extracted from each study included: the date and setting of the research; participant information, including age and gender distribution; details regarding the school-based intervention including its name, the type of intervention, and the number and frequency of sessions; outcomes of interest such as participant views of the programme; the ontological and/or epistemological position held by the researchers; the method of data collection; and the qualitative analysis technique implemented. Following on from this, the themes, categories, sub-themes, and/or key points from the results of the studies were extracted, accompanied by illustrative quote(s) for each theme and/or category.

2.2.6 Quality Assessment

Studies meeting inclusion criteria were quality assessed using the checklist for Critical Appraisal Skills Programme for qualitative research (CASP, 2018). This quality appraisal tool was implemented as it addresses rigour, credibility, and relevance of research, and is widely used when appraising qualitative studies in systematic reviews (Dixon-Woods et al., 2007). The CASP tool provides 10 questions and considers three broad issues to be important when appraising a qualitative study: 1) Are the results of the study valid? 2) What are the results? 3) Will the results help locally? The 10 questions were used to assess the quality of the included qualitative research studies in order to improve the transparency of qualitative research.

The CASP checklists were designed to be used as educational pedagogic tools, and a scoring system has not been suggested (CASP, 2018). For the purpose of this systematic review, studies were assigned a score out of 10 based on the 10 questions
of the CASP. Previous systematic reviews of qualitative studies that implemented the CASP for qualitative research considered studies to be of high quality if the total score was between 8-10, medium quality if the score was between 5-7, and low quality if the total score was less than 4 (Kanavaki et al., 2016; Lawn et al., 2020).
2.3 Results

2.3.1 Study Selection

Results of the literature search are presented in the PRISMA study flow diagram in Figure 2.1. The most recent search of databases was conducted in March 2022. At this time the electronic database searches yielded 2,620 records. After duplicates were removed, 1,540 titles and abstracts were screened for eligibility for inclusion. One hundred and twenty records remained for full-text review. At this stage, nineteen studies met the full inclusion and exclusion criteria to be included in the narrative synthesis. The reference section of these nineteen articles were hand searched and after screening potentially relevant papers, a further three studies were deemed eligible for inclusion. The empirical study described in chapter 3 was also included.

Figure 2.1

*PRISMA 2020 flow diagram (Page et al., 2021).*

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**Records identified from databases:**

- PsycINFO: 674
- ERIC: 595
- MEDLINE ProQuest: 149
- MEDLINE PubMed: 116
- CINAHL Plus: 308
- SSCI: 778
- Total: 2620

**Duplicate records removed before screening:** 1080

**Records screened:** 1540

**Records excluded:** 1420

**Reports assessed for eligibility:** 120

- Wrong Study Design: 31
- Wrong facilitator: 29
- Wrong age group: 12
- Targeted intervention: 10
- Wrong outcomes: 8
- Wrong intervention: 5
- Wrong setting: 3
- Duplicates: 2

**Studies eligible for review:** 19

**Additional studies included from screening reference lists:** 3

**Total studies included in review:** 23*

*This includes the empirical study described in chapter 3
2.3.2 Study Characteristics

Of the 23 studies included, eleven were mixed-methods studies with a qualitative component that was appropriate for inclusion. Qualitative methods of data collection included individual interviews (2, 3, 6, 7, 11, 12, 16, 23), group interviews/focus groups (1, 4, 5, 9, 10, 11, 13, 14, 17, 18, 20, 21, 22), open-ended survey questions (8, 10, 19, 20), journal entries (15, 16) and drawings (15). Many studies included qualitative data collected from teachers (1, 4, 5, 6, 7, 8, 11, 13, 14, 16, 17, 20, 21, 22) and parents (1, 11, 22) in addition to that collected from students. For the purpose of this systematic review, only the feedback from the students has been included.

Of note, study 19 was disseminated in the form of a poster that had been presented at the International Symposium for Contemplative Studies in Boston in 2014. Further information on this study was published in a book chapter (Maloney et al., 2016). This study was uncovered through hand searching the reference lists of the included studies. Although not published in a peer-reviewed journal, the study was deemed relevant to the current review and of good quality. Additionally, two studies (2, 20) were conducted in high schools, however, the mean age of participants was 14 years old, so it was decided to include the studies in the review.

Studies 1, 2 and 15 reported on interventions that were facilitated by the class teacher and an external facilitator. Similarly, it is unclear in study 12 whether the class teacher or an external teacher facilitated the programme. Study 13 was also facilitated by a mindfulness teacher who was a member of the school senior leadership team, but recommendations were made that the programme be delivered by the class teacher in future. As the interventions are deemed to be universal, were partly facilitated by the class teacher or can be facilitated by class teachers or school staff, these studies were included in the review. Detailed study characteristics are presented in Table 2.1.

2.3.3 Programme characteristics

The included studies reported on 22 different school-based programmes. As described by the authors, these programmes included i) CBT based programmes, ii) social and emotional learning (SEL) interventions, iii) mindfulness or meditation-based programmes, iv) technology-based programmes. Interventions varied in their
structure, content, and delivery, e.g., intervention durations ranged from 3 weeks to a full academic year, and implementation ranged from a daily to a weekly basis. Although the school-based interventions differed in many ways, all aimed to improve social, emotional, or mental well-being.

Studies 1-3 are informed by CBT. Study 1 is based on the FRIENDS programme, a universal CBT programme aimed at helping children develop emotional awareness and emotion regulation skills to help manage anxiety; study 2 explores the Resourceful Adolescent Programme (RAP-A), a universal resilience promoting programme based on CBT and interpersonal therapy (IPT); and study 3 examines A Last for Life (ALFL) Schools Programme, an emotional well-being and resilience programme informed by CBT and mindfulness. Studies 4-10 are SEL interventions. Study 4 reports on student experiences of an emotional well-being programme called Zippy’s Friends, study 5 is based on using a Funds of knowledge/identity pedagogy (FOK/I) for improving student well-being and social cohesion in the classroom, study 6 explores the use of collaborative social reasoning (CSR) discussions for improving social experiences, study 7 is based on a SEL intervention called Respecting Diversity (RD), study 8 investigates student feedback on the impact and process of a SEL framework called Circle Solutions (CS), study 9 explores responses to a service-learning (SL) programme for social well-being, and study 10 gathers children’s experiences of a SEL drama programme.

Studies 11-19 report on mindfulness or meditation-based programmes for improving social and/or emotional well-being. Study 11 explores student views of a meditation programme that had previously been implemented throughout elementary schools on a daily, 3 times weekly, or once weekly basis, study 12 is based on a mindfulness-based intervention called .b (pronounced ‘dot b’), study 13 and study 18 explore student perspectives of a universal mindfulness programme called paws.b, study 14 gathers students’ views of a Christian meditation programme designed to improve social and emotional well-being, studies 15 and 16 explore student opinions of mindfulness interventions based on mindfulness-based cognitive therapy for children (MBCT-C; Segal et al., 2002), and mindfulness based stress reduction for children (MBSR-C; Saltzman & Goldin, 2008). Study 17 gathers student perceptions of a mindfulness and yoga-based programme, and study 19 sought to understand
participants’ perceptions of a mindfulness-based intervention called *MindUp* that incorporates SEL skills with mindfulness practices.

Study 20 aims to understand student experiences of a positive psychology intervention called the *Positive Education Pilot Program* (PEPP) that included practices from positive psychology and SEL along with an online depression and anxiety prevention program called *MoodGYM*. Studies 21, 22 and 23 also report on technology-based mental health or SEL interventions. Study 21 is based on *SafeSpot*, an app and mental health support package aiming to improve well-being and knowledge of mental health conditions. Study 22 explores student perceptions of a web-based well-being and substance use prevention program called *Strong and Deadly Futures* that was co-developed with the students. Finally, study 23 investigates *School at Play*, an intervention using co-operative video games to promote motivation and social inclusion. Further information is presented in Table 2.1.

### 2.3.4 Participant and setting characteristics

Programmes were delivered in the school setting by school staff during regular class hours. In total, across the 23 studies, 1,528 participants contributed qualitative feedback on a universal school-based programme aimed at improving mental health and/or well-being. Student ages ranged from six years to sixteen years. Of note, the systematic review aimed to include the views of students aged between six and fourteen, however, as previously stated, it was deemed appropriate to include studies 2 and 20 despite some participants being older, as the mean age of participants was fourteen. Studies were conducted in a range of schools including public, private, disadvantaged, catholic, primary/elementary, middle, and high schools.
Table 2.1

Study characteristics

<table>
<thead>
<tr>
<th>Study number</th>
<th>Author, date &amp; setting</th>
<th>Participant information</th>
<th>Intervention Name &amp; Characteristics</th>
<th>Outcomes of interest</th>
<th>Ontological/Epistemological Position</th>
<th>Method of data collection</th>
<th>Qualitative analysis technique</th>
<th>CASP score (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Skryabina et al. (2016)</td>
<td>115 children (f = 64; m = 51) aged 9-10 from 19 UK primary schools</td>
<td>FRIENDS - a universal school-based CBT programme, delivered in 45-60 minute sessions over 9 consecutive weeks. Delivered by school staff (n=9) or health staff (n=10)</td>
<td>- Participant views of the FRIENDS programme</td>
<td>Not stated</td>
<td>Focus groups involving 2-9 children</td>
<td>Thematic Analysis</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>Shochet et al. (2014)</td>
<td>109 grade 9 students (m = 60; f = 49) aged 12-15 years (mean age 13.98) from 3 catholic secondary schools</td>
<td>The Resourceful Adolescent Program (RAP-A) - an eleven-session universal programme for 12 to 15 year olds that promotes resilience and positive coping for the prevention of depression. It is</td>
<td>- Perceived changes resulting from programme participation</td>
<td>Not stated</td>
<td>Short structured interviews (5 to 10 min duration) were conducted with each participant three months after completion of RAP-A.</td>
<td>Thematic Analysis</td>
<td>9</td>
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<tr>
<td>Study number</td>
<td>Author, date &amp; setting</td>
<td>Participant information</td>
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</table>
| 3            | Hoctor et al. (2022)   | 20 children (f = 12; m = 8) aged between 10 and 13 from six Irish primary schools. | A Lust for Life Schools Programme – a universal, well-being and resilience programme informed by mindfulness and CBT. The 6 week programme was delivered by teachers in the classroom setting. | - Participants’ experiences of ALFL Schools Programme  
- Participants’ descriptions of emotions, emotional wellbeing and relationships before and after engaging in the programme  
- Participants’ application of knowledge and skills from the programme to everyday life | Social constructivist | Pre- and post-programme individual interviews | Thematic Analysis | 9.5 |
<table>
<thead>
<tr>
<th>Study number</th>
<th>Author, date &amp; setting</th>
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<td>4</td>
<td>Clarke et al. (2010)</td>
<td>44 children from 2 disadvantaged schools in Ireland. 24 children in School A (37.5% female, mean age 6:10) and 20 children in School B (35% female, mean age 6:11).</td>
<td>Zippy’s Friends – a universal emotional well-being programme, for primary school children. The 24-week, teacher led programme is designed to promote the positive mental health of children aged 6-8 years by increasing their repertoire of coping skills. Zippy’s Friends teaches children how to identify and talk about their feelings and cope with difficulties such as bullying, conflict, loss and change.</td>
<td>- What participants learned from Zippy’s Friends. - What participants liked about Zippy’s Friends.</td>
<td>Not stated</td>
<td>Participatory group workshops: Children, sitting together in a circle, were asked three questions about the programme: “What is Zippy’s Friends all about?” “What kind of things has Zippy’s Friends taught you?” and “What do you like about Zippy’s Friends?”</td>
<td>Thematic Analysis</td>
<td>7.5</td>
</tr>
<tr>
<td>5</td>
<td>Volman &amp; Gilde (2021)</td>
<td>67 children aged 9-13 years (gender distribution not reported) from 13 teachers draw on students’ funds of knowledge/identity (FOKI)</td>
<td>Teachers draw on students’ funds of knowledge/identity (FOKI)</td>
<td>- Participants’ perceptions on how using the programme effected their personal</td>
<td>Not stated</td>
<td>Group interviews with 2-6 children</td>
<td>Content Analysis</td>
<td>8.5</td>
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<tr>
<td>Study number</td>
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<td>6</td>
<td>Lin et al. (2021)</td>
<td>81 5th grade children (mean age 10.98, female=52%) from 2 public middles schools in the United States.</td>
<td>A 6-week collaborative social reasoning intervention (CSR) aimed at positive social and emotional connections. A CSR story is read once a week followed by small group discussions.</td>
<td>- Perceived impact of the CSR intervention on classroom social experiences</td>
<td>Social Constructivism</td>
<td>Semi-structured post-intervention interviews</td>
<td>Content Analysis</td>
<td>8</td>
</tr>
<tr>
<td>7</td>
<td>Katz &amp; Porath (2011)</td>
<td>A targeted sample of 31 participants from 218 students from grades 4-7 in a large suburban</td>
<td>Respecting Diversity (RD) program, a 9-lesson social competence program based on social and emotional learning (SEL)</td>
<td>- Experiences of the RD programme - Experiences of self, social awareness, and respect</td>
<td>Not stated</td>
<td>Pre and post intervention interviews</td>
<td>Thematic content analysis</td>
<td>7.5</td>
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<td>Study number</td>
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<td>8</td>
<td>Dobia et al. (2011)</td>
<td>157 students (f = 85; m = 71) aged 9-11 years, from years 5 and 6 in six U.K. primary schools.</td>
<td>Teacher-led social and emotional learning (SEL) intervention based on the Circle Solutions framework, delivered once a week for 6 months. Circle Solutions focuses on learning collectively, addressing feelings and</td>
<td>- What participants liked about Circle Solutions -</td>
<td>Not stated</td>
<td>Three open ended survey questions</td>
<td>Content analysis</td>
<td>7</td>
</tr>
<tr>
<td>Study number</td>
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<td>9</td>
<td>Chiva-Bartoll et al. (2019)</td>
<td>36 students from 3rd to 5th grade, aged 9-12 years (f = 18; m = 18) from a public primary school in a neighbourhood with high indexes of immigrant people</td>
<td>A Service Learning (SL) programme aimed at promoting social well-being and sense of belonging. The intervention took place during two weekly sessions over the course of an academic school year.</td>
<td>- The impact that a SL project carried out in Spain had on the social well-being of primary education students</td>
<td>Not stated</td>
<td>Six focus groups with 6 participants in each</td>
<td>Content analysis</td>
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<td>10</td>
<td>Joronen et al. (2011)</td>
<td>90 4th and 5th grade students (56% female) aged</td>
<td>Teacher-led school-based drama programme in social and emotional</td>
<td>- Student experiences of the drama programme</td>
<td>Not stated</td>
<td>Open-ended survey questions 4 focus groups</td>
<td>Inductive qualitative data analysis</td>
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<td>Study number</td>
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| 11          | Campion & Rocco (2009)  | Australia               | Regular meditation practice was introduced to 31 Catholic schools in Queensland, Australia, involving more than 10,000 students between the ages of 5 and 18 years. | - Views about the programme  
- Effects of meditation on socio-emotional well-being, calming and relaxation, emotional regulation and stress management  
- Effects of meditation on concentration and classroom behaviours. | Not stated | Semi-structured individual and group interviews | Qualitative study which measured frequency of particular responses and developed themes. | 8.5 |

- Learning for 4th & 5th graders delivered throughout an academic school year. The programme included 4-9 classroom drama sessions (depending on the teacher), 1-4 follow-up home activities, and 3 parent evenings.
- Between 10 and 12 years from four different classes in Southern Finland.
- Between 7 and 12 years from 3 Catholic schools.
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<th>Study number</th>
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<th>Method of data collection</th>
<th>Qualitative analysis technique</th>
<th>CASP score</th>
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</table>
| 12           | Langer et al (2020) Chile    | 20 students (f = 11; m = 9) aged 12-14 years from two schools in Santiago, Chile (one private unsubsidised school and one private subsidised school). | A mindfulness-based intervention called .b (pronounced dot-be) developed to be implemented in school contexts. The intervention was implemented over 8 weekly sessions lasting 45 minutes each. | - Benefits and difficulties  
- The atmosphere during the sessions  
- Relationship established with the other participants and the teacher  
- The way to achieve the perceived benefits  
- Recommendations for improving the intervention. | Hermeneutic-phenomenologic al perspective | Semi-structured individual interviews | Thematic analysis by inductive categorization | 10         |
| 13           | Thomas & Atkinson (2017) U.K. | 16 students (f = 8; m = 8) aged 8-9 years, from 2 year 4 classes, in a mainstream primary school in the UK | A mindfulness programme called Paws.b consisting of six one-hour lessons delivered on a weekly basis. | - Pupil’s feelings about the Paws.b mindfulness programme  
- How Paws.b was perceived by pupils to be instrumentally helpful to promoting attention and well-being | Critical realism | 4 focus groups (single sex) lasting 30 minutes each | Thematic analysis | 10         |
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<td>14</td>
<td>Graham &amp; Truscott (2019) Australia</td>
<td>114 year 5 students (gender distribution not reported), aged 10–11 years, from 11 Catholic primary schools.</td>
<td>Christian Meditation, a regular and on-going meditation program in Australian Catholic primary schools.</td>
<td>Student descriptions and perceptions of ways the regular practice of classroom meditation impacted upon their emotional and social well-being.</td>
<td>Not stated</td>
<td>16 focus groups of between 4-10 students (the number of focus groups at each school was dependent upon the number of students seeking to take part)</td>
<td>Coding and theme development as outlined by Lofland et al. (2006).</td>
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<td>15</td>
<td>Keller et al. (2017) U.S.</td>
<td>28 4th grade students (46% female) aged 9-10 years, from an urban, minority school in the Southwest United States.</td>
<td>10-week mindfulness intervention in a public school setting. Delivered daily, first by the researcher (27 sessions) and then by the class teacher (20 sessions).</td>
<td>Student responses to writing and drawing prompts about their feelings and attitudes toward mindfulness in academic and personal situations.</td>
<td>Social constructivism</td>
<td>Journal entries and drawings</td>
<td>Journal entries – the authors used an open-coding process to develop themes, as outlined by Averill (2013). Drawings – interpretation was based on</td>
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<td>16</td>
<td>Costello &amp; Lawlor (2014) Ireland</td>
<td>63 students (f = 46; m = 17) from 6th class aged 11-12 years from two disadvantaged schools in Dublin at risk of socioeconomic exclusion.</td>
<td>A 5-week mindfulness intervention programme based on MBCT-C and MBSR-C for children. Daily mindfulness practices 3mins - 12mins in duration.</td>
<td>- Participants’ perspectives on their experiences of mindfulness in relation to perceived stress.</td>
<td>Not stated</td>
<td>Journal entries (n = 63) and semi-structured individual interviews (n = 16)</td>
<td>Thematic analysis</td>
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<td>Reindl et al. (2020) U.S.</td>
<td>40 students, (gender distribution not reported), from 3rd and 5th grade in 3</td>
<td>A mindfulness and yoga-based programme taught during PE class by school staff who received training on the</td>
<td>- Perceptions of the health &amp; wellness programme</td>
<td>Not stated</td>
<td>Six focus groups with 4-8 participants in each group, lasting 60-75</td>
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<td>18</td>
<td>Hutchinson et al. (2018) U.K.</td>
<td>15 Year 6 children (f = 12; m = 3), aged 10-11 years, from a co-educational state primary school in North West Wales.</td>
<td><strong>Paws.b</strong>, a programme of six, 1 hour long lessons, or twelve, 30 minute lessons, offered formally as part of the Personal, Social and Health Education (PSHE) curriculum, and routinely delivered in this school in Year 4. This Year 6 class, being already trained in the <strong>Paws.b</strong> curriculum, received additional training involving reviewing the <strong>Paws.b</strong> curriculum. The programme was delivered over the course of a school year. It is not clear how frequently sessions were delivered.</td>
<td>- Children’s perceptions and experiences of how they were employing mindfulness in their daily lives.</td>
<td>Essentialist perspective</td>
<td>Three focus groups with 3-7 children in each.</td>
<td>Inductive thematic analysis</td>
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<td>19</td>
<td>Maloney et al. (2014)</td>
<td>Canada, 200 children (52% female) in 4th to 7th grade (aged 9 to 12 years) across seven schools in British Columbia. Poster presented at International Symposium for Contemplative Studies in Boston, MA in October 2014.</td>
<td>MindUP, a 15 session programme where each component of the program builds on previous skills learned, moving children from focusing on internal experiences (e.g., mindful smelling, mindful tasting) to cognitive experiences (e.g., taking others’ perspectives), to students practicing gratitude, and ending with students</td>
<td>Students’ perceptions of specific programme components - Skills participants perceived to have gained from participating in the programme - Participant experiences with mindfulness practices in their own words.</td>
<td>Not stated</td>
<td>Survey – open ended questions</td>
<td>Thematic analysis</td>
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<td>Subsequent information retrieved from Maloney et al. (2016).</td>
<td>enacting acts of kindness to others in their home, classroom, and community.</td>
<td>enacting acts of kindness to others in their home, classroom, and community.</td>
<td>Feedback on the PEPP program</td>
<td>Positivism</td>
<td>2 open ended questions in post-PEPP questionnaire to students (n = 125) and Student focus group (n = 10)</td>
<td>Thematic analysis</td>
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<td>20</td>
<td>Halliday et al. (2020) Australia</td>
<td>125 grade 9 students (40.5% female) aged 13-16 years (mean age 14.04 years) in an Australia public high school.</td>
<td>A universal mental health intervention called the Positive Education Pilot Program (PEPP) program. Delivered once a week for one school term (9 sessions) by pastoral care group teachers. The 5 sessions in the middle used a freely available, online depression and anxiety prevention program called MoodGYM.</td>
<td>- Factors impacting implementation</td>
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<td>21</td>
<td>Punukollu et al. (2020)</td>
<td>31 children, (gender) SafeSpot, a mental well-being programme aimed</td>
<td>SafeSpot, a mental well-being programme aimed</td>
<td>Student perceptions about the effect of the</td>
<td>Not stated</td>
<td>5 focus groups with 5-8 children</td>
<td>Thematic analysis</td>
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<td>U.K.</td>
<td>distribution not reported, in school years 1 to 3 (aged 11 to 14 years) from five secondary schools in West of Scotland.</td>
<td>at raising awareness of mental health problems in young people and signposting them to appropriate support and resources. SafeSpot aims to help young people develop coping mechanisms, improve their mental health and reduce stigma. It consists of teacher-led tutorials, a website, a mobile app, and a programme through which older pupils, known as SafeSpotters, are trained to provide guidance to younger pupils.</td>
<td>SafeSpot programme on the well-being of young people and on their knowledge of mental health conditions</td>
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<td>Focus groups were conducted</td>
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<td>22</td>
<td>Snijder et al. (2021)</td>
<td>48 children, (gender)</td>
<td>Strong and Deadly Futures – a 6-lesson, Feedback on the acceptability of the</td>
<td>Not stated</td>
<td>Focus groups</td>
<td>General inductive analysis</td>
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<td>Australia</td>
<td>distribution not reported, aged 12-14 years, from four schools in New South Wales and Queensland. Schools were public rural, public regional, or catholic urban schools.</td>
<td>curriculum-aligned well-being and substance use prevention program that was designed for, and with, Aboriginal youth. The interactive programs use illustrated storytelling delivered via an online platform to communicate substance use prevention messages, reinforced by interactive classroom activities facilitated by the teacher</td>
<td>programme content, messages, illustrations, language and characters (appearance, authenticity, perceived age). - Students’ engagement with the characters and storylines, and recognition of key messages.</td>
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<td>with 48 students from 4 schools who were involved during programme planning and development</td>
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<td>23</td>
<td>Hanghøj et al. (2018)</td>
<td>32 ‘at risk students’, (f = 12; m = 20), were identified out of 190 students participating in the School At Play – a universally delivered 3-week SEL programme using video games (Minecraft and Torchlight) to improve</td>
<td>- How and to what extent the School at Play intervention supports changes in participation, motivation and experience of</td>
<td>Relational epistemological perspective</td>
<td>Observation of 32 “focus students” who were identified by the researchers and validated in</td>
<td>Thematic analysis</td>
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<td>Study number</td>
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<td>programme. The programme was</td>
<td>disciplinary assignments</td>
<td>dialogue with</td>
<td>class teachers.</td>
<td>Interviews were conducted with all focus students 3-4 weeks post intervention.</td>
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<td>delivered in four schools. Four</td>
<td>for students</td>
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<td>Results are presented using three representative case examples.</td>
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<td>“focus students” from grades 5 and 6 (aged 11-12 years) were selected out of the 32 ‘at risk’ student to be observed and interviewed.</td>
<td>intervention</td>
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<td>about their gaming experience. Students worked on game-related assignments and played the game 2-3 times per week throughout the intervention.</td>
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### 2.3.5 Quality Appraisal

The CASP checklist for qualitative research was implemented by the lead author. Some included studies were mixed-methods studies. For those that had a quantitative component, only the qualitative part of the study was addressed. As such, the CASP checklist for qualitative research was applied in relation to all qualitative aspects of all the included studies. Table 2.2 presents the quality appraisal of the 23 studies reviewed. Twenty studies received a high-quality rating meaning the majority of CASP criteria were met. Three studies received a moderate quality rating meaning...
most criteria were met, but there were some flaws present in the study. No studies were assigned a low-quality rating. Noticeably, item 6 concerning whether the researcher-participant relationship, was not addressed in 57% of studies (13 studies).

Table 2.2

Quality Appraisals using the CASP for qualitative research

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<td>17. Reindl et al. (2020)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>~</td>
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<tr>
<td>19. Maloney et al. (2014)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<td>20. Halliday et al.</td>
<td>✓</td>
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</tbody>
</table>
1. Aims  
2. Methodology  
3. Design  
4. Recruitment  
5. Data Collection  
6. Researcher-Participant relationship  
7. Ethical Issues  
8. Data Analysis  
9. Findings  
10. Valuable  
Score 0-10

(2020)

21. Punukollu et al. ✓ ✓ ✓ ✓ ✓ x ✓ ✓ ✓ ✓ 9

(2021)

22. Snijder et al. ✓ ✓ ✓ ✓ ✓ x ✓ ~ ✓ ✓ 8.5

23. Hanghøj et al. ✓ ✓ ✓ ✓ ✓ ~ ✓ ~ ✓ ✓ 8.5

*CASP criteria: 1. Was there a clear statement of the aims of the research? 2. Is a qualitative methodology appropriate? 3. Was the research design appropriate to address the aims of the research? 4. Was the recruitment strategy appropriate to the aims of the research? 5. Was the data collected in a way that addressed the research issue? 6. Has the relationship between researcher and participants been adequately considered? 7. Have ethical issues been taken into consideration? 8. Was the data analysis sufficiently rigorous? 9. Is there a clear statement of findings? 10. How valuable is the research?

**CASP score: a) Criterion is addressed = ✓ (1 point); b) criterion is somewhat addressed = ~ (½ point); c) criterion not adequately addressed, not met, or not stated = x (0 points). Total score 8-10 = high quality; 5-7 medium quality; ≤ 4 low quality.

2.3.6 Outcome of review

The qualitative findings from the systematic review are presented in Table 2.3. Studies used a variety of qualitative analysis methods, including thematic analysis, content analysis, and interpretive qualitative analysis. Themes and sub-themes, or categories and key-points have been presented with illustrative quote(s) for each theme. For some of the qualitative studies, sub-themes were not defined, so some key points were identified from the studies’ results section to provide insight into the nature of the themes or categories. Any themes, sub-themes or key points that were devised for this systematic review, and were not named by the study authors, are presented in *italics.*
<table>
<thead>
<tr>
<th>Study Name</th>
<th>Type of Qualitative Analysis</th>
<th>Themes / Category</th>
<th>Sub-themes / Key Points</th>
<th>Illustrative Quote(s) for theme/category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skryabina et al. (2016)</td>
<td>Thematic Analysis</td>
<td>Overall impression</td>
<td>- Good</td>
<td>“Um I really liked the way they put educational stuff into fun games. And sort of made it, like the different side of learning.”</td>
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<tr>
<td></td>
<td></td>
<td>- Helpful</td>
<td></td>
<td></td>
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<tr>
<td>2. Programme content and delivery</td>
<td></td>
<td>- Liked hands-on activities &amp; group work</td>
<td>- Wanted longer and more sessions</td>
<td>“I thought the people that were teaching it could have been a bit more sure and confident with what they were teaching.”</td>
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<tr>
<td></td>
<td></td>
<td>- (FRIENDS workbook)</td>
<td>- Liked the visual elements of workbook</td>
<td>“I really liked the workbooks, how they explained things in not really complicated detail and pictures were really good in them as well…”</td>
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<tr>
<td>4. Positive aspects of the programme</td>
<td></td>
<td>- Coping step plan</td>
<td>- Relaxation</td>
<td>“It’s boosted my confidence because with coping step plan it showed me how to build up to something big…”</td>
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<tr>
<td></td>
<td></td>
<td>- Relaxation</td>
<td>- Balloon challenge</td>
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<tr>
<td>5. Programme benefit</td>
<td></td>
<td>- Awareness &amp; management of emotions</td>
<td>- Improved relationships</td>
<td>“Because it helped me work with some people who I didn’t normally work with it helped me realise how different people react to different situations”.</td>
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<tr>
<td></td>
<td></td>
<td>- Improved relationships</td>
<td>- Sharing feelings</td>
<td></td>
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<td></td>
<td></td>
<td>- Recognising feelings in others</td>
<td></td>
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<td>6. Continued use of skills</td>
<td></td>
<td>- Red &amp; green thoughts</td>
<td></td>
<td>“Sometimes my Mum gets angry and I say in my head my mum’s thinking red thoughts and then I say to her, can you think a green thought and then I can just see her trying to think the green thoughts and it just really helps me because I know she’s listening to me.”</td>
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<tr>
<td>2. Shochet et al. (2014)</td>
<td>Thematic Analysis</td>
<td>Improved interpersonal relations</td>
<td>- Improved empathy</td>
<td>“We had an assignment to do and one of the girls in my group hadn’t done her share and I asked her nicely instead of demanding and now she’s almost finished it”</td>
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<tr>
<td></td>
<td></td>
<td>- “Talking it through”</td>
<td>- Staying calm in conflict</td>
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<td></td>
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<td>- Increased use of social support</td>
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<tr>
<td>2. Improved self-regulation</td>
<td></td>
<td>- Improved self-esteem</td>
<td>- Keeping calm</td>
<td>“That staying calm thing has helped me a lot… I used to go around hitting people if I got angry or bashing in the wall in my room and I used to just yell and yell. Now I listen to music”</td>
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<td></td>
<td></td>
<td>- Managing anger</td>
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<tr>
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</table>
| Hoctor et al. (2022)| Thematic Analysis            | 1. Understanding feelings | - Awareness of behaviours and sensations associated with feelings  
- Difficulty recognising and describing feelings  
- Discomfort expressing feelings and suppression of feelings  
- Thought awareness | “I think the worst, feel nervous and guilty all day until I fix it. But sometimes it turns out to be nothing when I've gone through all the nervousness. Um, I just-- whenever I do something to take my mind off it, it al-- I always just keep thinking about it, and I constantly feel like I can't do anything until I fix it” |
|                     |                              | 2. Coping skills    | - Distraction  
- Breathing techniques  
- Mindfulness techniques  
- Positive psychology techniques  
- Physical self-soothing  
- Thought challenging  
- Unhelpful coping | “Like, deep breaths can actually really help sometimes, it just kind of calms you, I guess. And well, like, a good thing about taking deep breaths is that, like, you know, when you're scared, your heartbeat might just go faster and faster and just t-taking deep breaths, the deep breaths might make you calmer” |
|                     |                              | 3. Connection       | - Seeking comfort from others  
- Compassion | “um, like I probably tell my mum why I'm sad or go over to my friends and like just play with them” |
|                     |                              | 4. Illustrations of change | - Sharing and relating more post programme  
- Increased awareness of self and others  
- Improved emotional literacy  
- Lifestyle changes | “Um, I learned about how to keep my cool and how to not overreact in situations and just to like be more aware of, like, my emotions and to think about my emotions, like, why am I feeling like this? Or should I be feeling this upset” |
|                     |                              | 5. Programme feedback | - Enjoyment  
- Helpful  
- Not remembering  
- Unhelpful  
- Younger audience | “We talked a lot, and it was fun and laughed and- It wasn't all just sad stuff… Our teacher, he discussed emotions and how he felt happy, and it was- he has a lot of stories, so that's fun. [We talked about] stuff that happened in our lives that we didn’t usually tell people…. it felt like we could smile more” |
| Clark et al. (2010) | Thematic Analysis            | 1. What Zippy’s Friends is about | - Talked about the stories that were read to them each week  
- Friendship | “Sometimes they have sad feelings, and they share their feelings and that makes them feel better” |
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<tr>
<td>2. Volman &amp; Gilde (2021) Content Analysis</td>
<td>Effects on students’ social and personal functioning</td>
<td>- Engagement - Learning Behaviour - Learning Attitudes - Collaboration - Self-confidence - Well-being in the classroom - Broadened Perspectives</td>
<td>“It makes you want to come to school, because we do nice things with the teacher.” “I learned to persevere […] First I thought: ‘This is not going to work’. And then we really worked and now something good came from it. [It feels] really very good.”</td>
<td></td>
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<tr>
<td>3. Volman &amp; Gilde (2021) Content Analysis</td>
<td>Effects on social cohesion in the classroom</td>
<td>- Know each other better - Respect - Common ownership - Atmosphere and solidarity in the classroom</td>
<td>“It was fun, because we learned about the countries of other children, what they do and what they wear.” “that day quite some children were not busy, but mostly a bit calm […]. I had the feeling that everyone, me too, had become a bit sadder when we heard that.”</td>
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</table>
| 4. Lin et al. (2021) Content Analysis | Communication & group work strategies | - Welcoming different perspectives - Enjoy getting feedback - Increased question asking - Increased argumentation - Better understanding of issues - Improved communication skills - Increased talk competence - Enjoy sharing ideas | “it’s like first you feel like sticking with a group, but then you get a little better and thinking more better”. “Before discussions we used to play—we used to play by ourselves, but now the discussion—since discussion happened we now play with each other outside at recess more often and we can actually talk about, we can talk to each other and we all feel like we’re in-in together than feeling, like, separate”.
| 5. Lin et al. (2021) Content Analysis | Relationships | - Increased sharing comfort - Social perspective taking - Feeling more accepted when sharing - Improved friendships - More friends | “Yes because, I’m gonna be honest that I didn’t usually talk a lot before we started these CSR discussions… but
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- sense of belonging  
- more confident and resilient in sense of self | “I felt like I could finally show people that I learn this way and not that way. I’m sort of proud of it. I’m a little more happy because these people know.”  
“even when everyone else says you’re dumb you’re like just because I can’t do this doesn’t mean I’m dumb. I’m just as smart as them, even smarter.” |
|                  |                             | 2. Awareness and respect of others     | - growing awareness of different strengths and challenges of peers  
- increased empathy  
- increased understanding | “knowing that everyone learns differently than you – it makes me understand that there’s different smarts – everyone is smart in different ways.”  
“I realized how hard it is for disabled people to live. A lot of people are special in their own way – I should have known that before.” |
|                  |                             | Class climate                         | - increased respect  
- reduced negative behaviours  
- reduction in racist attitudes and comments  
- safe place | “We help each other in things that we are not that good at. We look at our community brain and if we are not that good at something but we see someone who is we go ask them for help but then they don’t say that we are not good, that we are dumb because they know we have strengths too.” |
| 8. Dobia et al. (2011) | Content analysis        | 1. ‘What have you enjoyed most about Circles lessons?’ | -activities/games/fun  
-personal insight  
-knowing/care about others  
-play/work with others  
-confidence/try/problem solve  
-empathy/listening/caring  
-everything/most  
-express feelings/ideas  
-talking/explaining  
-nothing/DK  
-other | “We can play fun games and have lots of fun each week”  
“I have learned that I can do more stuff if I try”  
“I’ve learnt that if I try to listen to other people maybe I will understand more” |
<table>
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</table>
| 2. ‘What, if anything, do you think could be improved about *Circles* lessons?’ | Content analysis         | Cooperation       | -unrelated to question  
-nothing  
-more activity variety  
-more student participation  
-make it longer  
-more group work  
-don’t know  
-other  
-more variety of topics  
-shorter                                                                 | “Nothing it’s brilliant”  
“To do more activities in groups”  
“Do it more often like once or twice a week” |
| 3. ‘Please tell us one thing you have learnt about yourself through doing *Circles* lessons’. | Content analysis         | Solidarity        | -kindness/friendliness  
-unrelated to question  
-positive self-image  
-working with others  
-nothing/not much  
-other  
-self confidence  
-express/talk about feelings/problems  
-empathy  
-try hard  
-not alone  
-insight  
-express self  
-behave | “I learnt that I am patient and I get along with most people”  
“To talk to people when you are sad”  
“I have more friends than I thought” |
<p>| 9. Chiva-Bartoll et al. (2019) | Content analysis | Cooperation       | “When a classmate had trouble with the musical instrument, I helped him to hold the bow properly… In this class I experienced that I like to help people” |
|                     |                              | Solidarity        | “I learned that even if someone is not very good at playing the instrument, we still have to help him/her because he is making an effort” |
|                     |                              | Cohesion          | “What I liked the most? Well, I’d say sharing songs with the group and doing things with classmates” |
|                     |                              | Coexistence       | “What I liked the most was sharing fun moments with the teachers” |</p>
<table>
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<tr>
<td></td>
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<td>5. Attitudes towards school</td>
<td>- Increased self-expression - Listening to others</td>
<td>“I liked coming to these classes because we related more to each other, and we were freer to decide what to do”</td>
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<td>6. Attitudes towards diversity</td>
<td>- Emphasising role characters - Creativity - Processing emotions</td>
<td>“In the other classes or the playground, we get together with our small group and hardly talk to others, but here we have fun and talk more to prepare the activities of the neighbourhood, the songs, etc. This has made us become closer and strive to help anyone”</td>
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<td></td>
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<td>7. Achievement</td>
<td>- Significance and universality of friendship - Consequences of maltreatment</td>
<td>“Now I am more interested in music. I feel interested in the music we make and listen to in class, and so, I don’t watch as many nonsense videos at home as I watched before”</td>
</tr>
<tr>
<td>Joronen et al. (2011)</td>
<td>Inductive qualitative data analysis</td>
<td>1. Verbal and nonverbal mutuality</td>
<td>- Increased self-expression - Listening to others</td>
<td>“You cannot only think of yourself but you should consider others … and discuss as a team”</td>
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<td></td>
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<td>2. Increased empathy</td>
<td>- Emphasising role characters - Creativity - Processing emotions</td>
<td>“When we were wondering how the persons of the story feel and what they tell and think”</td>
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<td>3. Increased understanding of diversity among people</td>
<td>- Significance and universality of friendship - Consequences of maltreatment</td>
<td>“Pekka was my favorite story because it taught me that if a new classmate wore different kinds of clothes than the others, you need not bully him or her”</td>
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<td>4. Transformed prosocial behaviour</td>
<td>- Friendly behaviour - Positive interaction with adults</td>
<td>“The teacher can also be funny and like a mate/friend”</td>
</tr>
<tr>
<td>Campion &amp; Rocco (2009)</td>
<td>Frequency analysis and development of themes</td>
<td>1. What happened during meditation practice</td>
<td>- Mantras - Music - Prayer - Silence</td>
<td>“We normally say [Maranatha] in our heads… It stops my mind from travelling, thinking and it helps me meditate better”</td>
</tr>
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<td>2. Effects of meditation on socio-emotional well-being</td>
<td>- Relaxation and calming - Emotional regulation - Stress management</td>
<td>“You are a lot more relaxed afterwards, you get to clear your mind and it calms you down if you are a bit angry or stressed or something or if you are stressed about a test it might help you to”</td>
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|            |                             | 3. Effects of meditation on concentration and classroom behaviours | - improved concentration  
- calmer  
- more positive | “Some [students] misbehave a lot. They fight with the teachers and then they have meditation and they actually be quiet. Some of them used to hate it but they do it; afterwards they are a lot more concentrating on their work.” |
| Langer et al. (2020) | Thematic analysis | 1. Content and mode of intervention | - Visual material  
- Metaphors | “The example of a torch, I think that helped a lot for everyone to understand how it [attention] worked…” |
|            |                             | 2. Structure of the intervention | - Planning and design  
- Learning environment  
- Gradual process | “at the start, in the first session, I couldn’t actually do any of the things I was asked to do, I couldn’t control myself, but by the last session I was really relaxed and I did everything well” |
|            |                             | 3. Practical activities | - Useful activities  
- Pre-eminence of informal practices  
- Motivation as requirement | “I learned to realise things I had never realised. For example, when I was walking, I didn’t notice the places that I passed, nor did I give myself the time to see well” |
|            |                             | 4. Teacher’s expertise | - Group management  
- Mindfulness skills modelling  
- Attitudes of acceptance and kindness | “It was good, he is really friendly, and talking with him is not like a debate, it is like speaking freely, and nothing we say is wrong” |
|            |                             | 5. Cognitive effects | - Attention and concentration  
- Problem-solving  
- Resignification of experience | “During tests, I used to think about other things, I didn’t concentrate and made stupid mistakes, and now it’s like I’m concentrating more, and instead of telling myself not to think about something, I let it flow and start thinking about what I have to do, and I’m doing better” |
|            |                             | 6. Emotional effects | - Sense of growth and self-confidence  
- Happiness and gratitude | “I now have more confidence in myself to be able to do things” |
|            |                             | 7. Somatic effects | - Body relaxation  
- Quality of sleep | “It allowed me to feel sleepy, and my idea was to make my mind go blank, so to speak, to help me sleep, because it’s like I’m always thinking and thinking, and I can’t fall asleep” |
<p>|            |                             | 8. Body awareness and | - Breath awareness | “I tend to get very angry and argue, so when I’m arguing I calm...” |</p>
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<td></td>
<td></td>
<td></td>
<td>- Novel</td>
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<td>- Accessible</td>
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<td>2. Classroom applications</td>
<td>- Attention/distractibility</td>
<td>“Mindfulness can calm you down if you are proper angry at something.”</td>
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<td></td>
<td></td>
<td></td>
<td>- Self-regulation</td>
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<td>- Relaxation</td>
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<td>- Relationships</td>
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<td>3. Wider applications</td>
<td>- Generalisation/adaptation</td>
<td>“At home, my brother makes me really angry, he’s really annoying, but then I calm down myself and tell him to stop.”</td>
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<td></td>
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<td>- General anxiety</td>
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<td>- Lifelong learning</td>
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<td>- School community</td>
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<td></td>
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<td>- Renewed personal calmness</td>
<td>“It’s just like you’re always with your friends and it’s always really busy and you can just calm down and be by yourself for a while. I just like the “me” time”</td>
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<td></td>
<td></td>
<td></td>
<td>- Diffusing and managing emotions</td>
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<td></td>
<td>- Helpful for concentration or focus</td>
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<td></td>
<td>Themes explored based on four relationships (with God, with self, with others, with the Catholic Church)</td>
<td>2. Socio-relational benefits</td>
<td>- Diffuse anger and upset following disputes</td>
<td>“I think that when you do Christian Meditation with people, since they’ve done it for the same amount of time, they’ve done the same thing as you … it’s like a puzzle – like they all go together. It’s a lot easier to talk to everyone”</td>
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<td>- Class cohesion</td>
<td>“I don’t like it … It’s boring … [I] start getting distracted and a bit bored by it and then whenever I put my shoulders down, most of the times the teacher, when I open my eyes, she just … looks at me with this face”</td>
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<td></td>
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<td>- Lack of sense of belonging for those who disliked the practice</td>
<td></td>
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<tr>
<td>15. Keller et al. (2017)</td>
<td>Open coding and theme development as outlined by Averill (2013).</td>
<td>1. Benefits of mindfulness practise</td>
<td>- Beneficial</td>
<td>“If you breath [breathe] you get to feel better if your [you’re] mad, sad, or happy. Well if your [you’re] happy then you can breath [breathe] every single minute or second or every day”</td>
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<tr>
<td></td>
<td></td>
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<td>- Helps with negative emotions</td>
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<td>- Attention</td>
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<td></td>
<td>- Helps with sports</td>
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| Drawing    | Type of Qualitative Analysis | 2. Liked activities| - Like mindfulness and mindfulness as fun  
- Like mindful eating  
- Descriptive writing | “I do like it because I [it] is calming, fun, and it tast [tasted] good some of the time. I love it”  
“Mindful is just haveing [having] fun!” |
|            |                              | 3. Mindfulness definitions or understanding of mindfulness | - Mindfulness as suppressing bad thoughts  
- Mindfulness as breathing  
- Mindfulness as expressing or feeling or listening to the heart  
- Mindfulness as practice of goal or doing it “right” | “Your mind is calm with goodness”  
“Mindfulness is to concentrate on what’s around and inside you” |
|            |                              | 4. Mindfulness practices | - Lovingkindness  
- Visualisation | “If you set your mind to it everything around you disappears [disappears]. Then your [you’re] in that happy place of your dream” |
|            |                              | 5. Negative feelings towards mindfulness | - Boring  
- Unpleasant  
- Dislike mindful listening | “I hate this, I feel weird in my head, I feel like punching someone”  
“It is boreing [boring] and it sucks” |
|            |                              | 6. Factors impacting amount of practice | - Positive/negative attitudes towards school  
- Positive/negative self-image | “I would call myself good because people call me respectful, responsible, and safe. My teatcher [teacher] always tells me that I listen and I’m a good student.” |
- Causes of stress | “Stuff in my stomach, and I feel kind of nervous, it’s like, kind of tickling me in the stomach, and you’re thinking you’re going to do fine, but then you’re still stressed” |
|            |                              | 2. Awareness | - Present moment awareness and calmness  
- Concentration  
- Stress reduction | “I would breathe in and out, and I would count to three and I’d just try to, like, think in my mind, so whatever I am worried about, or stressed about, would sort of, well, it wouldn’t go, but it wouldn’t be as bad, it would be more easier to handle” |
|            |                              | 3. Self-regulation | - Regulation of thoughts and feelings  
- Rumination and mind-wandering  
- Emotional reactivity | “When I’m feeling stressed, it taught me how to feel better…if you’re feeling worried, you can just blow and the worries can float away” |
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<tr>
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<tbody>
<tr>
<td>4. Classroom relations</td>
<td>-</td>
<td>- Regulation of classroom behaviours</td>
<td>&quot;in our class, like, there is these kinda yellow-card yokes [for misbehaving], like I got a yellow-card a few times, but I haven’t got a card in ages now… it changed my behaviour and I worked better&quot;</td>
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<td>5. Addressing future stress</td>
<td>-</td>
<td>- Transition to secondary school</td>
<td>&quot;on the first day of secondary school, when there’s a lot of people that I don’t know, I will just focus on my breathing and just forget about it&quot;</td>
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<tr>
<td>17. Reindl et al. (2020)</td>
<td>Thematic analysis</td>
<td>1. Knowledge</td>
<td>&quot;With my dad, I share like what I did because he always asks... he understands a little bit of English... sometimes he like can you teach me some moves and like one time he actually fell asleep during the body scan&quot;</td>
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<td></td>
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<td>2. Autonomy</td>
<td>&quot;...put it [yoga poses] up on the board and we would have five or seven minutes to do that thing and we could do it at our own pace.&quot;</td>
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<td></td>
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<td>3. Focus</td>
<td>&quot;...focus is setting your mind to one thing and not being distracted by other people or stuff.&quot;</td>
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<td>18. Hutchinson et al. (2018)</td>
<td>Thematic analysis</td>
<td>1. Process elements of emotion regulation</td>
<td>&quot;Yes I think mindfulness …. it feels …. like a massage, it’s relaxing but mindfulness makes me feel the same way&quot;</td>
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<td>2. Dysregulation prompt</td>
<td>&quot;I don’t really plan to do it as I am not very good at planning, so I just think I am really nervous I’ll just do it. So if I wasn’t nervous and I was just really happy I wouldn’t do it. If I am nervous before I am going I will …. it’s just that you get the feeling cos I am so used to doing mindfulness, I just get the feeling and then just do it.&quot;</td>
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<td>3. Challenges and strategies</td>
<td>&quot;I find it really hard to concentrate, if we do it in the class when we are having a lesson, and some people are outside and they are screaming and shouting and going yes well, when it’s like that, I’m trying but I can’t as my mind is concentrating on something else.&quot;</td>
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<td>- Challenge: unwanted sensations; Strategy: movement or beginning again</td>
<td>“I would say Esme is the person that tells me about mindfulness cos if I’m really upset she will come to me and say, “are you alright? Come on, let’s do a mindfulness practice.””</td>
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<td>- Challenge: strong emotion; Strategy: movement or beginning again</td>
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<td>4. Conditions</td>
<td>- Ease of use</td>
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<td>- Supportive community</td>
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<td>- The importance of movement</td>
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<td>- Ongoing practice</td>
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<td>Maloney et al. (2014)</td>
<td>Thematic Analysis</td>
<td>1. Children’s likes</td>
<td>- Mindfulness activities (n=79)</td>
<td>“I thought that it really had a positive energy and a good affect on everyone.”</td>
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<td></td>
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<td>- Increased well-being (n=24)</td>
<td>“In the MindUP Program I think the best thing that I learned was about the brain and how it works.”</td>
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<td>- Neuroscience component (n=16)</td>
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<td>- Improved self-regulation skills (n=13)</td>
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<td>- Optimism component (n=9)</td>
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<td>- Improved focus and awareness (n=6)</td>
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<td>2. Children’s dislikes</td>
<td>- Reported positive experience (n=48)</td>
<td>“Everything was great! It really helped me to be more optimistic.”</td>
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<td>- Found it boring (n=10)</td>
<td>“I didn't like breathing 3 times a day everyday.”</td>
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<td>- Core breathing practice (n=9)</td>
<td>“The lessons were very long. Too much sitting.”</td>
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<td>- Didn’t like how the program was implemented (n=8)</td>
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<td>- Too time consuming/lessons too long or too frequent (n=7)</td>
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<td>- Neuroscience component(n=2)</td>
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<td>3. Children’s reports of learning</td>
<td>- Well-being (n=52)</td>
<td>“There is always a bright side and you have to be open to options in life.”</td>
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<td>- Self-regulation (n=44)</td>
<td>“I learned to calm down if I feel worried or scared about something.”</td>
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<td>- Neuroscience (n=39)</td>
<td>“I learned about the freeze, fright and fight situations from the Amygdala.”</td>
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<td>- Mindful awareness (n=23)</td>
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<td>- Prosocial behaviour (n=15)</td>
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<td>4. Developing a practice in life</td>
<td>- Use of skills outside of program</td>
<td>“I learned how to do mindfulness by myself and now every morning I do it when I wake up”</td>
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<td>- Helping others more often</td>
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| 20. Halliday et al. (2019) | Thematic Analysis           | 1. Activities were good but MoodGYM sucked | - disliked MoodGYM  
- enjoyed gratitude letters | “With the mood gym thing, I got the anxiety and the depression quiz like 7 times each. I feel like I seem to be doing the same questions over and over again” |
|                       |                              | 2. The value of input from multiple stakeholders | - student involvement in programme development  | Student input regarding the improvement of the PEPP centered on doing more hands-on, interactive, and group activities. They asked for more videos, with one student in the focus group suggesting that the entire year level could be involved with producing their own video about well-being. |
|                       |                              | 3. Benefits and challenges of existing programs | - subject matter causes negative affect  
- unintentional harm of universal mental health programmes | “Remove the moodgym (sic.) program, it just makes you more depressed than when you started” |
|                       |                              | 4. Teacher efficacy | - importance of teacher role | Students also saw benefit to the buy-in and excitement that their teachers brought to the intervention, with majority of students thought positive education was taught well by the teachers (51%; 15.7% disagreed, and 33.3% were neutral). |
|                       |                              | 5. Gender matters | - boys less willing to participate than girls |                                                                                                                                 |
| 21. Punukollu et al. (2020) | Thematic analysis           | 1. Pupil engagement | - mixed engagement with website and app | “It helped me, I have a bit of anxiety and I went on the SafeSpot app and went through it all” |
|                       |                              | 2. Content of tutorials | - overlapped with things already taught  
- little continuity  
- confusing  
- could be more interactive | “I didn’t use the app. In all honesty I’ve never even tried it” |
|                       |                              | 3. Perceived impact of SafeSpot | - positive impact  
- greater understanding of mental health conditions  
- reduced stigma | “… a lot of the time it was stuff that we had been taught about before” |
|                       |                              | 4. Level of training required for teachers | - extra support and training needed | “I am much more aware of the types, symptoms or… just more educated” |

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| Snijder et al. (2021)       | General inductive analysis   | 1. Acceptability of Content | - realistic  
- relatable | “When I moved school I sort of felt the same way, I moved a couple of times from place to place” |
|                             |                              | 2. Appropriateness and delivery of learning outcomes | - appropriateness of key messages  
- pros and cons for decision making  
- talking with friends and adults  
- peer-to-peer nature of messages | “good idea to talk to an adult about drugs and alcohol when having issues” |
|                             |                              | 3. Characters, illustrations, and language | - relatable, engaging, and interesting characters  
- positive about illustrations  
- mixed responses to language | “they’re not all the same height, which is realistic” |
| Hanghøj et al. (2018)       | Thematic analysis            | 1. Social participation | - positive social relations  
- collaborations | “…want to collaborate more with others, because normally in the groups, I always get into an argument and I have to go into another group or just work alone. But if we got into an argument in the game, we managed to get it solved…” |
|                             |                              | 2. Intrinsic motivation | - improved engagement in activities | “Usually, you just have to write to your teacher or someone you know. But here you had to write for someone, which you have never heard [of] or met” |
|                             |                              | 3. Regulation        | - identified  
- introjected  
- external | “It was like, “Argh, I’m in the grotto and there are tons of monsters, and could you please just come and help me?!” And it was like: “Okay, we’ll come and help you.” And then they just came in and then we’ll just fight and then it’s just “Yeah!” |
|                             |                              | 4. Amotivation       | - game related assignments not more motivating | “It was just the same, it was… I didn’t quite understand it. It was just normal math assignments except that they said something with Torchlight, where it was put in like... Okay, of course we didn’t have plus and minus questions, then it would be the same as 5 1 7 and then if this guy is in level 5, what would it be if advanced 2 levels, it was so…” |
2.3.7 Study Aim 1: Student Experiences of school-based programmes

The first aim of this systematic review was to explore student experiences of engaging in school-based mental health, well-being, resilience and/or emotional learning programmes. While feedback provided by participants in the 23 studies was mostly positive towards the different school-based programmes, participants also had some negative experiences of the programmes. This feedback has been summarised using the following overarching themes: i) level of enjoyment, ii) helpful, iii) insightful, iv) calming yet challenging.

**Level of enjoyment**

Participants from many studies identified programmes as fun and enjoyable (1, 3, 8, 9, 13, 15, 19). Students appeared to like the style of teaching that was less didactic and more interactive (1, 5, 9). Participants reported enjoying things like working and sharing with other classmates (3, 5, 6, 8, 9), enjoyed taking part in activities (1, 3, 4, 8, 15, 19), and practising new coping skills and strategies (1, 13, 15, 16). Participants enjoyed mindfulness activities such as mindful eating, gratitude letters, and descriptive writing (15, 19, 20).

On the other hand, programmes were also described as boring (10, 14, 15, 19), and participants reported having covered some of the topics in programmes already (3, 20). Participants shared disliking some activities or elements of programmes such as mindfulness practices (15), breathing exercises (19), or repetitive exercises (20). Some studies highlighted themes related to programmes negatively impacting the mood of participants and unintentionally causing distress (20). Studies also described mixed engagement, with some participants lacking motivation to engage in programme activities, especially when they were thought to be uninteresting (21, 23).

**Helpful**

A recurring theme throughout the studies included in the systematic review was that programmes were perceived as helpful or beneficial (1, 3, 8, 19, 21). Participants particularly found it helpful to learn to talk about their feelings (3, 8) and to learn ways to manage feelings of stress, anxiety, and anger (2, 3, 11, 12, 13, 19).
Participants also reported finding mindfulness and meditation helpful for regulating emotions and for concentration (12, 15, 16, 19).

**Insightful**

Programmes were described as insightful by participants, who reported learning about themselves and others (1, 5, 7, 8). Participants felt that programmes allowed them to see themselves more clearly and to “mature more and grow more in many ways” (12, p. 9).

**Calming yet challenging**

Many studies reported themes related to programmes being perceived as calming (11, 12, 13, 14, 15, 18). This was most evident in programmes that incorporated mindfulness or meditation practices. Interestingly, some elements of these programmes were also described as challenging for participants (10, 11, 14, 15). For instance, as mentioned previously, some participants found mindfulness and meditation difficult to engage with (11, 14, 15). In one study (18), participants highlighted challenges they encountered and the strategies they used to overcome those challenges, for instance, when participants found they were easily distracted they would engage in mindfulness strategies, like ‘mindful bubble’ to help with this. If unwanted feelings or sensations were coming up, participants would engage in movement or begin again.

### 2.3.8 Study Aim 2: Factors impacting students’ experiences

The second aim of this review was to explore the factors that impact young people’s experience of school-based programmes aimed at improving mental health, well-being, resilience, or emotional intelligence. Many factors were identified through the review and are summarised by the following themes: i) structure of the intervention, ii) relatable content, iii) level of group-work and interactive activities, iv) teacher’s level of enthusiasm and expertise, v) support of others.

**Structure of the intervention**

The structure of the intervention impacted the experiences of participants in a variety of ways. Feedback on some programmes indicated that participants wanted
longer sessions or more sessions (1, 3, 8, 12). Other students wanted shorter sessions (8) or less frequent sessions (19), and the importance of a safe, calm learning environment for programme sessions was reported (12). Participants appreciated when information was presented in a simple, uncomplicated way (1, 12, 13), and when skills were easy to implement and use appropriately (18).

**Relatable content**

Some studies acknowledged the importance of relevancy and relatability of the programme material for the participants (3, 9, 12, 22). It was essential to participants of study 22 that content of the sessions was realistic and relatable. Engaging and interesting content was deemed important for improving engagement with the programme.

**Level of group-work and interactive activities**

Participants reported enjoying the interactive, practical, hands-on style of activities that programmes included (1, 4, 8, 12). They enjoyed collaborating, helping, and sharing ideas and stories with one another (3, 5, 6, 8, 9, 23). Participants described improvements in their ability to communicate with others as a result of group tasks and activities (6, 23). It was evident from some studies, like study 8 and 21, that participants wanted more activities, more group-work, and more student participation.

**Teacher’s level of enthusiasm and expertise**

Some studies reported that students were cognisant of the teacher’s enthusiasm for the programme (1, 12, 20). For instance, in study 1, participants acknowledged that teachers did not seem very confident in what they were teaching. In study 21, participants reported that they believed teachers would have benefitted from more training. In studies 12 and 14, the importance of the teacher’s attitude was acknowledged, for example, being friendly and accepting. The importance of being able to manage the class and model the skills was also deemed important for programme delivery. If teachers brought enthusiasm and energy to the intervention, participants were more inclined to think positively about programme delivery (3, 20).

**Support of others**
Studies portrayed the importance of having others to practise with, to encourage or remind participants to use skills when appropriate (3, 18). Participants in some studies were influenced by those around them. If their peers were engaging well, they also felt safe to engage in the discussions and activities of the programme, however, if others appeared reluctant or opposed to engaging in the activities, then participants were impacted by this, feeling judged or embarrassed (15, 19). In fact, study 15 found that a student’s self-perception influenced how well they engaged with the mindfulness programme. Study 20 also reported that girls were more inclined to participate in activities than boys, however, no other studies reported an influence of gender.

2.3.9 Study Aim 3: Applying skills to daily life

The third aim of this systematic review was to explore the applicability of learned skills and knowledge to every-day life. Many studies addressed the use of skills and knowledge from programmes outside sessions. Themes representing findings from the studies include: i) continued use of skills, ii) use of prompts, iii) helping others.

Continued use of skills

Throughout the studies, participants shared a continued use of skills outside of the classroom, for instance, using strategies from programmes like ‘coping step plans’ and ‘red and green thoughts’ from study 1. Participants described ongoing use of skills and strategies in class, at home and in the wider community (1, 2, 3, 12, 13, 15, 16, 19). The usefulness of practical and informal activities was highlighted by the authors of study 12. Participants reported use of skills to manage anxiety and anger in relation to circumstances outside the classroom, for instance, in relation to starting secondary school and regarding home-related stressors (2, 3, 16).

Use of prompts

Many studies reported that an uncomfortable feeling or sensation would prompt participants to engage in a regulation strategy, such as a breathing exercise (2, 3, 12, 18). Study 18 highlighted different prompts that participants used to encourage them to engage in mindfulness strategies, e.g., feeling prompts, difficult thoughts
prompts, challenging situational prompts, and sensation prompts. Participants acknowledged use of mindfulness when feeling angry or anxious, suggesting that the use of feeling prompts was common. Other prompts reported included engaging in mindfulness as soon as they wake up in the morning.

**Helping others**

Some studies reported participants’ teaching family members or friends some of the skills from the programmes (9, 17). Participants described helping others more often since engaging in the programme (3, 9, 19).

**2.3.10 Study Aim 4: Participant reported changes**

The fourth aim of the review was to explore whether participants reported changes in their knowledge, attitudes or behaviour following the programme. Changes were reported by participants in all 23 studies. Participants described increased knowledge of mental health, well-being, resilience and/or emotional literacy after engaging in programmes. Participants also highlighted changes in attitudes towards themselves, others, and the wider school environment. Key findings were grouped according to the following overarching themes: i) emotional effects, ii) cognitive effects, iii) somatic effects, iv) personal development, v) effects on relationships, vi) effects on attitudes towards school and the classroom environment, vii) improved understanding of mental health, stress, and other programme concepts.

**Emotional effects**

A theme that was very evident throughout the review of the included studies was the emotional effects that participants reported. Participants shared feeling more aware of emotions and an increased ability to manage and regulate emotions such as anxiety, stress, and anger (1, 2, 3, 10, 11, 12, 14, 15, 16, 19, 23). Participants also commented on an improvement in recognising the feelings of others (1, 3). It was evident that students also felt more comfortable sharing their feelings and problems with others (1, 2, 3, 8, 23).

Participants also reported a greater sense of happiness, gratitude, and optimism (12, 19) after engaging in mindfulness and meditation. Studies highlighted a greater
sense of relaxation or personal calmness (2, 3, 14, 18, 19) especially following mindful practices, and a general sense of feeling good (18).

**Cognitive effects**

Participants also shared development of communication skills and an improved ability to share and debate issues as a result of interventions that included group discussions (6, 8). Improvements in attention and concentration were also reported in studies following interventions that involved mindfulness or meditation practices (11, 12, 14, 15, 16, 17, 19). Ability to manage mind wandering, rumination and challenging thoughts, was also identified (2, 16). Studies also reported development of problem-solving skills for participants (8, 12) and increased awareness (12, 19).

**Somatic effects**

In studies exploring mindfulness and meditation-based programmes, such as study 12, themes were constructed in relation to body relaxation, breath awareness, and mental and physical calmness, suggesting that participants noticed physical changes within their bodies. Some participants also noted greater quality sleep (12).

**Personal development**

Studies reported a more positive self-image for participants. An increase in self-confidence and self-awareness for students following participation in programmes such as the intervention using students’ own knowledge and skills in study 5, the SEL programme on diversity in study 7, and mindfulness-based interventions (12) was apparent. Being more comfortable around self-expression and more accepting of self was highlighted in many studies (2, 3, 7, 8, 9). A sense of pride or achievement was described in studies 5 and 9.

**Effects on relationships**

Many studies highlighted the positive effects that programmes had on relationships (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13, 23). For instance, improved empathy and respect for others were reported in many studies, especially those with a focus on diversity and learning from one another (2, 5, 7, 8, 10). Studies also reported
broadened perspectives and improved ability to see other people’s viewpoints more easily (1, 5, 6, 7, 8). Simply put, studies found that students felt they knew each other better following engagement in the interventions (5, 7), felt that their friendships had improved (6, 8), and better understood the value of friendship (4, 6, 8, 10).

Relationship improvements were also noted in relation to adults such as teachers (2, 9, 10) and family members (13, 17, 22). Prosocial behaviour was also highlighted as something participants learned from the programmes (10, 19).

**Effects on attitudes towards school and the classroom environment**

There were many themes identified in relation to a change in attitude towards learning and engagement at school (5, 6, 7, 8, 9, 11, 23). Participants were more willing to share and participate in class (6) and acknowledged the importance of perseverance (5).

Studies also reported a more positive atmosphere in the classroom, one of solidarity and respect for each other following interventions (5, 9). Studies described themes involving a sense of belonging and a safer environment in the classroom (7, 8, 14). Studies reported a calmer classroom climate with less disruptive behaviour (2, 4, 11, 14, 16, 23). It was also reported that those who disliked the programme activities, such as meditation, did not feel this sense of belonging within the class (14).

**Improved understanding of mental health, stress, and other programme concepts**

Themes were identified in relation to increased understanding of diversity and respect for others (7, 9, 10). Many studies also reported an improvement in understanding emotions (1, 2, 3, 8, 10, 16, 19). An insight into mindfulness was also described in many studies (12, 15, 16, 19), for instance, in study 15 participants shared their personal definitions and understanding of mindfulness with the researchers. Study 19 reported that participants enjoyed learning about concepts such as well-being and the neuroscience components of mindfulness. A greater understanding of mental health was reported in study 21.
2.4 Discussion

This systematic review was the first to synthesise student experiences of universal school-based mental health, well-being, and emotional learning programmes, and the factors that impact participant’s experience of these programmes. Additionally, the review provided insight on the applicability of learned skills and knowledge to every-day life, and any changes in participants’ knowledge of mental health, well-being, resilience and/or emotional literacy that occurred as a result of engaging in school-based programmes. The importance of including the insights of children for programme development has been emphasised by research and policies around the world (Bastounis et al., 2017; Foulkes & Stapley, 2022; OECD, 2021; Robson et al., 2019). Thus, this narrative synthesis of 23 studies reveals valuable information for developers, policymakers, and researchers of school-based well-being and mental health programmes, providing information on factors that make programmes enjoyable, engaging, applicable, and useful, from the perspective of the participant. Three main findings are discussed below.

First of all, the importance of the programme content was addressed frequently. Feedback was largely positive towards school-based well-being programmes, with participants sharing that programmes were fun, beneficial, insightful, and relaxing. Factors such as the duration and number of sessions, and the content of the sessions, including programme activities, strategies learned, the level of group-work, and interactive activities, were important to determining the type of experience that participants had. In their review of meta-analyses, Diekstaa and Gravesteijn (2008) reported similar findings sharing the importance of “highly interactive” (p. 22) programmes that included a variety of teaching methods and activities. Additionally, participants appreciated when programme content was relevant to their lives. Characters, stories, and messages that were relatable were responded to positively. The type of programme also had an impact, for instance, it appears that programmes which incorporated mindfulness practises were deemed to be more relaxing than others. The calming and relaxing effect of mindfulness-based school interventions was also reported in Saphthiang, Van Gordon and Shonin (2019)’s systematic review on the topic. In contrast, review findings suggest that programmes based on SEL and CBT were often deemed to be more interactive with a greater variety of activities.
Secondly, this review focussed on universal programmes delivered by school staff. If programmes were delivered solely by external facilitators, they were excluded from the systematic review. It is arguable that programmes that are facilitated by individuals external to the school may be delivered at a higher standard, with more confidence and with more enthusiasm, which was deemed important by participants of the programmes explored in this review. Research on this is mixed. Indeed, a systematic review of school-based programmes targeting depression found that CBT-based interventions delivered by external individuals such as mental health professionals or graduate students were more effective than teacher-led programmes (Calear & Christensen, 2010). Werner-Seidler and colleagues (2016) found that externally delivered interventions were more effective than teacher delivered programmes for symptoms of depression but not anxiety. When SEL programmes were explored, Sancassiani and colleagues (2015) found that classroom teachers delivered the programmes effectively and improvements in social and emotional well-being were reported. Similarly, Diekstra and Gravesteijn (2008) also found that teachers were “as effective” as other programme facilitators once they receive adequate training.

The importance of the teacher’s level of enthusiasm and expertise was highlighted by participants in the current systematic review. This is similar to other reviews in the area of school-based well-being programmes, where the ability of the teacher to motivate students was deemed to be a contributing factor to the effectiveness of programmes (Gustafsson et al., 2010). Well-being programmes that can be facilitated by the classroom teacher are less costly and more sustainable to deliver in schools (Calear & Christensen, 2010), hence if teachers can be trained effectively and provided with appropriate access to support then improvements in implementation and outcomes may be found. Findings from the current review suggest that students enjoy having their class teacher deliver programmes, once they are well-trained, enthusiastic and appear confident while delivering the programme. Many students appeared to enjoy engaging with their teachers in a different way than usual, and some reported having better and more respectful relationships with them.

Thirdly, one of the most prevalent themes throughout the 23 studies was the impact that programmes had on relationships within the classroom and beyond. It was clear that participants portrayed more understanding, respect, and compassion for
others following engagement in the programmes. Likewise, Durlak and colleagues (2011) shared that following engagement in SEL programmes, participants’ ability to communicate effectively, managing conflict appropriately, and establish and maintain positive relationships, exceeded that of their peers who did not engage in such a programme. With open participation in programme activities and discussions, it appears that students end up feeling closer to their peers and understanding them better, developing more meaningful relationships.

This social improvement also extended to the classroom setting. Effects on attitudes towards school and the classroom environment were highlighted in many studies, portraying a calmer, more respectful atmosphere. Similar findings regarding improved attitudes towards school were reported in meta-analyses in the area (Durlak et al., 2011; Wilson & Lipsey, 2007). Through this shared sense of belonging, students may develop a more positive sense of self and their peers, feeling more supported and accepted. However, those children who don’t feel that sense of belonging, and do not feel safe to participate as openly as others, are more inclined to give up or disengage as a result (Osterman, 2000). Despite this improvement in relationships and classroom environment, only a small number of studies specifically commented on improvements for minority students. Universal programmes are well placed to promote understanding and inclusivity for all students (Arnot et al., 2014), yet it is unclear in all but three studies, if there was a specific impact on attitude towards diverse others, whether in terms of ethnicity, disability, or sexuality.

Moreover, youth well-being and mental health is a worldwide issue, yet studies on the student experience of well-being programmes appear largely to come from Western society. The studies included in this review were conducted in Ireland, the UK, Spain, Italy, Denmark, Finland, the Netherlands, Australia, New Zealand, the U.S.A, and Chile. This may be due to the English language limitation in the current review; however, implementation of these programmes for school children has been recommended globally, and as such, further cross-cultural research in this area should be considered. More comprehensive studies, worldwide, which explicitly explore perceptions and experiences of school children who have participated in universal well-being programmes are encouraged.
The included studies were not without limitations. Some studies included feedback from teachers that overshadowed the student voice, e.g., in studies 9, 14 and 21 there appeared to be more quotes from teachers than students in the results sections and it was sometimes difficult to find quotes from students to support themes. Secondly, all studies (or qualitative aspects of studies) were of medium-high quality when rated using the CASP tool, however, very few studies \((n = 8)\) stated their epistemological positions. It is deemed important for qualitative researchers to state their perspectives as their views have an impact on the study design and interpretation of data (Braun & Clarke, 2006). Thirdly, some studies did not specifically name themes, categories, or sub-themes. As a result, key-points were identified from the studies and summarised in Table 2.3.

This review was also not without its limitations. First of all, when necessary to name themes, categories, or sub-themes as described above, the author ensured to use language used within the studies, however, it is possible that these key points were interpreted incorrectly or subject to confirmation bias on the part of the author. Secondly, the combining of different types of qualitative research is a potential limitation of the review. For instance, Dixon-Woods and colleagues (2005) question whether it is acceptable to synthesise qualitative studies with dissimilar methodologies and epistemologies, regardless of whether similar themes are identified across studies. Thirdly, this review was narrative in nature. A different synthesis method, such as a meta-narrative, may have provided opportunity to discuss conflicting findings in greater depth and potentially generate theory, which may have been helpful to inform policy-making decisions in this area (Barnett-Page & Thomas, 2009).

Despite these limitations, the findings of the current review have implications for clinical practice and future research. Considering it is school children’s well-being and development that is being targeted, it is important that their opinions are encouraged and respected (Lind, 2007). Their insights reveal what factors are contributing to a programme’s success, encouraging content to be developed that is relatable and relevant, as well as interactive and enjoyable. There are many more universal, school-based programmes targeting youth social, emotional, and mental health, that were not included in this review due to participant experiences not being explored qualitatively. Further research is needed in relation to student views of other
school-based, well-being, SEL, mindfulness, and mental health programmes. With the insight of school children, a more holistic representation of programmes can be established, and programmes can be developed that are more enjoyable, relatable, and valuable to children (Maloney et al., 2016). There is a need for schools to be better informed about available programmes so that they may select programmes that fit with their environment, their students, and their goals (Durlak et al., 2011). The review highlights the importance of teacher buy-in and teacher training, for universal programmes to be delivered effectively by classroom teachers. Key themes in relation to student views of school-based well-being programmes, factors that impact experience, applicability to everyday life, and reported changes in knowledge and behaviour of students following programmes have been presented.

Furthermore, this review contributes to the literature on youth well-being providing the first synthesis of qualitative data on universal, school-based, well-being promotion programmes. A previous review regarding universal prevention programmes suggested that the implementation of social, emotional, and psychological promotion programmes would be more acceptable and relevant for universal populations than universal mental illness prevention programmes (Bastounis et al., 2017). Accordingly, student experiences from this review demonstrate that universal social, emotional, and psychological well-being promotion programmes are applicable and well-received by school children. The included studies portray how students enjoyed engaging in these programmes and reported benefits such as improved relationships, better coping skills, increased knowledge of mental health and well-being, a calmer and safer classroom environment.

This narrative synthesis of participant experiences in school-based programmes may be valuable to programme developers going forward when developing new school-based programmes or altering existing programmes to incorporate user feedback regarding structure, content, and delivery of programmes. This, in turn, may be valuable for facilitators of programmes, and ultimately benefit future students participating in school-based, mental health or well-being programmes.
From the systematic review to the empirical study.

The previous chapter systematically reviewed the literature on teacher-led, school-based, universal programmes promoting social, emotional, and psychological well-being from the perspective of school children. The narrative synthesis revealed the insights of programme-users in relation to their experiences of programmes and factors that impacted their engagement. Insights were also gathered in relation to applicability of programme skills and knowledge to everyday life, and perceived changes that participants made to their lives following programme participation.

The next chapter describes a new, universal, well-being and resilience programme for primary school students that was piloted in schools around Ireland in the 2020-2021 academic year. The programme, entitled *A Lust for Life Schools Programme*, is a free programme that can be delivered in the classroom setting by teachers and aligns with the social, physical, and health education (SPHE) curriculum.

This study received ethical approval from the humanities human research ethics committee in University College Dublin. A copy of the approval letter, along with information sheets, consent forms, and assent forms, are provided in the appendices.
Chapter 3

School children’s experience of engaging in A Lust for Life Schools Programme

Abstract

During childhood and adolescence, it is crucial for individuals to develop appropriate emotional literacy, coping and social skills. Programmes targeting youth well-being are increasingly being implemented in schools around the world. This study aims to describe the opinions of school children with low levels of subjective well-being in relation to A Lust for Life Schools Programme, a universal well-being and resilience programme for primary school students in Ireland. The study also aims to illustrate participants’ descriptions of emotions, coping skills, relationships, and well-being related concepts both before and after engaging in the programme through pre- and post-programme interviews. The journey of 20 primary school students (aged 10-13) who engaged in A Lust for Life Schools Programme was captured through semi-structured interviews conducted at three timepoints; pre-programme (n=20), immediately post-programme (n=8), and 12-16 weeks post-programme (n=12). Thematic analysis was conducted on the interview data. Five primary themes were constructed: i) understanding feelings, ii) coping skills, iii) connection, iv) illustrations of change, and v) programme feedback. Findings suggest that A Lust for Life Schools Programme is an enjoyable and beneficial way for school children with low levels of subjective well-being to learn emotional literacy and coping skills in a social, interactive way.

Keywords: emotional well-being, resilience, school-based programme, qualitative.
3.1 Introduction

Promoting the emotional well-being and resilience of young people has become an important objective around the world. A recent UNICEF report identified mental well-being, physical health, life-skills, and supportive relationships as vital to improving overall youth well-being (Gromada et al., 2020). The World Health Organisation (WHO) has stated that between 10 and 20% of young people worldwide experience mental health difficulties, with 50% of these difficulties occurring before age fourteen (WHO, 2018). Often the focus is on reducing mental health difficulties, however, to enhance well-being it is important to develop a sense of life satisfaction, self-esteem, and resilience (Seligman & Csikszentmihalyi, 2014). Well-being involves being comfortable, happy, or healthy. It includes having a sense of meaning or purpose, life satisfaction, resilience and the ability to problem-solve and cope well with stress (Diener, 2009). Discussing well-being and mental health with young people, and modelling and teaching emotional literacy, coping and life skills, are essential to developing young people’s awareness of the importance of caring for physical, social, and emotional health, and ultimately enhancing overall well-being (McLaughlin, 2008). Social connections are also a crucial part of emotional well-being, hence learning about well-being and resilience in the context of a social environment, such as the classroom, presents opportunities for students to learn about these concepts, share their own experiences, and challenge both their own and others’ understandings in a meaningful way (Hurst et al., 2013).

3.1.1 Impact of the COVID-19 pandemic

The well-being of people of all ages across the world was greatly impacted in the past 18 months by the arrival of the COVID-19 pandemic. A survey of 796 Irish young people found that over half reported feeling “anxious, stressed or depressed” during the initial weeks of school closures and social distancing measures in response to COVID-19 (Young Social Innovators, 2020). The report highlighted that 80% of young people felt that COVID-19 was impacting their lives. Fear and anxiety levels were high when people became aware of the pandemic, and the introduction of social distancing measures and the sudden reduction in social interaction meant people felt lonely and isolated (Elmer et al., 2020). The importance of maintaining social connections throughout the lockdown through social media apps, such as Snapchat...
and Instagram, was emphasised (Marston et al., 2020). At the time of writing, the pandemic is still affecting the world and its people, with new variants of concern being highlighted by WHO as they emerge (WHO, 2021). This has only enhanced the necessity for interventions targeting languishing mental health and promoting well-being and resilience.

### 3.1.2 School-based well-being programmes

There are many guidelines and policies around the world to support the promotion of youth well-being. NICE (2008) recommends using cognitive behavioural approaches for anxiety in children. WHO (2018) promotes the use of preventative mental health interventions for young people. Worldwide, schools have been encouraged to include positive mental health programmes in the school curriculum (NICE, 2008). As a result, many universal school-based programmes, such as the FRIENDS for Life programme (Barrett, 2004), the Penn Resilience Programme (Gillham et al., 1990) and Zippy’s Friends (Mishara & Bale, 2004), have been developed to promote well-being, resilience, and emotional intelligence.

A 2017 meta-analysis, reviewing 82 school-based, universal social and emotional learning (SEL) interventions found that the strongest predictor of sustained well-being was social and emotional skill development (Taylor et al., 2017). These programmes have also been found to reduce symptoms of anxiety and low mood (Fisak et al., 2011; Seligman et al., 2009). Other positive outcomes from these programmes include teaching coping skills, building resilience, and improving relationships (Fenwick-Smith et al., 2018). Previous systematic reviews have found positive outcomes from school-based programmes, both from targeted programmes to prevent or reduce mental health difficulties (Calear & Christensen, 2010) and from universal programmes promoting well-being (Dray et al., 2017; Sancassiani, et al., 2015). While there are similarities and overlap between these programmes, and both show improvements in social skills, mood, and anxiety levels, they differ in their focus. While prevention programmes focus on reducing associated symptomatology and risk factors for mental ill-health, well-being promotion programmes focus on optimizing positive mental health through exploring the factors associated with being well and encourage people to adopt and maintain healthier lifestyles (Arafat, 2017). In their review of 52 systematic reviews and meta-analyses, Weare and Nind (2011)
found that positive mental health programmes, such as those that teach social and emotional skills, were associated with a variety of important health outcomes, including reducing symptoms of anxiety and depression. School-based social and emotional learning programmes improve social functioning, academic performance, and behaviour (Durlak et al., 2011). Schools are being recognised more and more frequently as ideal settings for targeting youth mental health and well-being. There is a wealth of evidence suggesting school-based programmes are beneficial for students (Barry et al., 2017; Durlak et al., 2011; Weare & Nind, 2011). Less is known about children’s experiences of engaging in school-based well-being programmes, with no systematic review of the literature on participant views being conducted to date, although research on individual programmes such as FRIENDS suggests that participants enjoy engaging in these programmes (Skryabina et al., 2016).

3.1.3 Universal programmes and ceiling effects

As previously stated, between 10 and 20% of young people experience mental health difficulties, meaning many children who engage in universal well-being programmes will already have high levels of well-being, resilience, and mental health scores at baseline measurement (Bech et al., 2003). This results in a ‘ceiling effect’ in programme evaluations whereby there is little room for significant improvement (Clarke et al., 2014). Any improvements made by children with low well-being levels will be masked by the larger number of children with average or high levels of well-being at baseline. Research suggests that, despite the ceiling effect, universally delivered well-being and resilience boosting programmes provide benefits for ‘at risk’ youth even when those children are not specifically targeted. Hence, a universal programme targeting well-being, resilience, mental health, and/or social and emotional literacy, has the potential to provide benefits for all children but with larger benefits for those children who are at risk (Fenwick-Smith et al., 2018). It also means that children who are vulnerable will not feel singled out or ‘targeted’, and due to completing the programme with their peers may benefit from more peer support (Moore, 2008). Teaching all children coping skills to manage stress can help maintain and improve well-being and mental health (Van de Weijer-Bergsma et al., 2014). The current study explores the perspectives of children with lower well-being levels than
their peers in an attempt to highlight the voices of those who may benefit most from a universal well-being programme.

### 3.1.4 Improving positive mental health

It has become increasingly accepted that the absence of psychopathology may not be enough to promote well-being and life satisfaction, that these areas need to be bolstered in addition to reducing symptoms of psychological distress (Hayes, 2004). A recent synthesis of systematic reviews exploring universal approaches to improving youth mental health and well-being found that, of 113 interventions, very few focussed on improving subjective well-being. Far more often were interventions targeting prevention of emotional difficulties or reduction of problematic behaviour (Robson et al., 2019). Increasingly, interventions are being implemented which incorporate cognitive behavioural therapy (CBT) techniques with concepts such as acceptance, mindfulness, personal values, and non-judgemental awareness (Hayes & Hofmann, 2017).

**A Lust for Life (ALFL) Schools Programme** is a newly developed, universal, emotional well-being programme for pupils in primary school (A Lust for Life, 2021). It has been informed by CBT and mindfulness practises, both of which have a strong evidence base for improving youth well-being and reducing psychopathology (Higa-McMillan et al., 2016; Zoogman et al., 2015). Pupils of Irish primary schools are taught about physical and emotional health and well-being during SPHE classes. **ALFL Schools Programme** provides an alternative way of encouraging children to think about social and emotional development. The programme aims to improve youth well-being and emotional literacy through a ‘Netflix’ style platform that incorporates mindfulness practises, videos, discussions, and interactive classroom activities, potentially allowing topics of emotions, relationships, well-being, and coping skills, to be broached in a more engaging and enjoyable way for school children. The classroom provides a suitable environment to practise skills such as perspective taking while learning about it as students are encouraged to share their opinions and perspectives throughout lessons. A more detailed description of **ALFL Schools Programme** is presented in the method section. The current study explores children’s opinions of the programme, and of its style of delivery, enquiring into favourite aspects of the programme and what was learned from it. As there has been
no previous research conducted on *ALFL Schools Programme*, and the programme is being delivered in primary schools around Ireland, a study exploring primary school students’ experiences of engaging in the programme appears warranted.

3.1.5 Current study aims and research questions

In the current study, our first aim was to describe the experiences of primary school students, with lower subjective well-being than their peers, participating in *ALFL Schools Programme*. Second, we aimed to illustrate snapshots of participants’ descriptions of emotions, relationships, and well-being related concepts at two different timepoints in order to (a) gain insight into participants’ emotional literacy and coping skills both before and after engaging in the programme, and (b) explore participants’ understanding of concepts like relationships and well-being both before and after engaging in the programme. Throughout this study, the following research questions are addressed: i) How have primary school students, with lower levels of self-reported well-being than their peers, experienced *ALFL Schools Programme*? ii) How do participants describe emotions, emotional well-being and relationships before and after engaging in the programme? iii) Have participants described applying knowledge and skills from the programme to everyday life in a way they did not before engaging in the programme? By asking similar questions about emotions, coping strategies, relationships, and well-being, both before and after engaging in the programme, snapshots of children’s descriptions and understanding of these concepts at different timepoints can be illustrated. A longitudinal approach to this research creates the potential to capture changes in understanding and viewpoints across time, specifically before and after engaging in *ALFL Schools Programme*. 
3.2 Method

3.2.1 Study Design

The current study used qualitative interview methods, which compliment a quantitative evaluation of *ALFL Schools Programme* (O’Connor et al., 2022) in order to gather the perspectives of participating students. The researchers held a social constructivist epistemological position as it lends itself well to understanding and gaining insight into the experience of the participants (Creswell & Poth, 2016). Pre- and post-programme interviews were conducted to gather information from participants before and after engaging in the programme. To address the first research question, participants were asked to share their opinions of *ALFL Schools Programme* in a post-programme interview. To address the second and third research questions, participants were asked questions about their emotional literacy skills, coping skills, and understanding of well-being and relationships both before and after taking part in the programme.

Teachers delivered the 6-session programme on a weekly basis in all participating schools between October and December 2020. Due to the COVID-19 pandemic, schools in Ireland were closed from December 2020 until March 2021, and some schools were unable to facilitate the post-programme interviews before this closure. As a result, post-programme interviews took place at two different timepoints. While some participants took part in post-programme interviews immediately after completing the programme, others did not engage in their post-programme interviews until 12-16 weeks after completing the programme. As such, the data has been analysed according to three different timepoints: pre-programme (PRE), immediate post-programme (IPP), and delayed post-programme (DPP).

3.2.2 Intervention

*ALFL Schools Programme* was developed on a not-for-profit basis by the Irish charity, A Lust for Life. It is informed by CBT, mindfulness, and the social, physical, and health education curriculum in primary schools, with input from individuals from clinical psychology, education, and media professions. The six-session programme is delivered on a weekly basis by class teachers over the course of a school term. The 50-minute sessions cover topics such as well-being, thoughts, feelings, and
relationships. Each session begins with practising a mindfulness exercise led by an experienced mindfulness instructor. The mindfulness exercises have been video recorded and are available to all teachers facilitating the programme. Following that, the core topic of the session is introduced by the teacher and is accompanied by a video, and individual and class activities. The videos were created specifically for ALFL Schools Programme and include things such as school children acting out specific problem situations or interviewing adults about feelings and coping strategies. A breakdown of the lesson plans is provided in Table 3.1. Further details on the programme are available at https://alflschools.com/.

**Table 3.1**

*A Lust for Life Schools Programme lesson plans.*

<table>
<thead>
<tr>
<th>Session</th>
<th>Core topics</th>
<th>Mindfulness exercise</th>
<th>Video</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My Wellbeing</td>
<td>➢ Wellbeing and its importance during times of COVID-19</td>
<td>➢ Square Breathing</td>
<td>➢ My Phone and Me</td>
<td>➢ Class discussions</td>
</tr>
<tr>
<td></td>
<td>➢ Factors which impact our wellbeing</td>
<td></td>
<td></td>
<td>➢ ‘Our Wellbeing Rights’ activity</td>
</tr>
<tr>
<td></td>
<td>➢ Resilience</td>
<td></td>
<td></td>
<td>➢ Reflection and learning log</td>
</tr>
<tr>
<td>2. My Thoughts and Feelings</td>
<td>➢ Identifying feelings</td>
<td>➢ My Selfie Scan</td>
<td>➢ Four Big Feelings</td>
<td>➢ Class discussions</td>
</tr>
<tr>
<td></td>
<td>➢ Powerful feelings</td>
<td></td>
<td></td>
<td>➢ Thoughts and feelings activity</td>
</tr>
<tr>
<td></td>
<td>➢ The connection between the Head, Heart, and Actions.</td>
<td></td>
<td></td>
<td>➢ Powerful feelings collage</td>
</tr>
<tr>
<td></td>
<td>➢ Thoughts and feelings</td>
<td></td>
<td></td>
<td>➢ Feelings thermometer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>➢ Reflection and learning log</td>
</tr>
<tr>
<td>3. Managing My Thoughts and Feelings</td>
<td>➢ Strategies for managing thoughts and feelings</td>
<td>➢ My TLC (tighten, loosen, calm) tool</td>
<td>➢ Adults and Their Feelings</td>
<td>➢ Class discussions</td>
</tr>
<tr>
<td></td>
<td>➢ Getting perspective on a problem</td>
<td></td>
<td></td>
<td>➢ Managing my thoughts and feelings activity</td>
</tr>
<tr>
<td></td>
<td>➢ How to build positive thoughts</td>
<td></td>
<td></td>
<td>➢ Thought detective activity</td>
</tr>
<tr>
<td></td>
<td>➢ Being aware of feelings</td>
<td></td>
<td></td>
<td>➢ Reflection and learning log</td>
</tr>
</tbody>
</table>
In the context of the current study, *ALFL Schools Programme* was piloted in primary schools across Ireland in the 2020-2021 academic year. Teachers delivering the programme attended a 1-day training, provided by the programme developers. They had access to teacher training resources via a teacher portal on *ALFL Schools Programme* website listed above. An e-guide and a suite of online training videos which outlined the programme content and key elements was accessible via this portal to support the delivery of the programme. Class teachers were asked to audio-record each session to ensure programme fidelity. Two raters independently assessed a randomly selected 15% of recorded intervention sessions using standardized forms. This involved evaluating whether the content delivered across each consecutive 10-minute segment of the sessions was consistent with the lesson plans. Implementation fidelity was very good at 86.49%. Cohen's Kappa Measure of Agreement was statistically significant, $\kappa = .940$, $p < .001$. 

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- Identifying ways of building resilience

### 4. Healthy Relationships
- Positive self-talk
- Types of relationships
- Trust in relationships
- Showing self-compassion
- My Wise Words
- The Fallout
- Class discussions
- Self-compassion activity
- Exploring relationships activity
- Role-play
- Reflection and learning log

### 5. Managing Relationships
- Strategies for managing and maintaining friendships
- Conflict resolution
- Assertiveness
- Inclusion
- My Mindful moment.
- 360° of a problem
- Class discussions
- Friendships Activity
- Inclusion activity
- Conflict activity
- Role-play
- Reflection and learning log

### 6. Tricky World
- The Tricky World
- Influences - positive and negative
- Making choices
- Social Media
- Thinking Traps
- My Thoughtful Words
- Tricky world on social media
- Class discussions
- Tricky world activities
- Reflection and learning log
3.2.3 Participants

This study is part of an ongoing evaluation of *ALFL Schools Programme*. Principals from 29 Irish primary schools registered interest in being involved in the pilot roll-out of the programme in 2020. Of those, 19 agreed to take part in two complimentary research studies; a randomised controlled trial (RCT) evaluation of the programme (O’Connor, et al., 2022), and the present qualitative study. Parental consent and child assent to take part in both research studies was sought from students taking part in *ALFL Schools Programme* in September 2020. Participants did not receive incentives to take part in the research.

As part of the RCT participants filled in several self-report measures, one of which, the Adolescent Mental Health Continuum – Short Form (AMHC-SF; Keyes, 2002), is relevant to the current qualitative study. The AMHC-SF, a measure of subjective well-being, has 14 items which participants rated on a 6-point scale from 1 (every day) to 6 (never). The AMHC-SF includes items such as: “in the past month, how often did you feel that you liked most parts of your personality?” and “how often did you feel that you had warm and trusting relationships with others?” Lower scores on the AMHC-SF indicated higher levels of positive mental health, or well-being. Previous research has found the measure to be valid for use with children and adolescent samples (de Carvalho et al., 2016; Luijten et al., 2019). Each participant’s score on the AMHC-SF was calculated and all 262 participants were ranked from highest to lowest based on this score. Participants whose scores on the AMHC-SF meant that their levels of subjective well-being were in the lower 10% of all participating students were eligible to take part in the present qualitative study exploring *ALFL Schools Programme*. As such, there were 26 eligible participants. All participants had previously provided assent and parental consent to participate in the research. As such, twenty participants who met this criterion were selected from six schools, giving representation to the Irish school system while reducing burden on the number of schools involved (see Table 3.2), to participate in the interview process (see Figure 3.1). The teachers of participants were contacted to arrange a date and time for the interviews to take place. There was no participant attrition throughout the data collection process. Hence, twenty 5<sup>th</sup> and 6<sup>th</sup> class students, aged between 10 and 13, participated in the study (PRE, \( n = 20 \); IPP, \( n = 8 \); DPP, \( n = 12 \)). Demographic information is presented in Table 3.2.
Table 3.2

Demographic information of participants and of Irish primary school students

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Total</th>
<th>%</th>
<th>% in Irish primary schools as reported by Central Statistics Office (2016, 2020)</th>
<th>IPP</th>
<th>DPP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td></td>
<td></td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>Participants</td>
<td>20</td>
<td>8</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>8</td>
<td>40</td>
<td>51.3</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Females</td>
<td>12</td>
<td>60</td>
<td>48.7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
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<td>50</td>
<td>-</td>
<td>2</td>
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</table>

* DEIS is a term used to describe the Irish Department of Education social inclusion strategy Delivering Equality of Opportunity in Schools which aims to help children and young people who are at risk of or who are experiencing educational disadvantage (Department of Education, 2017).
3.2.4 Materials

Two semi-structured interview schedules were developed to allow participants to provide information about emotions, coping skills, relationships, and well-being both before and after engaging in ALFL Schools Programme (see Appendix C). The questions were designed to be very similar in the pre- and post-interview schedules in an attempt to capture participants’ descriptions of emotions, coping skills, and views on relationships and well-being, both before and after engaging in the programme. Participants were also asked questions about their experience of engaging in the
programme, such as their likes, dislikes and things that they found tricky to understand.

Due to the COVID-19 pandemic, 30 of the 40 interviews were conducted over Zoom Video Conferencing Software. The interviews were audio and video recorded, with consent from participants and their parents, and saved to Zoom Cloud before being downloaded to an encrypted computer. The ten interviews conducted face-to-face were recorded using a Tascam DR-40X Portable 4-Track Audio Recorder. They were then stored on the same encrypted computer before being transcribed. NVivo (version 12 Plus for Windows; QSR International, 2018; NVivo-12 Plus) Software was used to analyse the qualitative data.

3.2.5 Procedure

Each participant took part in two semi-structured interviews. Semi-structured interviews were used to allow for flexible but in-depth data collection (Forrester & Sullivan, 2018). Interviews were conducted by the author and two assistant psychologists, all of whom had previous experience working with children and adolescents in primary care and mental health settings. This previous experience included conducting initial interviews with children and adolescents, often relating to feelings and relationships. The three interviewers practised conducting the interviews on each other in order to improve familiarity with the questions and interview schedule structure. Due to the uncertainty and anxiety around the COVID-19 pandemic, the interviews were conducted either over Zoom Video Conferencing Software, or in person (following all necessary Department of Health precautions and guidelines), at the discretion of each school principal. Interviews were stored on a password-protected folder on an encrypted computer.

Transcription was completed by a professional transcription company, Go Transcript (2005), that guaranteed privacy and confidentiality, and was GDPR compliant. Transcription funding was provided by ALFL. Once interviews were transcribed, and checked for errors, all recordings were deleted. Data was anonymized following transcription. Participants were given pseudonyms and identifying information was removed from the documents.

3.2.6 Coding and analysis strategy
Data was separated and analysed according to the three different timepoints: PRE, IPP and DPP. Reflexive thematic analysis, as outlined by Braun and Clarke (2006, 2013, 2019), was employed to analyse the data. Due to the novelty of the well-being programme and this research, an inductive approach was taken with thematic analysis being implemented to report the experiences and reality of participants. Trustworthiness was strived for using the criteria documented by Nowell and colleagues (2017) including prolonged engagement with data, vetting of themes and sub-themes by team members, and striving to describe all processes of coding and analysis in sufficient detail. To address trustworthiness, and to remain mindful of potential confirmation bias resulting from the academic and professional interests of the author, the practice of reflexive journaling throughout data collection, coding, and theme development was adopted (see Appendix I). Data was stored and coded using NVivo-12 Plus (QSR International, 2018). Braun and Clarke’s six-phase procedure was followed to ensure a rigorous and flexible approach to interview data processing. After the data was transcribed and familiarity with the data was established, initial codes were generated by the lead author within each timepoint. Next, codes were sorted into potential themes and sub-themes. These themes were then reviewed and refined through discussion with other researchers. Themes and subthemes were then defined and named, before the final analysis was conducted, the report written up, and relevant supporting quotations provided. In an attempt to reduce bias, 10% of the overall dataset was coded by another researcher and any coding disagreements were discussed until an agreement was reached. Finally, to ensure transparent and thorough reporting, the standards for reporting qualitative research (SRQR; O’Brien et al., 2014) were followed.

3.2.7 Ethics and Funding

Both the RCT evaluation of ALFL Schools Programme and the present qualitative study have received ethical approval by the Research Ethics Committee in University College Dublin (ref. HS-19-74-Hoctor-OReilly). This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.
3.3 Results

3.3.1 Structure of results

From the data, four main themes were identified: i) understanding feelings; ii) coping skills; iii) connection; and iv) illustrations of change. A fifth theme, programme feedback, was constructed to represent participants’ views on the programme. Themes, sub-themes, and similarities and differences across the three timepoints, are portrayed in Table 3.3.

Table 3.3

Themes and sub-themes identified in the data across timepoints

<table>
<thead>
<tr>
<th>Themes</th>
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<td>✓</td>
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3.3.2 Overview

The five themes and their sub-themes are described below, with supporting quotations from participants.

**Theme 1: Understanding Feelings**

The first theme encompassed participants’ awareness and understanding of their feelings and thoughts and the ways in which they expressed or suppressed feelings.

**Awareness of behaviours and sensations associated with feelings.** Participants at all three timepoints portrayed some insight into their behaviours and physical sensations in their bodies when feeling various emotions. Before engaging in the programme, all but two participants could identify some actions and physical sensations associated with at least one feeling. When discussing the physical sensations of fear, before the programme participants reported “butterflies”, “shaking”, getting a “swirly feeling in [their] stomach”, and tightness or pains in the chest. Similarly, when asked about fear after engaging in the programme, participants described “butterflies”, “pains” in their heart or chest, feeling “frozen”, “shaking”, having “pains in [their] stomach[s]” or feeling like “getting sick”.

**Difficulty recognising and describing feelings.** It was evident from the analysis that more than two thirds of participants also found it quite challenging to describe and articulate their feelings before engaging in the programme. Often when asked to describe how a feeling felt in their body, or what thoughts were associated with a feeling, participants would respond with “I can’t describe this”, or “I don’t know”. Some participants responded using the emotion word in their answer, for instance, when asked what kinds of thoughts they have when they’re angry, many responded with “angry thoughts”, and were unable to elaborate further. This theme was also present at the DPP timepoint, with nearly all the participants finding it difficult to describe some feelings and associated thoughts and sensations. For example, when asked what fear feels like in her body, Rachel (11, DPP) stated: “Uh, I don’t really know. I just- I just get scared, I don’t really do anything in my body, I just get scared”. While one participant at the IPP timepoint, found discussing his feelings difficult, this theme was much less evident at this timepoint than the others.
**Discomfort expressing feelings and suppression of feelings.** At all three timepoints, a theme that was evident was being uncomfortable expressing feelings. Before the programme, most participants stated that they either did not “need to” or “like to” talk about their feelings and often “keep [their] feelings in”. Some described not wanting to “waste [other’s] time” with their feelings or make other people “uncomfortable”. While some participants reported feeling more comfortable speaking about feelings after engaging in the programme, many still stated that they did not like to talk about their feelings as it was “awkward”, or they felt they were putting “stress on other people”, while others reported not being “bothered”.

**Thought awareness.** An important part of understanding emotions is being aware of the thoughts that accompany them. This was evident at the IPP and DPP timepoints. Participants at the IPP timepoint appeared more capable of identifying their thoughts when experiencing emotions. For instance, when asked about fear and worry, many participants could not describe their thoughts at the PRE timepoint. They answered with things like “I just feel worried” or “It’s just, kind of, blurred”. Some participants at the PRE timepoint had a better awareness of thoughts, referring to “thoughts rushing around my head”, “overthinking things” and “worrying about the future”. After the programme, participants were more coherent in their descriptions of thoughts. For example:

“I think the worst, feel nervous and guilty all day until I fix it. But sometimes it turns out to be nothing when I'd gone through all the nervousness. Um, I just-- whenever I do something to take my mind off it, it al-- I always just keep thinking about it, and I constantly feel like I can't do anything until I fix it”  
(Rose, age 12, IPP).

One participant, Niall (11, DPP), illustrated being able to better understand the “little narrator in [his] head that narrates everything you do” and stating that “[he] feel[s] like- just like that's a bit been a bit more easier to manage” since engaging in the programme.

**Theme 2. Coping skills**

A vast array of coping skills was identified throughout interviews at each of the three timepoints. Sub-themes were generated in relation to the type of coping
skills used; distraction, mindfulness and breathing techniques, positive psychology
techniques, physical self-soothing, thought challenging, and unhelpful coping skills.

**Distraction.** The most frequently referred to coping skill was distraction. Participants at all three timepoints reported engaging in distracting or enjoyable activities to help manage difficult feelings and circumstances, for example, video games, drawing, listening to music, watching YouTube, engaging in activities with their family or friends, or playing with a pet. For instance, Fionn (12, PRE) shared that to cope with sadness he would “play with [his] dog or go outside” and to try and reduce his anger he would “go on [his] phone or go on [his] PlayStation 4”.

**Breathing techniques.** While two participants at the PRE timepoint referred to “take[ing] deep breaths” to manage anger, using techniques such as mindfulness and relaxation exercises, was much more frequently reflected by participants at the IPP and DPP timepoints. Many participants reported that their favourite part of the programme was ‘square breathing’ and some described times they had used it in their lives, for example, one reported using it during a match, and another when sent to her room and feeling angry. Participants reported using breathing strategies in relation to anger, fear, stress, and anxiety. For instance:

> “Like, deep breaths can actually really help sometimes, it just kind of calms you, I guess. And well, like, a good thing about taking deep breaths is that, like, you know, when you're scared, your heartbeat might just go faster and faster and just r-taking deep breaths, the deep breaths might make you calmer” (Alexandra, age 10, IPP).

Participants also shared using ‘square breathing’ in arguments to calm themselves or the other person down. Others referred to reminding their classmates to use their breathing and mindfulness tools when angry or worried. For example, when asked what she would do or say if someone in her class was angry over something, Caoimhe (12, DPP) stated:

> “Just try to calm them down or [say] ‘just breathe and just try calm down’. Just tell them to take deep breaths”.

**Mindfulness techniques.** In addition to ‘square breathing’, all participants at the IPP timepoint and the majority of participants at the DPP timepoint also referred
to the usefulness of other mindfulness techniques taught in the programme such as ‘My TLC tool’, ‘My Mindful Moment’, ‘My Selfie Scan’ and ‘My Wise Words’. The two most mentioned mindfulness tools were ‘square breathing’ and ‘TLC tool’. Participants also shared examples of mindful activities, for instance:

“So, I just probably take a walk and I’d bring my dog and I just get my mind off things. And I just, you know, stare at whatever surroundings are around me and think that I should be grateful for what I have, and I shouldn’t be angry at people for just such little things” (Sophie, age 11, IPP).

Positive psychology techniques. Participants at all three timepoints reported focusing on the positives and using positive self-talk to cope with difficulties. Participants at the PRE timepoint described trying to “think about the good things” when faced with sadness and used humour to help others with distress. At the IPP timepoint, many participants referred to “think[ing] of the positives in your life”, journaling, practising gratitude, using visualisation and affirmations. At the DPP timepoint, participants referred to focusing on positive aspects of situations, thinking about “good things that have happened”, and trying to focus on their strengths and feeling “proud” of themselves.

Physical self-soothing. The mind-body connection was identified at the PRE and IPP timepoints. Participants often referred to using exercise, sleep, taking baths, eating foods they enjoy, and having a cup of tea to regulate distress. For instance, Lukas (11, IPP) stated “I like to have a cup of tea when I’m sad or angry” and Caioimhe (12, PRE) shared that she finds it helpful to “have a shower and then just put on [her] skin care routine and then maybe put on a face mask…and then just relax”.

Thought challenging. At both the IPP and DPP timepoints, more than half of the participants referred to using thought challenging techniques to alter their mood and behaviours. For instance, Caioimhe (12, DPP) referred to helping a friend with worrying thoughts by telling them; “that’s not the worst that can happen. Like there could be worse things and just and think positive”. Many participants, like Ling (11, IPP), reported trying to “think positive” thoughts and focus on good memories when feeling sad, worried, or scared. Some participants gave examples of using thought challenging in response to arguments with friends, with Jenny (10, IPP) reminding
herself that “we’ve been friends, like best friends, for, like, three years now, we’re probably going to be friends again... I was trying to relax myself”.

**Unhelpful coping.** Evident at all three timepoints was a sub-theme regarding an inability to cope. This was much more common at the PRE timepoint, with participants reporting not having skills to cope with feelings such as sadness and anger, sharing that they would just “stay angry until it dies down” or “just forget about it”. Before engaging in the programme, most participants appeared to rely on avoidance strategies such as sleeping to cope with difficult feelings, and some referred to over-eating when feeling stressed or anxious. Others described how “nothing really helps” with problems or when feeling uncomfortable emotions. Participants at the IPP and DPP timepoints also referred to “just get[ting] over” difficult feelings, or using sleep to cope, however, they also identified many other coping techniques.

**Theme 3: Connection**

All participants reported the importance of having other people that they “trust”, who “listen”, and who “understand” in their lives. Participants reported going to others to get comfort, to help solve a problem, or to help distract them from distress or problems.

**Seeking comfort from others.** It was clear from the interview data that before engaging in the programme participants relied heavily on distraction techniques and the support of others to cope with distress or difficulties. Participants often reported spending time with others or going to others with problems to help regulate their emotions. For instance, Jenny (10, PRE) stated; “um, like I probably tell my mum why I'm sad or go over to my friends and like just play with them”, while Lena (11, PRE) shared that she likes to “maybe watch a movie with my mom” to help her feel better. All participants referred to going to a parent, sibling, or friend with problems, and often referred to spending time with people to reduce anxiety or sadness. After engaging in the programme participants still referred to seeking support from others, however, they also referred to a wider variety of emotion-focussed techniques that they could implement themselves to help manage distress. For instance:

“I'd p-probably 100% [go to] my second oldest sister. She's really important to me, she's like the only person that I really trust... she's like an inspiration to
me... she’s always been there for me whenever I feel low, and whenever I talk to her, I just feel comfortable... sh-she’s good at making me comfortable first... but honestly just makes me laugh as well so she kind of changes the mood sometimes”

(Rachel, age 11, DPP).

**Compassion.** Sympathising with the suffering of others was evident at all three timepoints. While participants at the PRE timepoint often responded quite pragmatically to other’s distress, for instance, by telling a friend “not to get stressed by a situation”, or “just try to fix it”, they also showed compassion, by asking someone who was upset, “what’s wrong?” and trying to help by telling them “it’s not the end of the world”. In response to other’s distress, participants at the PRE timepoint reported that they would “leave them alone” whereas at the IPP and DPP timepoints, participants were more likely to report “give[ing] them space” until they were ready to talk, listening to them, and drawing on their own experiences of what they find helpful, to use this to help others. A small number of participants at IPP and DPP timepoints also reported sending texts to check in on their friends, and “including” others more.

**Theme 4: Illustrations of change**

There were some noticeable differences in responses from participants after engaging in *ALFL Schools Programme*. Participants described and portrayed some changes they had implemented in their lives since their first interview.

**Sharing and relating more post programme.** A quarter of participants who had stated pre-programme that they did not share their feelings with others, shared that they had learned that it was good to open up to someone they trust. Participants reported going to a parent or a sibling to help when they have a problem. One participant, Katie (12, DPP), shared that the programme had helped her in solving a big problem in her life as she had been encouraged to open up to her mother about it. Katie stated that taking part in the programme had “helped [her] a little bit, and so maybe it would help someone more than a little bit”. Others shared that they “talked about a few stuff, um, I didn’t tell anyone before”, and that the programme encourages participants to “open up their feelings to someone they trust”. For instance, Jason (11, DPP) shared that since engaging in the programme he had “started talking to his dad more”.

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**Increased awareness of self and others.** Many participants at the IPP timepoint referred to an improvement in perspective taking and of “seeing the other side” of things. One participant mentioned feeling that the programme had a lasting effect on some of her classmates, expressing that some of her classmates were “not as judgemental and they’re starting to understand people more”. When asked about problem-solving, Samantha (11, DPP) shared being more aware of “try[ing] to get, like, each person's point of view” in order to “like, understand what the problem is about”.

Some participants also referred to an improved awareness of themselves and others in relationships, learning “to think about how the other person is feeling but also think about how you're feeling”. For instance:

“Like, if I'm happy, but like somebody else is in a bad mood and all I can think about is just being happy and not, kind of, processing their feelings as well. Like, if I was sad, I wouldn't want a person jumping around me like, "Oh, yeah, but it's fine because I'm going to go on my holidays in a week," or something like that. It would just be insensitive. So- -I know what is and isn't insensitive now” (Grace, age 12, IPP).

Participants also appeared more confident in figuring out the intricacies of relationships. For instance, when asked what she would do if she got in a fight with a friend, Amelia (12, IPP) before the programme said that she would “say sorry or something”. Following the programme, she stated:

“I'd think about it and decide if I'm the one who sh-should apologize or they're the one who should apologize. It kind of taught us to think about things a bit more… and process what we’re feeling”.

**Improved emotional literacy.** While there were participants at the PRE timepoint who were very capable of recognising, describing, and expressing their feelings, participants appeared to be more elaborate in their descriptions of emotions post programme. For instance, Nick (13, DPP) before the programme described the physical sensations of fear as “um, like, like, you're all, like, scared and all that”, whereas after engaging in the programme he responded with “I feel like, you know, a bit like shivery and all... um, it feels like you're alone, and yeah, and there's nothing left”.
Participants at the IPP and DPP timepoints referred to new things that they had learned from the programme such as, paying more attention to their emotions, and recognising that they have more control over their emotions than they previously thought:

“Um, I learned about how to keep my cool and how to not overreact in situations and just to like be more aware of, like, my emotions and to think about my emotions, like, why am I feeling like this? Or should I be feeling this upset” (Grace, age 12, IPP).

Others mentioned that engaging with the programme helped them to realise that “it’s ok to talk about [feelings], but you just need the courage to actually say it”.

Within this sub-theme, there was an increased understanding of feelings at the IPP and DPP timepoints. One participant, Niall (11, DPP) reported an acceptance and an understanding of his feelings that was not reported in his interview before engaging in the programme:

**Niall:** I’ve realized that anger doesn’t last.

**EH:** Okay. Yeah. What do you mean by that?

**Niall:** That if someone’s feeling angry with you, it will, like it will at some point go away, but you just need to give them space.

**EH:** Okay. Yeah. So, kind of, the anger goes up, but it’ll always come back down.

**Niall:** Yeah-yeah. Nobody can feel that angry for their entire life.

**Lifestyle changes.** Most participants reported an increase in use of mindfulness skills after engaging in the programme. Some participants also described other changes they had made to their lives, such as, using their phones less and spending more time with family. For example, when asked about well-being, Sophie (11, IPP) stated:

“To me, it means like, being happy and having a healthy state of mind, so like, kind of keeping your mind on good thoughts and being happy quite often, but not being happy all the time... I guess, eating healthy and like- keeping active and not sitting around all day, will make you feel better about yourself. I go to
bed a lot earlier [now] because I guess the days that I went to bed late... I would wake up being kind of in a bad mood. And not being on my phone as much 'cause it took over half of my day... and then I would not be able to do anything."

**Theme 5. Programme feedback**

Participants were asked to provide feedback about the programme. This has been constructed as a separate theme incorporating opinions and experiences of participants from both post-programme timepoints.

**Enjoyment.** All participants reported enjoying the programme and called the programme “fun”, “modern” and “cool”. Participants at both timepoints commented on enjoying watching the videos during the programme and engaging in group activities with their classmates. One participant’s experience was:

“We talked a lot, and it was fun and laughed and- It wasn't all just sad stuff... Our teacher, he discussed emotions and how he felt happy, and it was- he has a lot of stories, so that's fun. [We talked about] stuff that happened in our lives that we didn’t usually tell people.... it felt like we could smile more” (Sophie, age 11, IPP).

**Helpful.** Participants reported finding the programme helpful and “calming”. Two participants at the DPP timepoint were unsure whether they would recommend the programme to other children, but most participants said that they would, stating that it might help other students with “understanding their feelings”. Participants reported needing to know about emotions and perspective taking. One participant said:

“it's something that you need to know for when you grow up. Like, you need to know- about emotions and you need to know about different people” (Grace, age 12, IPP).

Others found that the class sharing stories and experiences was helpful. Some participants reported that they felt that the programme had encouraged people to open up more. Jake (11, DPP) stated that the programme helped some students who were “uncomfortable” sharing things, and Katie (12, DPP) shared that engaging in the programme was “interesting [chuckles]... ’cause you got to hear [other classmates’]
stories. Participants reported that telling stories and sharing experiences “didn’t make it so hard” to talk about feelings and problems.

**Not remembering.** Participants at both timepoints indicated that they did not remember some aspects from the programme when asked about them. Participants at the DPP timepoint reported remembering much less from the programme than did participants at the IPP timepoint, often stating “I don’t remember” as it had been a few months since engaging in the programme. However, participants sometimes portrayed learning even after stating that they did not remember, for example, Seán (12, DPP) reported not remembering any mindfulness practices, however, later in his interview he referred to how he “found it interesting, like, to learn about how breathing can help you that much”.

**Unhelpful.** An apparent sub-theme was that the programme wasn’t helpful or that participants hadn’t noticed any changes in their lives. This was most apparent at the DPP timepoint where some participants like William (12) and Rachel (11) stated that they already understood emotions well, so they did not think they had learned anything new about thoughts or feelings. At times, participants denied making changes, but illustrated change later in the interviews. For instance, Niall (11, DPP) reported that he did not think that skills were ones he’d use outside of the programme. He also stated that instead of spending so much time learning about feelings, that he would have liked to spend more time learning skills and methods of dealing with difficult feelings and situations. However, he went on to share use of mindfulness techniques in his daily life. He also suggested that the programme had helped him with managing anger and worry and understanding that emotions do not “last forever”.

Additionally, some participants reported finding aspects of the programme difficult to relate to. The video in Lesson 4 on ‘Healthy Relationships’ in particular was mentioned, with participants stating that “that would never happen” and “it isn’t real life”. Some participants stated that it would be beneficial to ask children what problems they generally encounter in their lives and base videos around this so that it may be more relevant and helpful for them:

“Um, I probably wouldn't change a lot. Like, I'd probably, um, think of more ways. Like, in the acting videos, I'd probably make, like, there be deeper
situations, like not like the thing in the park and I’d probably make the friends get in an argument about a big deal. Like if some-- if they insulted their friend but said it was just a joke or something that like kids can relate to more like, uh-- Like, I’d probably check up on kids and say like, ‘Well, what’s an argument or a situation you get in a lot with like your relationships with people?’ and then I’d use that” (Grace, age 12, IPP).

Younger Audience. Some participants reported knowing a lot about thoughts and feelings before the programme, and not sensing that they had learned anything new. While all students reported enjoying the programme, more than half of the participants believed that the programme would also be suitable for younger students. A couple of participants appeared to agree with Amelia (12, IPP) when she shared that she wouldn’t recommend it for 6th class but for younger children because “I’m going into secondary, we’re worried about a lot more things”. However, most participants believed that 6th class was suitable, however, they also thought that the programme would be suitable for younger students, ranging from 3rd – 5th class, that they felt they would be able to understand it, and that as they progressed through primary school to 6th class that their knowledge of the area could deepen. The participants shared wanting more time with the programme to benefit more from it. For instance:

“I don't know, like, because the fifth you're learning more about that. I think fifth would be better... and you get to go more into detail when you're in sixth about it” (Seán, age 12, DPP).
3.4 Discussion

Through the themes and excerpts illustrated in the results section, the research questions can be addressed and discussed in the context of existing literature.

3.4.1 Programme experience

The primary aim of this study was to describe the experiences of primary school students, with lower subjective well-being than their peers, participating in ALFL Schools Programme. To address this first aim, the voice of all participants has been represented throughout the results section to describe their experiences of the programme and its content. Some participants were more articulate than others, however, in an attempt to strive for credibility and authenticity, as outlined by Tobin and Begley (2004), it was deemed important to include quotes from all respondents to provide an accurate representation of the participant experience.

It has long been held that increasing enjoyment and a comfortable environment can improve learning in the classroom (Willis, 2010). Results suggest that participants enjoyed engaging in ALFL Schools Programme and would recommend it to other children. Participants enjoyed the videos, found much of the programme relatable, and stated that it was fun to do with their classmates. The use of interactive methods of learning including face-to-face teaching, videos, discussions, and activities appeared to add to the enjoyment of the participants, and allowed topics of social and emotional development to be explored in a unique and enjoyable way. Many reported finding it helpful, especially in relation to understanding thoughts and feelings, and learning new ways to cope with problems and uncomfortable emotions. This reflects research on other universal well-being programmes, such as the FRIENDS programme (Barrett, 2004), and Circle Solutions (Roffey & McCarthy, 2013), of which participants also described the programmes as fun, and reported that they would recommend it to other children.

Being able to relate to content and engage in the programme with their whole class was important to participants. Moore (2008) stated that children that benefit from universal programmes feel less stigmatised than if they were selected for a targeted programme. Participants often stated that they liked engaging in the programme with their classmates and some shared things they had not before. They reported feeling more connected with some peers and understanding their perspectives
better. It is possible that learning through class discussions and activities, sharing experiences and opinions on topics, allowed for a deeper understanding of others, and the topics discussed, to arise through these social interactions (Immordino-Yang, et al., 2019). These experiences are similar to those described in other school-based programmes, such as the *Coping with Stress programme* (Garmy et al., 2015).

In contrast, the experience of participants was not always positive in relation to the programme. Some participants did not find the programme helpful, stating that the information was already known to them and that it may be more suited to younger students. Garmy and colleagues (2015) found similar contrasting opinions in their study on a school-based mental health, programme for adolescents. They reported that while many participants found the programme useful and enjoyable, others stated that the programme was unrelatable and unhelpful. The authors concluded that it may be unreasonable to suggest that any intervention would satisfy all participants. This may be fair to say in relation to all interventions, one size rarely, if ever fits all. The negative opinions expressed suggest that participants were answering questions openly and honestly and giving authentic feedback throughout the interview process.

### 3.4.2 Participant descriptions of emotions, well-being and relationships

A second aim was to compare themes from pre- and post-programme interviews and illustrate any differences in participants’ descriptions of emotional literacy and understanding of emotional well-being. Due to COVID-19, the post-programme interviews were further divided into two timepoints, IPP and DPP. As such, similarities and differences in themes between the IPP and DPP timepoints were also examined. The study describes the experiences of the participants at these different timepoints and does not intend to make causal inferences. Additionally, the study aimed to explore whether participants’ descriptions of emotional literacy and understanding of emotional well-being had been enriched after engaging in the programme. Not only did participants appear to be more articulate in relation to their thoughts and feelings, but they also appeared to be more accepting of their feelings, more confident in sharing them, and shared an improved ability to manage them. Clarke and colleagues (2014) reported enriched emotional literacy after primary school children engaged in the school-based emotional well-being programme, *Zippy’s Friends*. 
In the present study, participants at the IPP timepoint appeared more articulate in their descriptions of emotions and their understanding of emotional well-being than at the DPP timepoint. This is similar to findings reported in a systematic review of targeted group-based interventions in the UK, in which the authors stated that immediate effects of social and emotional well-being programmes are positive, however, the longitudinal effect is less clear over time (Cheney et al., 2014). Though, whether these differences are due to the time delay or simply the specific individuals involved at each timepoint is unclear.

Participants also referred to the importance of having trusting, supportive relationships both before and after engaging in the programme. Having someone to go to with problems and checking up on others who appear upset or worried was important to participants. They also appeared to enjoy learning through the social interactions in the classroom, reporting that hearing other people’s stories and sharing things with others was worthwhile. An increase in participants’ perspective taking and social awareness was also noticeable in the interviews that took place after the programme. This is similar to the experience of participants in Volman and Gilde’s (2021) study on using students’ funds of knowledge to promote personal and social functioning in the classroom. Similar findings were also reported in a SEL intervention called Circle Solutions (Dobia et al., 2019) where participants reported enjoying sharing with others, and increased understanding of others through listening to their stories.

3.4.3 Applications of learning

A third aim was to explore whether participants described using knowledge and skills from the programme in their lives. It was apparent that there was an increase in reported use of mindfulness techniques among participants after engaging in ALFL Schools Programme. Mindfulness has a host of benefits for youth, including enhancing optimism and social competence (Schonert-Reichl & Lawlor, 2010), self-awareness, attention, and self-regulation skills (Andreu et al., 2021). Research has also found connections between mindfulness, resilience, and positive mental health (Calvo et al., 2020; O’Connor et al., 2021). Additionally, mindfulness has been found to reduce anxiety (Semple et al., 2005), prevent stress (Van de Weijer-Bergsma et al., 2014) and reduce psychopathology (Zoogman et al., 2015) in young people.
Increasingly, mindfulness programmes and practises are being incorporated into the school day (Burke, 2010; Meiklejohn et al., 2012; Rempel, 2012), and it is promising to have heard 85% of participants (n = 17) in this study report an increase in use of mindfulness tools since engaging in ALFL Schools Programme.

In addition to the use of mindfulness in their daily lives, participants also shared other ways they had applied the knowledge and techniques from the programme to their lives, addressing the third aim of the present study. Lifestyle changes, such as, going to bed earlier and spending less time on phones, were reported by some participants. Participant interviews also described an increase in emotional literacy and talking about feelings with trusted friends and family members. Similar findings have been reported in many social and emotional learning programmes, as outlined in O’Connor and colleagues (2018) systematic review of school-based, mental health promotion programmes in which themes related to improved social and emotional well-being, and increased help-seeking and coping, were identified. Some participants also told of how they related differently to people in their lives, having learned the importance of perspective taking, and of checking in with loved ones. Similar findings were reported in relation to the Social and Emotional Aspects of Learning (SEAL) programme in the UK, with participants having more awareness of other’s emotions, and improvements in relationships, after engaging in the intervention (Hallam, 2009). A systematic review by Sklad and colleagues (2012) also reported enhanced social skills and pro-social behaviour following engagement in universal, school-based, emotional learning programmes.

The importance of being taught coping skills, and for young people to apply these skills to their lives has been previously outlined (Van de Weijer-Bergsma, 2014), and has been emphasised in Henefer and Rodgers (2013) study evaluating the effectiveness of the FRIENDS programme in an Irish context. Henefer and Rodgers reported that it cannot be assumed that children will develop these skills independently, as a result, it is important that young people are taught these skills. Learning these skills in a social context through a variety of interactive methods, such as videos, class discussions and activities facilitated by a teacher, allows for more meaningful learning to take place, hence promoting application of skills and learning outside of the school setting (Esteban-Guitart & Moll, 2014). Participants in this study also portrayed use of the ALFL Schools Programme coping skills in their lives. Like
an investigation of youth problems and coping strategies led by the Anna Freud National Centre in the UK, before engaging in ALFL Schools Programme, participants reported using support from others, distraction, engaging in enjoyable activities, avoidance and hiding distress, to cope with problems or difficult emotions (Stapley & Deighton, 2018). After the programme, participants had added breathing, mindfulness, and thought challenging tools to their coping strategies. There were also reports of sharing problems more, seeing the perspective of others more easily, and relating to others more often. In current circumstances when COVID-19 has produced so much uncertainty, anxiety, and loss, learning new methods of coping may help to improve youth well-being and resilience, and allow young people to focus on the things that are crucial to well-being, things which were emphasised at all three timepoints, such as connection and positivity.

3.4.4 Strengths and limitations

There were twenty participants interviewed at two different timepoints, an adequate amount of data for thematic analysis (Braun & Clarke, 2013). The sample was also quite diverse and incorporated students from different socio-economic backgrounds (DEIS and non-DEIS schools), urban and rural schools, and same-sex and mixed schools. Participants mostly identified as Irish, however, there were also participants from Poland, Romania, Korea, the Philippines, and Nigeria. This is quite representative of the populations presently living in Ireland (Central Statistics Office, 2016; see Table 3.2).

The COVID-19 pandemic also altered the research design, with interviews with participants in three different schools being delayed due to school closures. While this allowed for the data to be analysed according to three different timepoints, this had not been the initial intention of the researchers, who had to be flexible and adapt to the unforeseen circumstances. Overall, this may have added to the research, with data collected immediately after the intervention and at 12-16 weeks later. This enabled information to be gathered on the programme experience at two timepoints, providing knowledge in relation to what was remembered and reportedly applied to the lives of participating students.

Additionally, qualitative studies exploring youth experiences of universal well-being programmes are relatively uncommon in comparison to quantitative
This study provides a voice for some of the participants of this well-being programme who potentially needed it most, allowing the programme developers to adapt and develop the programme based on the feedback from those children. This study provides original and valuable information to the field of youth well-being, and to youth well-being and mental health programme developers.

This study was not without its limitations. First, the COVID-19 pandemic affected the programme delivery and research design. Participants and teachers facilitating the programme were undoubtedly impacted by the pandemic and government restrictions which may in turn have impacted their well-being and anxiety levels. The classroom environment was certainly different than expected, and ability to mix and socialise within classes and the wider school was impacted by the introduction of ‘pods’ in Irish schools to reduce the spread of COVID-19. The pandemic impacted participants’ capacity to engage in school and after-school activities as they usually would. COVID-19 also meant that many interviews were conducted over Zoom instead of face-to-face. Due to the gravity of the pandemic, school principals decided whether the interviews would be conducted face-to-face or over Zoom. As a result, the method of data collection is not consistent across all participants.

Additionally, while the researcher attempted to minimise the influence of any pre-existing biases, it is possible that the values and beliefs of the researcher subconsciously influenced the data collection and analysis (see Appendix I). Also, this evaluation focused on one school-based programme. If it had been possible to compare participant experiences of ALFL Schools Programme with experiences of another school-based intervention it may have provided richer information regarding what ALFL Schools Programme has to offer in comparison with other school-based well-being interventions.

3.4.5 Future implications

The results of this study suggest many benefits for young people engaging in ALFL Schools Programme. Not only does it appear to open up conversation about feelings and teach ways of coping with problems and difficult emotions, but participants also described it as fun and helpful, allowing them to share more, laugh more, and relate more with their peers. As topics related to social, physical and health...
education are taught in primary schools in Ireland and other countries, *ALFL Schools Programme* provides teachers with an interactive, social, engaging tool to help facilitate this teaching. The findings of this study will be important for the developers of *ALFL Schools Programme*, in helping them to tailor the programme to the needs of the children and listen to the voices of the children who have engaged in the programme. Already *A Lust for Life* have made some changes to the programme based on preliminary findings provided to them after collecting data, for instance, making the programme available to younger classes, changing some of the videos, and altering sessions so that they can be delivered over twelve weeks instead of six, potentially facilitating greater retention of information and allowing for more topic related discussion.

This study contributes original findings to the field of youth well-being and mental health. It also provides rigorous qualitative information about school-based, well-being programmes, which are much more frequently quantitatively researched. Clinical psychologists are often involved in the development of programmes aimed at improving well-being or reducing symptoms of anxiety or stress. This study may prove beneficial for psychologists and other professionals developing these programmes to hear the opinions and experiences of students who are potentially most in need of programmes such as these. It may be beneficial in the future to explore the feedback from parents in relation to the programme and whether they have noticed any psychological change in their children. This research was designed using an inductive approach, future qualitative research could take a deductive approach to explore whether existing theories could be applied to the participant data. It may be valuable to conduct focus groups after each session to get more detailed feedback in relation to each session from a vast array of participating students. To investigate the effectiveness of the programme, an RCT comparing the programme with another school-based well-being programme may be beneficial. It may also be useful to receive detailed feedback from teachers, as they have the essential task of delivering the programme to students.

**3.4.6 Conclusion**

Overall, *ALFL Schools Programme* shows promise for engaging young people with low levels of subjective well-being when discussing emotions, relationships,
well-being and practising coping skills. The majority of young people interviewed enjoyed engaging in the interactive programme and described ways in which it had been useful to them. They shared ways that information and skills from the programme had been applied to their lives and gave helpful feedback in relation to aspects of the programme that they disliked or found unrelatable. The results of this study, portraying the voice of young participants, may be beneficial to future developers of youth mental health and well-being programmes.
Chapter 4

Discussion

Universal well-being, resilience, and mental health promotion programmes, have the potential to be safe spaces for children, conducive to open discussion about emotions, mental health, diversity, and management of problems and uncomfortable emotions. Exploring the views of young people in relation to school-based well-being programmes formed the focus of the current thesis.

This thesis aimed to address the following central research questions:

1. What does existing research tell us about student experiences of teacher-led wellbeing and resilience programmes?
2. How do students with low levels of subjective wellbeing experience and apply ALFL Schools Programme to their lives?

4.1 Key findings

To address the first question, chapter two systematically reviewed the existing literature on student experiences of teacher-led programmes aimed at improving resilience, social, emotional, and psychological well-being, and/or reducing psychological distress. A narrative synthesis of outcomes from 23 studies revealed that, generally, school-based, universally delivered, well-being programmes were received positively by users. Participants appreciated interactive and varied session activities, teacher enthusiasm, and peer support. Many students shared examples of applying learning to their lives outside of programme sessions, and positive changes were reported personally, emotionally, socially, and within the classroom setting.

The second research question was addressed in chapter 3 where a novel, universal, well-being and resilience programme, ALFL Schools Programme, was focussed on. The experience of twenty primary school students who reported lower levels of subjective well-being than their peers was gathered in relation to the programme. Due to the newness of the programme, gathering insights about the programme from participating students, especially those students who potentially would benefit most from such a programme, appeared constructive. Key findings from the empirical study were presented in themes relating to i) understanding feelings, ii) coping skills, iii) connection, iv) illustrations of change, and v) programme feedback. Findings suggested that ALFL Schools Programme was a fun,
interactive, and valuable way for school children with low levels of subjective wellbeing to learn emotional literacy and coping skills. Participants shared suggestions for improvements of the programme that the programme developers have taken on board, for instance, increasing the number of sessions, and developing more relatable video content for discussion around conflict with friends.

Overall, the findings of the empirical study in chapter 3 were supported by existing evidence synthesised in chapter 2. For instance, finding the programme ‘enjoyable’, being impacted by the ‘structure’ and ‘content’ of the programme, and reporting ‘emotional effects’ and ‘improved understanding of mental health, stress, and other programme concepts’ were just some of the themes from the systematic review that were also relevant for participants of ALFL Schools Programme. The two chapters complement one another, with student experiences of ALFL Schools Programme echoing the voices of participants of other school-based programmes. This suggests that it was helpful to synthesise this research for programme developers, teachers, and researchers to have a collective voice illustrating what works well and what does not, and some reasons why certain elements of programmes succeed while others fail, from the perspective of the programme user.

4.3 Thesis strengths and limitations

In terms of strengths, while researchers in the field of school-based programmes appear to rely more on quantitative methods of evaluation, gathering qualitative data allows for a broad exploration of issues and topics. Though sometimes considered less reliable, valid, and generalizable than its quantitative counterpart, qualitative research is extremely useful when exploring experiences of individuals and gaining understanding regarding phenomena (Cope, 2014). Methods of assessing rigour, trustworthiness and authenticity have been established in the qualitative paradigm (Tobin & Begley, 2004). It is not always possible to find appropriate psychometric tools to measure and portray the wide range of issues that can become evident through use of qualitative methods. A lot of information can be gleaned from directly asking about likes and dislikes, applicability to everyday life, and recommended changes, that cannot be freely or adequately addressed using quantitative methods.
This thesis addresses a gap in the evidence-base by synthesising qualitative research on universally delivered, school well-being programmes, and describing a qualitative exploration of a novel, universally delivered, well-being programme for school children. It has been conducted alongside a RCT of the same programme, allowing for the qualitative information to compliment the quantitative, which is often encouraged by researchers (Bryman, 2002; Madill & Gough, 2008). This thesis and that of Dr O’Connor contribute to ALFL Schools Programme becoming a more evidence-based intervention, supported by theory, and endorsed by participants. A strength of this thesis is the contribution it makes to ALFL Schools Programme, especially when considered alongside Dr O’Connor’s thesis. Both theses give a thorough, first glimpse of ALFL Schools Programme and what this programme currently has to offer for school children around Ireland. The programme shows promise, and the developers continue to adapt it based on findings from the ongoing evaluation. This thesis provides constructive material for the developers to improve the programme’s applicability and acceptability for users.

This thesis was not without its limitations. The COVID-19 pandemic caused considerable disruption to data collection. The initial pilot roll-out of the programme, and the associated data collection for this study, were impacted by school closures due to COVID-19 in March 2020. As schools did not re-open until the following academic year, the data that had initially been collected had to be discarded and a new cohort of students were invited to take part in September 2020. Safety measures and restrictions as a result of the pandemic also meant that interviews often had to be conducted over virtual platforms rather than face to face, and that there were many delays in terms of when interviews could be conducted.

That said, the pandemic, social lockdown, and school closures affected the well-being of school children in Ireland causing anxiety and distress (Viner, et al., 2022). Hence, the delivery of ALFL Schools Programme may have been quite timely. The programme was adapted to incorporate lessons and discussions about COVID-19 related topics in addition to discussing feelings, problems, relationships, and learning coping strategies. Still, the delivery of the programme may have been somewhat disjointed in some schools due to school closures and staff shortages, which may have impacted children’s experiences of the programme.
Secondly, the systematic review explored school-based programmes that aim to promote social, emotional, or psychological well-being. The review was broadened after initial searches to include mindfulness-based programmes that aimed to bolster well-being due to a limited number of studies qualitatively exploring teacher-led programmes in the school setting. While all programmes had similar goals for students, there were differences in the experiences of students who participated in mindfulness-based programmes versus students of well-being programmes that were based on other frameworks such as CBT or SEL. While it was interesting to compare the differences, it is arguable that this led to the systematic review being slightly fragmented, rather than a connected synthesis of feedback on universal well-being programmes.

Thirdly, chapter 3 focuses on the experiences of twenty students with lower levels of self-reported well-being than their peers. Thus, the findings are not generalisable to the student body as a whole, or to the majority of participants who take part in these programmes. Although it was deemed important to give these participants a voice, there is a large majority of students who were not given a voice. That being said, the findings echo those of previous research, in which focus groups and open-ended surveys allowed for feedback to be collected from a larger, less selective pool of students (e.g., Graham & Truscott, 2019; Joronen et al., 2011; Maloney et al., 2014; Skyrabina et al., 2016). This potentially demonstrates similar experiences for students regardless of levels of positive mental health at baseline.

4.4 Contribution to the knowledge base

Chapter 2 provides the first narrative synthesis of qualitative experiences of young people taking part in school-based, well-being promotion programmes. A previous meta-aggregation, (Bastounis et al., 2017), examined student experiences of universal, depression and anxiety, prevention programmes, and emphasised the value the student voice contributes to the development and applicability of universal, school-based programmes. After exploring student participation in universal prevention programmes from five studies, the researchers advocated for the implementation of universal programmes promoting positive mental health and well-being in schools. The narrative synthesis reported in chapter 2, builds nicely from the work of Bastounis and colleagues by synthesising the voices of students participating in well-being promotion programmes in addition to mental illness prevention.
programmes. Interestingly, only two studies were included in both reviews, meaning that the narrative synthesis in this thesis was an original and beneficial contribution to the school well-being knowledge base.

Similarly, throughout the duration of this thesis, when reviewing relevant literature, time and time again the recommendation was made for more qualitative research to be conducted in the area (e.g., Foulkes & Stapley, 2022; Maloney et al., 2014; Robson et al., 2019; Skyrabina et al., 2016; Thomas & Atkinson, 2017; Werner-Seidler et al., 2017). There are many systematic reviews and meta-analyses exploring outcomes from programmes based on self-report measures and quantitative data, as outlined in chapter 2. Another contribution this thesis makes to the knowledge base is the way in which it responds to the recommendation to include more user insights and impressions when investigating school-based programmes. The narrative synthesis of the student perspective compliments previous systematic reviews in the area, giving a concise synthesis of participants’ experiences in a variety of universal, school-based well-being and mindfulness programmes. While quantitative and qualitative approaches to research can, and often do, complement one another; qualitative research is often underappreciated and should not be considered as simply a way of supporting quantitative findings (Braun & Clarke, 2013). Qualitative information in the area of school-based well-being programmes is certainly less visible than quantitative research, whether conducted less or published less it is hard to know. Yet it is important for participants to be heard when it comes to engaging in programmes such as these for development and applicability. Additionally, a lot of the qualitative information for the systematic review in chapter 2 came from mixed methods studies where at times the qualitative piece of the study was given less focus, or was almost lost, in comparison to the quantitative component. Having a synthesis of the views and impressions of participants is important as the voice of the programme user is revealed, and ultimately it is these voices we need to consider in order to develop and deliver person-centred, holistic, acceptable programmes.

A further contribution to the knowledge base exists due to the novelty of ALFL Schools Programme. As this research took place during the pilot roll out of the programme, there had been no previous studies exploring its effectiveness or participant opinions of the programme. This thesis describes one of two studies that are the first to examine ALFL Schools Programme. The empirical study in chapter 3
provides information from students about the experience of participating, the programme’s effectiveness, and its usefulness. This is the first time that the student experience of *ALFL Schools Programme* was explored, resulting in unique, original research, with findings that were similar to research on other school-based programmes including the *FRIENDS programme* (Skyrabina et al., 2016), *Circle Solutions* (Dobia et al., 2011), and *b* (Langer et al., 2020), in terms of enjoyment, relaxation, self-regulation, emotional and social effects, and the importance of interactive and varied activities. In contrast to research on some other school-based programmes, such as *Respecting Diversity* (Kath & Porath, 2011) and the *Service Learning* programme outlined in Chiva-Bartoll and colleagues (2019) study, while participants of *ALFL Schools Programme* reported improvements in relationships and classroom climate, themes were not identified in relation to diversity despite an ethnically diverse participant group.

Finally, mentioned several times throughout this thesis was the importance of engaging sessions with a mixture of activity types throughout. *ALFL Schools Programme* incorporates videos, discussions, role-plays, mindfulness, artwork, and group activities. It is also informed by CBT and mindfulness ensuring that different aspects of these therapeutic modalities are included throughout the sessions. This allows for each session to have a similar structure but to have a wide range of content, which students appeared to enjoy. While no direct inferences can be made, especially on the basis of the experiences of twenty students, it is possible that the variety of activities in combination with the variety of modalities, namely mindfulness practices, emotional literacy exercises, and CBT techniques, may play a role in how interesting and engaging a programme is perceived to be.

### 4.5 Clinical implications

Many school-based programmes, such as *ALFL Schools Programme* are developed with the input of clinical psychologists. The research outlined in this thesis provides valuable information for clinical psychologists, and indeed other programme developers, in terms of what young people who take part in these programmes appreciate and desire from a school-based programme. The collective voice of many school children has been depicted in chapter 2, while in chapter 3, twenty primary school students who had the potential to benefit most from a universal, well-being and resilience programme shared their experiences, often echoing what had been outlined
by others in chapter 2. These participants in chapters 2 and 3 provided a narrative for what made a programme engaging for them, what made a programme more applicable, and what changes they would like to see made to programmes. While not presuming to generalise the findings from school-based programmes to other settings, there is information in this thesis from children’s perspectives that may be of benefit to psychologists and other allied health professionals when developing and delivering structured group interventions in other contexts such as child and adolescent primary care and mental health settings, as well as programmes delivered in the school setting.

Already ALFL have made changes to the programme based on feedback from the participants of chapter 3, such as changing unrelatable video content, increasing the number of sessions, and making it available to a younger student group. The developers may also consider including information on diversity and cultivating a sense of belonging and interest in diverse cultures, to represent the growing diverse population of Ireland (Harmon, 2018). It was noteworthy that 30% of participants in the empirical study identified as being from countries other than Ireland. This figure is considerably higher than reported by the Central Statistics Office (2016) which quoted 18% of students in education systems in Ireland to be non-Irish nationals. This possibly alludes to minority students experiencing lower levels of overall well-being than their peers. Universal programmes delivered across classrooms or whole schools are well placed to encourage inclusion and foster a sense of belonging for minority classmates (Arnot et al., 2014). Hence, a programme such as ALFL Schools Programme has the potential to promote discussion around cultural diversity and for positive changes to be made towards acceptance and belonging for all.

Furthermore, this research has implications for policy makers. The incorporation of programmes for social, emotional and mental health to the school curriculum has been included in many education and mental health policies around the world. The Organisation for Economic Co-operation and Development (OECD), an intergovernmental organisation with 38 member countries, released a policy in 2021 entitled ‘Measuring What Matters for Child Well-being and Policies’. In this policy, it is stated that children’s views and perspectives need to be included when exploring youth well-being, as is their right under the United Nations Convention on the Rights of Children. Additionally, their views shed light on what influences their well-being and impacts behaviours. Policies influence young people’s aspirations and
have the potential to raise awareness regarding challenges they encounter, hence it is important to include their voice in policy development (OECD, 2021). In Ireland, universal mental health promotion programmes are in line with well-being legislation under the National Educational Psychological Service (NEPS) continuum for “school support for all”, a whole-school approach to enhancing wellbeing (Department of Education and Skills, 2015, pp. 17-19). This research can aid education and well-being policy makers by ensuring that the voice of the students is incorporated into how their mental health and well-being is promoted in schools.

4.6 Future research

This study explored the experiences of students with low levels of subjective well-being, who had the potential to benefit most from a universal well-being and resilience programme. It may be helpful for future research to use focus groups, journaling, or open-ended surveys to gather the experiences of a larger number of students. Focus groups allow for a more interactive environment to gather data. Detailed discussions can take place between participants, eliciting a range of views, with less influence from the researcher. Using methods such as journaling and open-ended surveys allows for data to be collected quite quickly and easily from a large number of participants while also ensuring anonymity (Braun & Clarke, 2013). If programme developers were very interested in the views of their participants, short focus groups conducted after each session could be powerful methods of uncovering participant insights into particular activities, videos, lessons and mindfulness practices. More detailed feedback can be collected immediately after each session than if researchers wait until the end of the intervention, as it is inevitable that participants forget certain aspects of sessions each week.

Secondly, more qualitative research is recommended. The power of hearing from programme-users has been emphasised throughout this thesis. Future research exploring insights from other sources, such as teachers and parents, would provide useful information on their perspectives of implementing the programme and the effect on their students or children. It is possible that during interviews, children say what they think you want to hear, or do not feel fully confident to share their opinions frankly and openly; consulting with parents or teachers may provide a deeper insight into benefits and everyday applications of skills. They may be able to identify areas of benefit that the children themselves have not recognised, or they may find it easier to
be open about aspects of programmes that children didn’t like. They may shed light on the applicability and use of skills and knowledge outside the programme sessions, either corroborating or contradicting information reported by students.

Additionally, future research could explore the use of themes identified throughout chapter 2 and 3 as potential mediators or moderators for outcomes relevant to school-based interventions. For instance, could teacher attitudes towards programmes, levels of empathy, duration of sessions, or amount of interaction, mediate or moderate the relationship between participation in these programmes and positive changes in social, emotional, or mental well-being. It may be useful to use themes identified through speaking to participants to inform future outcome evaluations of ALFL Schools Programme, or indeed school-based programmes in general.

4.7 Conclusion

Within this thesis, a systematic review was conducted to explore the findings of existing literature in relation to school children’s opinions of teacher-led programmes that foster resilience, well-being, emotional literacy, social skills, or aim to reduce symptoms of mental ill-health. Participant feedback was synthesised in relation to a variety of programmes, including SEL interventions, programmes based on CBT or mindfulness, and programmes that incorporated gaming or use of apps. The empirical research described the experience of participating in a novel, school-based, well-being and resilience programme, ALFL Schools Programme, from the perspective of students with comparatively low levels of self-reported well-being. Taken together, the opinions of school children are largely favourable towards school-based programmes especially when they are diverse, interactive, and delivered with enthusiasm. ALFL Schools Programme was well-received by participants, in line with findings from other school-based well-being promotion programmes. Implications for practise and directions for future research have been proposed. This thesis has identified the importance of incorporating the student perspective into school-based programmes. With that in mind, it appears fitting to conclude with a quote from a student about what they gained from ALFL Schools Programme:
“I learned that, like, ... that you also need to be mindful of your emotions. Like, you need to look after yourself when you're feeling down, and like not to hide your emotion. So, if you're feeling d-down and somebody just seems really concerned for you and asks if you're okay, you should say, "Yeah, I'm not feeling great today," and you shouldn't hide it, and that you should just be- - Like, you should look after your emotions, they're really important” (Grace, age 12).
References

*References marked with an asterisk indicate studies included in the systematic review


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Appendices

Appendix A. *A Lust for Life Schools Programme Infographic*

The *A Lust For Life Schools Programme*:
An emotional wellbeing and resilience programme for children, developed with best practice in psychology, mindfulness and education.

The programme is designed to equip children with the tools and skills to navigate the ups and downs of life by building:

- Emotional Resilience
- Emotional Literacy
- Emotional Awareness

The programme is built on a ‘Netflix’-style digital platform, with:

- Lesson Plans & class activities
- Video & animated content
- Mindfulness exercises
- A ‘Try It At Home’ Series

We believe we need to start a movement to build emotional wellbeing tools and resilience in our children. Help us change the course of the next generation’s mental health and wellbeing.

Our goal is to reach every child in Ireland through the *A Lust For Life Schools Programme*. It’s offered free of charge. All you need is a screen, audio speakers and an internet connection.

Register on the homepage now to deliver the programme in your classroom.
Appendix B. **A Lust for Life Schools Programme Lesson 1: My Wellbeing**

### Core Topics
- Wellbeing and its importance during times of COVID-19 (Coronavirus)
- Factors which impact our wellbeing – school, work, sleep, physical activity, nutrition, play and relationships
- Resilience

### Curricular Links
- SPHE > Myself > Taking care of my body > Health and wellbeing
- Recognise and examine behaviour that is helpful to health and wellbeing and that which is harmful
- Realise that there is a personal and communal responsibility for the health and wellbeing of himself/herself and others
- Science > Living Things > Human Life
- Understand and appreciate what it means to be healthy and to have a balanced lifestyle
- Begin to develop strategies to cope with various worries or difficulties that he or she may encounter

### Resources

### Key Vocabulary
- **wellbeing**
- **resilience**
- **physical activity**
- **nutrition**
- **connectedness**
- **relationships**
- **challenges**

### Learning Outcomes
- Pupils will be enabled to:
  - Explain and discuss the concept of wellbeing in their own words
  - Identify the key factors which impact wellbeing
  - Examine these factors in terms of their own wellbeing
  - Discuss how wellbeing and resilience are connected
  - Determine simple strategies which they can employ to enhance their own wellbeing and resilience
1. Mindful Moment – Square Breathing

What is Square Breathing?
Square Breathing is a slow and focused breathing technique which encourages using the abdomen to breathe deeply. Square Breathing is a good tool for times of stress, as it requires slow inhalations and exhalations, with the diaphragm muscle in the abdomen moving downward as we inhale and moving upwards as we exhale. This helps our heart rate to slow down and helps us to feel more relaxed and focused.

Before you begin, focus pupils’ attention on their breathing by asking them to sit in place for 20 seconds. When they’re finished, ask them to take notice of their breathing. Once they have begun breathing regularly again, show the Square Breathing video, asking pupils to follow Breslie’s guidance and to try Square Breathing themselves.

The Square Breathing script is included in the Teacher Guide.

Discussion Points:
+ Our bodies react to stress/worry in different ways. Discuss this with the pupils. This response is a physiological response but by helping to control our breathing we can respond to this (For example, if we get a fright, our heart beats fast, if we become embarrassed, we may feel flushed).
+ Think about the physical activity you did at the beginning of the lesson. Can you describe what your breathing felt like then?
+ Can you describe your breathing when you did the Square Breathing? How did you feel?
+ Can you think of things that might affect our breathing?

(For example, sighing with sadness, panting/feeling breathless from physical activity, slower/deeper breathing when sleeping, tight chest/difficulty breathing when worried). Our breathing rhythm can change depending on what we’re doing, or how we’re feeling but we can control our breathing when we need to by doing Square Breathing. Encourage pupils to practise their Square Breathing once every day.
+ Think about mindfulness and discuss with the pupils how people engage in different activities which can help them be mindful (For example, drawing, reading, gardening, playing music, sitting and reflecting).

Explain the goal of this lesson to the class.

W.A.L.T.: In this lesson, we are learning to process and talk about our Covid-19 experience and link our learning to our wellbeing.
2. Wellbeing - Discussion

As a class, discuss the following points:

+ **What is wellbeing?**
  Wellbeing is about a number of things - realising your abilities, being able to recover in difficult times, taking care of your body, being connected to others, being grateful, being aware of others and being active and engaged in life.

  "Wellbeing definition for pupils: ‘Wellbeing means feeling good at school, at home, at play and when you’re chilling out’.

+ **What do you think keeps us well?**
  For example, doing fun and nice things with our families (positive relationships with family), when we’re getting on with our friends on yard (positive friendships), getting a really good sleep, having healthy food and not too many treats (eating a balanced diet), being loved, doing fun things like hobbies and sports, when other people are nice and kind to us (being appreciated), learning exciting and fun things in school (school work), going for a walk.

+ **What do you do to keep well?**
  Invite pupils to share with their partners what they do to keep and feel well. Examples might include: ringing/connecting with a friend, exercising, playing with their siblings, relaxing/playing games, etc.
3. Our Wellbeing Rights

Our Wellbeing Rights is an empowerment tool for pupils, encouraging and empowering them to be assertive in a respectful manner, while still considering the rights of others.

Inform pupils that everyone has the right to feel well and that they’re going to create their own class poster of their wellbeing rights. Discuss ‘Our Wellbeing Rights’ with the pupils and write these on the whiteboard.

Take a picture of your wellbeing rights and share via our Instagram page @a_lust_for_life_schools, tweet us @LustForLife or email us at allischools@alustforlife.com, make sure to include a #ALustForLife hashtag

For example:

Our Wellbeing Rights

+ I have the right to be included
+ I have the right to be kind to myself
+ I have the right to make mistakes
+ I have the right to say no
+ I have the right to ask for help
+ I have the right to feel well
+ I have the right to my own thought and feelings, but so do you
+ I have the right to have friends
+ I have the right to be loved

Remember that others have these rights too! It’s important to highlight that while everyone is entitled to these rights, one person activating their right shouldn’t negatively impact the rights of someone else. These rights can provide a framework for discussion in these lessons and could be displayed in the classroom.

4. When is our Wellbeing impacted?

Question the pupils:
+ When might your wellbeing be impacted in a positive way?
+ When might your wellbeing be impacted in a negative way?
+ Can you think of any large event in the world which impacted wellbeing on a very large scale?

5. Video

Play the video ‘COVID-19 Experiences’ for the class – This video introduces us to some pupils’ perspectives of life during COVID-19.
6. Video Discussion

Discussion Points:
+ What did you notice from the video?
+ Who do you think had the toughest time?
+ Can you think of anyone else who might have had a tough time?
+ Do you think there was anyone to support these people?
+ What advantages were discussed within the video?
+ Can you make connections between the video and your own experiences?

7. My Wellbeing and Resilience - Discussion

Factors Impacting Wellbeing & Resilience:
There is a printable page accompanying sheet with information on COVID-19 (Coronavirus). This can be printed and shared with pupils if desired, shown on a whiteboard or projector, or read to them.

Remind pupils of the earlier discussion on wellbeing, about things that keep us well and discuss the following points:
1. Sleep: How do you feel when you don’t get enough sleep? How do you feel when you sleep well? It is recommended that children need 10-11 hours’ sleep each night. Good sleep is essential to build children’s resilience.
2. Nutrition: How do you feel when you don’t eat enough food? It’s important to eat a healthy balanced diet.
3. Physical Activity: How do you feel when you don’t get time outside on yard, for example on a rainy day? Children need to be active for at least 60 minutes every day.
4. Play: What do you like to do for fun? How do you feel when you do this activity? Having a sense of purpose and engaging in meaningful activities is really important for wellbeing.
5. Healthy Relationships: We can all have disagreements from time to time but how do you feel when you have a disagreement with a friend or someone in your family? Having a sense of connectedness and belonging is essential for wellbeing.
6. Safety: What guidelines do you need to follow to keep yourself safe and help stop the spread of COVID-19 (Coronavirus)? It is really important to follow these guidelines to ensure the safety of your family, friends, class and community.
7. Work (School work): How do you feel after a very busy day in school? It’s essential for pupils to have a good balance of work, rest and play.
8. My Resilience App and Learning Log - Reflection

- **Learning Log**: Explain to pupils that you will be asking them to complete a Learning Log at the end of each lesson to write about things they’ve learned, found useful and things they’d like to learn more about. (See Teacher Guide)

- **My Resilience App**: Explain to pupils about The Resilience App. We’re going to be looking at ways of improving our resilience by learning about useful tools and practicing them in school and at home. Imagine you’re building your own App – your Resilience App. In every lesson we’ll talk about things that you can do to help your resilience (and add to your app). Then, when you face challenges, you can think about your Resilience App and which tools might be helpful for you.

- Think about today’s lesson and complete your Learning Log for today. Today you started your Resilience App by learning about **Square Breathing** and **Our Wellbeing Rights**. Square Breathing can help us to feel more relaxed and focused. Our Wellbeing Rights can help us to let ourselves and others know in a confident way that we need to look after our wellbeing.

### MY RESILIENCE APP

<p>| | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Square Breathing</strong></td>
<td><strong>Our Wellbeing Rights</strong></td>
</tr>
</tbody>
</table>

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9. Try it at Home

1. **Resilience Gym** – Practice Square Breathing at home. Try it lying down this time. Discuss a time when you might find it helpful to use Square Breathing.

2. **Sleep Diary** – We talked about how sleep is really important for our wellbeing. Use the Sleep Diary at home to see if you’re getting a good night’s sleep by recording your sleep for the week.

### MY SLEEP DIARY

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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</thead>
<tbody>
<tr>
<td>What time did you go to bed?</td>
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<td>What time did you get up?</td>
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<tr>
<td>Did you get your 10 to 11 hours sleep?</td>
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<tr>
<td>How did you feel when you woke up?</td>
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</table>

Are you getting enough sleep to recharge your battery?
Remember if you don’t get enough sleep, make up for it the next night.
10. **Extension Activities:**

+ **Literacy:** Write a diary entry where you document a day where your wellbeing was high/low, mentioning the different activities you did.

+ **Maths:** Survey pupils and ask what activities they think are most beneficial for improving their wellbeing or which factors influence their wellbeing in the greatest way.

+ **Art:** Design posters for ‘Our Wellbeing Rights’. These could be illustrated and hung in the classroom.

+ **Art:** Create a poster outlining the seven different factors which influence our wellbeing.

+ **Music:** Create a composition about the seven different factors which impact wellbeing.

+ **History:** Research and explore other pandemics, such as the 2009 H1N1 Pandemic or 1957-58 H2N2 Pandemic.

+ **Brainbreaks:** The Square Breathing video and activity can be used throughout the day as a mindfulness activity with pupils.
# Appendix C. Pre- and post- programme interview schedule

<table>
<thead>
<tr>
<th>Pre-programme interview schedule</th>
<th>Post-programme interview schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First, I want to get to know you a little bit, will you tell me a bit about yourself?</td>
<td>1. First, it’s lovely to see you again.</td>
</tr>
<tr>
<td>➢ How old are you?</td>
<td>➢ Is anything different in your life since we last spoke?</td>
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<tr>
<td>➢ Where are you from?</td>
<td>➢ Have you taken up any new hobbies?</td>
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<tr>
<td>➢ What are your favourite hobbies?</td>
<td>➢ Have you started using any new apps on your phone? What ones? What do you like about it/them?</td>
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<tr>
<td>➢ Which social media apps do you use?</td>
<td>➢ Have you stopped using or deleted any apps? What ones? Why?</td>
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<tr>
<td>➢ What’s your favourite app? Why?</td>
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<tr>
<td>➢ Are there any social media apps that you tried but didn’t like? Why didn’t you like it?</td>
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</tr>
<tr>
<td>2. n/a</td>
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</tr>
<tr>
<td>2. Great, thanks. Next, I’d love to know what it was like to take part in A Lust for Life Schools Programme. Remember there are no right or wrong answers.</td>
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<tr>
<td>➢ What did you think of the programme?</td>
<td>➢ During the programme you did some mindfulness exercises, can you remember any of them?</td>
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<td>➢ What was good about it?</td>
<td>➢ Were there any you liked? Why did you like that one/those ones?</td>
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<tr>
<td>➢ What did you not like about it?</td>
<td>➢ Were there any you didn’t like? Why?</td>
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<td>➢ What was your favourite part? Why?</td>
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<tr>
<td>➢ What was it like to do it with your class? *prompt for more info: Why? / Tell me more etc.</td>
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<tr>
<td>➢ Do you think 5th/6th class is the right time to take part in the programme? Why?</td>
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<td>➢ Has the atmosphere in your class changed at all? In what way?</td>
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<tr>
<td>➢ Are any of your classmates different since the programme? In what way?</td>
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<tr>
<td>➢ If you had a fight or argument with someone in your class, what would you do?</td>
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<tr>
<td>➢ Did the programme help with this?</td>
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</tbody>
</table>
There were 6 different sessions in the programme, which one did you like best?
- Why did you like that one best?
- Can you tell me anything new you learned from the programme that you didn’t know before?
- Is there anything else you learned from it?
- Was there anything in the programme that you found tricky to understand? What was it?

3. Thanks so much for that feedback. Now I’m going to ask you some questions like I did the last day.
- The last day we spoke you told me about the important people in your life. Can you remind me who they are?
- If you had a problem who would you turn to? Why that person? What qualities do they have?
- What makes someone a good friend, in your opinion?
- Can you tell me anything new you learned about relationships from the programme?

4. We spoke a good bit about feelings the last day, I’m going to ask you some of those questions again now.
- Let’s start with HAPPINESS again.
  The last day you told me about things that make you feel happy.
  Can you tell me what happiness feels like in your body?
  How would I know you are happy?
  What thoughts do you have when you feel happy?

- You also told me about things that make you feel SAD.
  Can you tell me what sadness feels like in your body?
  How would I know you felt sad?
  What helps to make you feel better?
  Is there anything you can do yourself to help make your sadness smaller?
  What would you do or say to someone in your class who was sad?
  Did you learn anything new from the programme about sadness? If yes, ask...

3. Next, I’d like to know about the people in your life.
- Who is really important in your life?
- If you had a problem who would you turn to? Why that person? What qualities do they have?
- What makes a good friend?
- What’s your class like?
- Say you had an argument with someone in your class, what would you do?

4. Next, I’m going to ask you some questions about feelings.
- Can you list some different feelings for me!
  Thanks. We’re going to start with HAPPINESS
  What sort of things make you feel happy?
  Can you tell me what happiness feels like in your body?
  How would I know you are happy?
  Do you know what thoughts are?
  Prompt if necessary. Words or pictures in your head, for example, earlier today I was hungry and I had the thought ‘I want food’.
  What thoughts do you have when you feel happy?

- Great. We’re going to move on now to SADNESS.
  What sort of things make you feel sad?
  Can you give me some examples?
  Can you tell me what sadness feels like in your body?
  How would I know if you felt sad?
  What thoughts do you have when you feel sad?
What do you do when you feel sad?
What helps to make you feel better?
If you were feeling very sad, what could you do yourself to try make your sadness smaller?
How would you know if someone in your class was sad?
Prompt if necessary: What would they look like? What would they be doing?
What would you do/say to that person?

Brilliant. Let’s move on to ANGER next.
What sort of things make you feel angry?
Can you tell me what anger feels like in your body?
How would I know that you were angry?
What thoughts do you have when you feel angry?
What do you do when you’re angry?
What makes you feel better again?
If something had made you feel really angry, what sort of things could you do yourself to make your anger a bit smaller?
How would you know if your someone in your class was angry?
Prompt if necessary: What would they look like? What would they be doing?
What would you do/say to someone who felt angry?

Great, thanks. Next, I want to ask you about FEAR and WORRY
Can you tell me some things you are afraid of?
Do you worry about anything? Do you have any examples?
What kinds of thoughts do you have when you feel scared or worried?
Can you tell me what fear feels like in your body?
What about worry – what does that feel like in your body?
How would I know if you felt scared or worried?
What do you do when you feel scared or worried?
What makes you feel better?
If you were feeling really afraid or worried about something, what could you do yourself to make your fear or worry a bit smaller?
How would you know if someone in your class was afraid or worried?
Prompt if necessary: What would they look like? What would they be doing?
What would you say to someone in you class who was scared of something e.g., won’t go into the class because there’s a spider in there?

Thank you. We also spoke about things that make you ANGRY last time.
Can you tell me what anger feels like in your body?
How would I know you were angry?
What thoughts do you have when you feel angry?
What do you do when you’re angry?
What makes you feel better again?
Is there anything you can do yourself that helps make your anger smaller?
What would you do or say to someone in your class who felt angry?
Did the programme teach you anything new about anger? If yes, ask for examples.

You also told me some things that you are SCARED OR WORRIED about the last day we met.
What kinds of thoughts do you have when you feel scared or worried?
Can you tell me what fear feels like in your body?
What about worry – what does that feel like in your body?
How would I know you were feeling scared or worried?
What do you do when you feel scared or worried?
What makes you feel better?
Is there anything you can do yourself that helps make your fear or worry smaller?
What would you say to a classmate who was scared of something?
What would you say to someone if they were worried about something?
Has taking part in the programme helped at all with managing fear or worry? How? / In what ways?
Do you think you know more about fear or worry now because of taking part in the programme? If yes, ask for examples.

Do you talk about your feelings much? Why? /Why not?
Who would you talk to?
Do you think you know how to handle tricky feelings any better now, or is it kind of the same? Tell me more.
➢ What would you say to someone in your class if they were worried about something e.g., a test?

➢ Do you talk about your feelings much? Why? /Why not?
➢ Who do you talk to most about your feelings?

5. Thank you. I just have a few questions left for you. It’s ok if you’re not sure of the answers. You’re going to be doing A Lust for Life Schools Programme over the next few weeks and that teaches things like well-being, resilience, and compassion.
➢ Are you able to tell me what well-being means?
➢ It would be great if you could give me a few examples of how you take care of your body and mind.
➢ Can you tell me a little bit about what it means to be resilient?
➢ Have you heard of ‘self-compassion’? Can you tell me a bit about it?
➢ What do you like to do to relax?

6. Closing Question
➢ Thank you for answering all of those questions, I just have one more for you, I’d love to know if you have a biggest hero, someone you really admire? Who is it? Why?

➢ What skills do you think were most helpful from the programme to help you manage tricky feelings?
➢ Can you understand your thoughts a bit better? Can you give me an example?
➢ Do you know how to manage tricky thoughts a bit better?
➢ Have you been able to help any friends with tricky feelings over the past few weeks? Can you give me an example?
➢ Do you think you would have reacted like this before the programme?

5. Thank you. Just a few more questions now.
➢ Can you tell me what well-being means?
➢ How do you take care of your body and mind?
➢ Do you do anything new or different now to look after yourself since we last spoke?
➢ Do you know what it means to be resilient?
➢ Do you know what self-compassion is?
➢ What do you like to do to relax?

7. Closing Questions
➢ Would you recommend A Lust for Life’s programme to other children?
➢ Is there anything you would change?
➢ Is there anything you think is missing?
➢ The last time we met I asked you about your biggest hero, who is your hero? Is that the same or different? If different, why?
Appendix D. Letter of ethical approval

January 7th, 2020

Ms Emma Hoctor
c/o Professor Gary O’Reilly
UCD School of Psychology
Belfield
Dublin 4

Re: HS.19.74.Hoctor.OReilly: Exploring student and teacher experiences of psychological change associated with Future Flix, an emotional well-being programme for primary school students

Dear Ms Hoctor

Thank you for your response to the Human Research Ethics Committee – Humanities (18/12/19). The Decision of the Committee is that approval is granted for this application which is subject to the conditions set out below.

Please note that public liability insurance for this study has been confirmed in accordance with our guidelines.¹

Please note that approval is for the work and the time period specified in the above protocol and is subject to the following:

- Any amendments or requests to extend the original approved study will need to be approved by the Committee. Therefore you will need to submit by email the Request to Amend/Extend Form (HR4);
- Any unexpected adverse events that occur during the conduct of your research should be notified to the Committee. Therefore you will need to submit, by email, an Unexpected Adverse Events Report (HR5);
- You or your supervisor (if applicable) are required to submit a signed End of Study Report Form (HR6) to the Committee upon the completion of your study;
- This approval is granted on condition that you ensure that, in compliance with the Data Protection Acts 1988 and 2003, all data will be managed in accordance with your application and that you will confirm this in your End of Study Report (HR6);
- Please note that further new submissions from you may not be reviewed until any End of Study Reports due have been submitted to the Office of Research Ethics. That is, any earlier study that you received ethical approval for from the UCD HREC;
- You may require copies of submitted documentation relating to this approved application and therefore we advise that you retain copies for your own records;

...
• Please note that the granting of this ethical approval is premised on the assumption that
the research will be carried out within the limits of the law;
• Please also note that approved applications and any subsequent amendments are
subject to a Research Ethics Compliance Review.

The Committee wishes you well with your research and look forward to receiving your End
of Study Report. All forms are available on the website www.ucd.ie/researchethics please
ensure that you submit the latest version of the relevant form. If you have any queries
regarding the above please contact the Office of Research ethics and please quote your
reference in all correspondence.

Yours sincerely,

[Signature]

Dr Joan Tiernan
Chair Human Research Ethics Committee - Humanities

(1) http://www.ucd.ie/researchethics/information_for_researchers/inurance/
Appendix E. Information sheet for parents/guardians

Re: Pilot evaluation of a school-based programme aimed at promoting well-being in adolescents and Exploring student experiences of psychological change associated with A Lust for Life Schools Programme.

Dear Parent/Guardian,

Our names are Dr Martin O'Connor and Emma Hoctor, and we are doctoral students from UCD. For our doctoral theses, we are researching the impact of A Lust for Life Schools Programme – a programme that is being delivered in your child’s class to improve wellbeing and resilience. The programme has been developed by A Lust for Life, a registered Irish charity founded in 2015, to promote openness and discussion about mental health, wellbeing and Covid-19. This research is supervised by Prof Gary O’Reilly and Assoc Prof Louise McHugh. We are writing to invite your child to take part in our research.

What is this research about? This research contains two studies. The first aims to evaluate the impact of the programme on your child’s wellbeing and resilience. The second aims to interview a sample of children and give them a chance to say what they thought of the programme.

Why are we doing this research? To better understand children’s experiences of the programme and its impact on wellbeing and resilience.

Why has your child been invited to take part? Your child has been invited to take part because their class will receive A Lust for Life Schools Programme in the coming weeks.

What does participation involve in this study? Participants will answer short surveys on an online platform in school about wellbeing, resilience, emotional literacy and mindfulness (15mins) before the programme, after the programme, and again six weeks later. In addition, some children from your child’s class will be selected to take part in two interviews, one before the programme exploring their understanding of wellbeing, feelings and relationships, and one after the programme exploring their thoughts of the programme and what they have learned from it (approx. 45 mins each). These children will be selected based on their responses to the wellbeing questionnaire they fill out before the start of the programme. Children whose scores on this measure are in the lower 10% of all children who completed it, will be eligible to take part in the interviews. The interviews will be about your child’s understanding of the content of the programme including things like emotions, thoughts and relationships. These interviews will be recorded so that they can later be transcribed. It is preferred that these interviews be conducted face-to-face (while observing all Department of Health protocols in relation to Covid-19), however, interviews may be conducted over video conferencing software e.g. Zoom, if requested by the school principal. The researchers have been Garda Vetted.

How will data be used? The data generated from this research will be used to learn more about the impact of A Lust for Life Schools Programme. The researchers will use the data from these studies in their doctoral theses. The data will be stored for a period of 5 years after the researchers’ doctorates have been completed. After this, the data will be archived in the UCD School of Psychology and may be used in future research into wellbeing, resilience, emotional literacy and mindfulness. However, only the researchers (Martin and Emma) and supervisors (Louise and Gary) involved in the study can let people (e.g. our examiners) access the anonymised data. The overall anonymised findings of the research may be published in academic journals and presented at academic conferences.

How will privacy be protected? Survey data and interview transcripts will be kept in a locked, encrypted electronic file on a password-protected and encrypted computer. Signed consent and assent
forms will be stored in a locked filing cabinet in UCD which only the researchers and supervisors can access. During data collection, participants’ names will be collected as part of the survey but will be confidential. Only the researchers and their supervisors will have access to this and it will not be shown to other people. After all survey data has been collected, names will be deleted and data will be anonymised and titled using unique codes – **NOT** names. In addition, the recordings of the interviews will be transcribed and all potentially identifying information will be removed from the written text. Recordings will then be deleted.

**What are the benefits of taking part in this study?** There are no direct benefits, but this study will help us better understand the impact of the programme on children’s wellbeing and resilience.

**What are the risks of taking part in this research?** The researchers have minimised any possible risk to your child. However, if your child becomes tired he/she can take rest periods or withdraw from the research at any time. A staff member from your child’s school will be present throughout the interviews. If during an interview, your child discloses anything of concern, such as risk of harm to themselves or others, you will be informed, and information on relevant services will be provided. If a disclosure of abuse is made, the interviewer is required by law to make a report to Tusla, The Child and Family Agency. In the unlikely event that your child becomes upset, we ask you to take note of the following confidential service:

- **Childline**: www.childline.ie  
  Freephone: 1800 666666  
  Free Text: 50101

If you would like advice or someone to talk to because of how you or your child are feeling, there is advice and help available at:  
- **www.parentline.ie**  
  LoCall 1890 927 277

**What precautions are being taken to prevent the potential spread of Covid-19?** A Covid-19 risk assessment has been undertaken for this study and the level of risk deemed to be ‘moderate’. All necessary Department of Health protocols in relation to Covid-19 will be observed during data collection. The researchers will follow all government guidelines in relation to social distancing, hand hygiene and the use of PPE. Any equipment used throughout this research, e.g. dictaphones, tables and chairs, will be cleaned with disinfectant wipes before and after each participant.

**Can you change your mind at any stage and withdraw from the research?** Participation is VOLUNTARY. Before the research begins, if you have consented for your child to take part, we will ask your child if they want to take part. If your child does not want to, they will be excused from the research. If your child does want to, they will sign an assent form. Your child can choose to stop participating at any time and this will not affect any of the services or privileges they receive at their school, and they will still be able to take part in A Lust for Life Schools Programme. However, submitted responses cannot be withdrawn because data will be stored anonymously.

**How will you find out what happens with this project? Who do you ask for more information?** You can contact the researchers (see details below) with any questions about the study or to get details of any future publications/presentations.

**How to get involved?** If you want to allow your child to take part in this study, **please sign the attached consent form**.

Many thanks for your time.

Yours sincerely,
Dr Martin O’Connor and Emma Hoctor.

**Contact Details:**

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Dr Martin O’Connor  
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**Researcher:**  
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**Supervisor:**  
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**Supervisor:**  
Prof Gary O’Reilly  
Phone: 01 716 8636  
Email: gary.e.oreilly@ucd.ie
Appendix F. Consent form for parents/guardians

UCD School of Psychology,
Newman Building,
University College Dublin,
Belfield, Dublin 4, Ireland.
T: +353 1 7168369/8363
F: +353 1 7161181

Scoil na Síoltaíochta UCD,
Áras Newman,
An Coláiste Ollscoile Baile Átha Cliath,
Belfield, Baile Átha Cliath 4, Éire.
www.ucd.ie/psychology

In signing this consent form I confirm I have read the parent/guardian information sheet for this research. I also confirm that I understand and acknowledge the following (please tick):

- I have had time to consider whether I want my child to take part in this research.
- Any questions I asked were answered properly.
- I understand that my child’s participation is VOLUNTARY.
- I know my child will be asked to do short questionnaires.
- I know that if my child’s score on the wellbeing questionnaire places them in the lower 10% of all children, they may be invited to take part in two interviews - one before and one after the programme.
- I know that, if selected, my child will be recorded while taking part in the interviews.
- I know my child is free to stop their participation at any time if they want.
- I understand that if my child tells the interviewer that they or someone else is in danger, the researcher will have to report this.
- I understand that a Covid-19 risk assessment has been undertaken in relation to this study and I am aware that the risk has been deemed to be ‘moderate’.
- I understand that all necessary Department of Health protocols will be observed throughout data collection in relation to Covid-19.
- I understand that once my child submits their responses, their responses cannot be withdrawn after the final survey or after the interviews have been transcribed.
- I understand that my child’s answers will be combined with those of other children and may be published in academic journals and presented at academic conferences.
- I give permission for my child’s anonymous data to be archived in the UCD School of Psychology after a period of 5 years and potentially used in future research into well-being, resilience, emotional literacy, rule-following and mindfulness as well as seen by a dissertation examiner.

Please tick as appropriate:

- YES, I give my permission for my child to take part in this research.
- NO, I do NOT give my permission for my child to take part in this research.

Child’s name (block letters): ________________________________________________

Parent/Guardian’s name (block letters): ______________________________________

Parent/Guardian’s signature: ________________________________________________

Date: _____________________________________________________________________

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Appendix G. Student information sheet

Re: Pilot evaluation of a school-based programme aimed at promoting well-being in adolescents and Exploring student experiences of psychological change associated with A Lust for Life Schools Programme.

Our names are Dr Martin O'Connor and Emma Hoctor, and we are studying in the UCD School of Psychology with Prof Gary O’Reilly and Assoc Prof Louise McHugh. Your class will soon be taking part in a programme called A Lust for Life Schools Programme. This programme has been created by the charity A Lust for Life. We are looking at the impact that this Programme has on children. This page explains our research and you are invited to take part!

What is this about? Our research has two parts. The first part looks at the impact that A Lust for Life Schools Programme has on mental health. The second part involves interviewing children about their understanding of wellbeing, feelings and relationships both before and after the programme.

Why ask you to take part? Because your class will receive A Lust for Life Schools Programme in the coming weeks.

What does taking part mean? Answering questions about wellbeing and emotions in school on an iPad (15mins) before you begin A Lust for Life Schools Programme, after it ends, and again six weeks later. In addition, some students from your class will be selected to take part in an interview both before and after the programme to talk about their understanding of things like wellbeing, feelings and relationships. These students will be selected based on their responses to the wellbeing questionnaire that they fill out before the start of the program. We would like to do these interviews face-to-face, however, the interviews may be conducted over video conferencing software e.g. Zoom, if your principal does not want people coming to your school because of Covid-19. The interviews will be recorded so that Emma can listen back to them later.

How will your answers be used and kept safe? We will keep your answers safe for 5 years after we finish our studies. Following this, your answers will be kept safe in the UCD School of Psychology. The answers you give will be stored on a password-protected and encrypted computer in a locked and encrypted file. Your name will be collected as part of the survey, but this will not be shown to other people. Only the researchers and their supervisors will have access to this. After the final survey, all names will be deleted and data will be anonymised and titled using unique ID codes. This means that after the final survey, no one will know which answers you give and you can’t take your answers back later. Interviews will be typed up and anything that identifies you, such as your name, will be removed from the text. No one will know what you said. Once typed up, the recordings will be deleted. Your name won’t be on the text so it won’t be possible for you to take your answers back later. We may use your answers in future research on wellbeing and mental health BUT only ourselves (Martin and Emma) and our supervisors (Louise and Gary) can let people (e.g. our examiners) see the anonymous
answers. The findings of the research may be published, but your name and the name of your school will not be included.

**What are the benefits and risks of taking part?** There are no direct benefits. We have done our best to reduce any risk to you, but some questions may make you feel sad or worried. While you may get tired during the study, we have made sure all questions are as short as possible. You may stop the study/take a break *whenever* YOU want. A Covid-19 risk assessment was conducted for this study and the level of risk was deemed to be ‘moderate’. The researchers will follow all Department of Health protocols in relation to social distancing, hand hygiene and the use of PPE to prevent the potential spread of Covid-19. Any equipment used throughout this research, e.g. dictaphones, tables and chairs, will be cleaned with disinfectant wipes before and after each student is interviewed.

**Support:** If you are ever feeling sad or worried or something is bothering you, it is always a good idea to talk to a parent/guardian or another adult (like your teacher). If you would like to talk to someone else there is a service that you can reach out to for support:

**Childline:** www.childline.ie  
**Freephone:** 1800 666666  
**Free Text:** 50101

**Can you change your mind at any stage and withdraw from the study?** YES! You can **choose** to take part and you can stop at any time! But if you give us your answers, you can’t take them back after the final survey or after the interviews have been typed up.

**More information?** You or your parents/guardians can contact us with *any* questions.

**How to get involved?** Please return your signed parent/guardian consent form. After that, you can **choose** to take part by signing the assent form. If your parent signs the consent form but you decide you do *not* want to take part please do not sign the assent form.

Thank you for reading!

Dr Martin O’Connor and Emma Hoctor.

**Contact Details:**

**Researcher:**
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**Supervisor:**
Prof Gary O’Reilly  
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Email: gary.e.oreilly@ucd.ie
Appendix H. Student assent form

Re: Pilot evaluation of a school-based programme aimed at promoting well-being in adolescents and Exploring student experiences of psychological change associated with A Lust for Life Schools Programme.

By signing this form, I agree I have read the information sheet for this research. I have given the researcher a signed parent/guardian consent form. I also agree that (please tick);

- I have had time to think about if I want to take part in this research.
- Any questions I asked were answered properly.
- I understand that taking part is my choice and that I can stop or take a break at any time I want.
- I know that I will be asked to do short questionnaires.
- Based on my answers to the questionnaires I know that I may be invited to take part in two interviews – one before and one after the wellbeing programme.
- I know that, if selected, I will be recorded while taking part in the interviews.
- I understand that if I give my answers, I can’t take them back after the final survey or after the interviews have been typed up.
- I understand that if I tell the interviewer that I am, or someone else is, in danger, they will have to report this.
- I understand that a Covid-19 risk assessment has been done and I know that the risk has been deemed to be ‘moderate’.
- I understand that the researchers will follow all necessary government protocols in relation to Covid-19.
- I understand that my answers will be kept safe in the UCD School of Psychology and may be used in future research on mental health and seen by Emma and Martin’s examiner.
- I give permission for my answers to be combined with those of other students and published.

Please tick as appropriate:

- YES, I want to take part in this research.
- NO, I do NOT want to take part in this research.

Your name (in block letters): _______________________________________

Your signature: _____________________________________________

Date: ___________________________________________
Appendix I. Researcher reflective statement

As a psychologist in clinical training, my experience working with children and adolescents in a clinical setting, as well as my values in relation to connection and compassion, influenced how I conducted this research and made sense of the data. While this experience was beneficial for helping children to feel at ease and developing rapport with them before the interview process, I found I had to remind myself to stick to my interview schedule and not to engage in a therapeutic assessment process like I would be more used to.

There was a part of me that really wanted ALFL Schools Programme to have benefits for children, and I was aware that I wanted the participants to say that they liked the programme and benefitted from it. I continually tried to ensure that my questions were not leading throughout the interview process and that participants were always encouraged to be honest with their feedback. Additionally, throughout data analysis, I engaged in line-by-line coding to ensure that everything that participants spoke about was given attention and coded appropriately. I also had another researcher conduct coding on a subset of the interviews to gather another researcher’s opinion on the codes and themes used.

I stated in chapter 3 that I held a social constructivist approach. While this suited the research being conducted, it also holds true for me in relation to my worldview. There was a congruency between the research and my own beliefs and values, namely that we all learn and make sense of our realities through interaction and discussion with others. We develop our own understanding and meanings of the world through our own experiences. Conducting the research through a social constructivist lens also influenced my application of inductive thematic analysis, meaning that I was able to rely on the participants’ views of emotions, relationships, and the programme to inform the codes and themes.