Sustaining mental health and wellbeing programmes in schools: recommendations from an online roundtable

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Despite recent investments in school-based mental health and wellbeing promotion in England, the sustainability of mental health interventions remains a substantial challenge. This article brings together potential solutions to sustaining interventions in schools, drawing on insights from an online roundtable discussion held in July 2022. Facilitated by researchers and informed by recent research on barriers and facilitators to sustaining school-based mental health interventions, 16 participants came together to discuss challenges and solutions. Participants included school staff, policy makers, educational psychologists, researchers and mental health intervention developers. The discussion explored the need for accountability at all levels (e.g., from school leaders to policy makers and Ofsted) and the potential value of engaging schools more consistently with academic evidence. Participants also discussed the importance of creating a healthy and sustainable ecosystem for interventions (underscoring the significance of staff wellbeing, adequate resourcing, and longer-term funding commitments), and moving beyond separate, isolated interventions. The findings offer a range of recommendations for school decision makers, mental health researchers, intervention developers, and those working in the wider system around schools.

KEYWORDS

sustainability, school-based, mental health, wellbeing, intervention, roundtable

1 Introduction

Improving young people's mental health and wellbeing has been identified as a key public health issue, and recent findings from a survey in England show that one in five young people may be experiencing mental health problems (Newlove-Delgado, 2023). Children and young people spend a large amount of their time in education and schools are increasing perceived internationally as important sites to embed mental health and wellbeing prevention programmes (Langford et al., 2014; Foulkes and Stapley, 2022; Norwich, 2022). Pupils have also highlighted mental health as an important subject in schools; a survey in England found that 93% of participants aged 11–19 years thought that the topic of mental health and wellbeing should be taught at school (Cortina et al., 2021). Recent policy directives in England have encouraged an

increased role of schools and school staff to promote and protect child and adolescent mental health (Education Health Committees, 2017), and several literature reviews have also demonstrated areas of promise in relation to school-based mental health support (Marks, 2012; Langford et al., 2014; Clarke, 2021; Werner-Seidler et al., 2021).

Yet despite considerable investment in interventions from national government, local authorities and individual schools, programmes are often not sustained beyond initial funding or the conclusion of research studies (Humphrey et al., 2013; Askell-Williams, 2017; Herlitz et al., 2020). This lack of sustainment greatly limits the potential benefits of these programmes for children and young people's mental health and wellbeing across the country. While most research on programme sustainability has been in relation to public health or medical settings, several barriers to sustaining these types of intervention in schools have been identified, both at the level of individual schools as well as wider educational systems (Herlitz et al., 2020; March et al., 2022). Factors involved in sustainability at the school level include leadership support, perceived effectiveness, school culture and policies, staff turnover, and acceptability of intervention and fit with the school (Wolk, 2019; Herlitz et al., 2020; Koh and Askell-Williams, 2020; March et al., 2022). At the wider system level, shifting priorities and turnover of key personnel have also been identified as substantial barriers to sustainment (March et al., 2022).

In acknowledgement of the myriad influences on a school-based mental health programme, some researchers exploring sustainability have framed schools as complex adaptive systems (Keshavarz et al., 2010; Koh and Askell-Williams, 2020). In their article exploring the challenges of system-wide implementation of health promotion programmes, Keshavarz et al. (2010) make a strong case for viewing schools as these complex adaptive systems, comprised of a "population of diverse rules-based agents, located in multi-level and inter-connected systems" (p. 1468). Schools are constantly evolving and adapting, with agents (e.g., staff members) acting based on a combination of their experience, knowledge, environment, local values and both informal and formal system rules (e.g., school ethos). Staff are nested within sub-systems (e.g., subject departments) that often function autonomously and have varying degrees of interaction across different schools and pupil age ranges. Schools themselves also sit within a larger interconnected system of education and are influenced by higher-level factors such as national and local policy (Domitrovich et al., 2008). Given this complexity and the range of barriers to sustainment that have been identified across different parts of the system, any attempt to bring about change will necessarily require the involvement of stakeholders from across the school system. Mason (2008) stated that "change in education, at whatever level, is not so much a consequence of effecting change in one particular factor or variable, no matter how powerful the influence of that factor. It is more a case of generating momentum in a new direction by attention to as many factors as possible" (p. 35). In line with this perspective, this paper brings together the voices and opinions of experienced professionals to consider potential solutions to the issue of sustaining mental health and wellbeing support in schools.

2 Methods

A roundtable workshop exploring potential solutions to the issues around sustainability in a school intervention context was held online in July 2022. In total, 20 roundtable members were purposively invited to participate based on their expertise in this area (e.g., research and policy expertise, experience working and delivering programmes in schools, and intervention development experience). While it is crucial, as outlined above, to involve stakeholders from across the education system, some people in the system have more decision-making power and influence than others, such as those in leadership and policy roles (March et al., 2022). Consequently, there was more emphasis on these roles in the roundtable discussion. Sixteen people agreed to take part and four were unable to join due to other commitments or lack of capacity. The 16 participants included: school staff; policy makers in the fields of education and health; academic researchers in the field of mental health, schools, evidence-based practice and sustainability; educational psychologists; and mental health intervention developers.

The roundtable meeting was facilitated by two authors (AM and JD) and had a duration of 2 h. The meeting began with a short presentation on the key findings from a systematic review on barriers and facilitators to sustaining school-based mental health interventions, such as staff turnover, leadership priorities, school culture, perceived benefit, capacity and funding (led by AM; March et al., 2022). The presentation also included some highlights of findings from AM's PhD work on sustainability. This work involved focus groups with pupils and extensive interviews with school staff for nearly 3 years after their participation in a trial delivering mental health and wellbeing intervention to pupils (Hayes et al., 2019a,b). A pictorial conversation starter was also shared that represented a potential cycle for school-based mental health and wellbeing programmes (see Figure 1). This was intended as a tool to kickstart the conversation in the meeting. Figure 1 was created from a combination of findings from AM's work on sustainability in her thesis, examples from wider literature (e.g., Askell-Williams, 2017) and informal conversations with school staff and other stakeholders.

Starting with smaller break-out rooms, each facilitated by an author (AM or JD), participants were asked to respond to the following questions:

- How could we break the cycle whereby interventions are not sustained?
- If you had a magic wand, what would you change right now?

Participants were then brought together for a whole group discussion to share these ideas, providing an opportunity for each group to hear and contribute to the other's thoughts. After a short break, there were two further break-out rooms for participants to discuss potential solutions to the current situation in schools. Discussions and recommendations were recorded on digital post-it notes and qualitative notes were taken
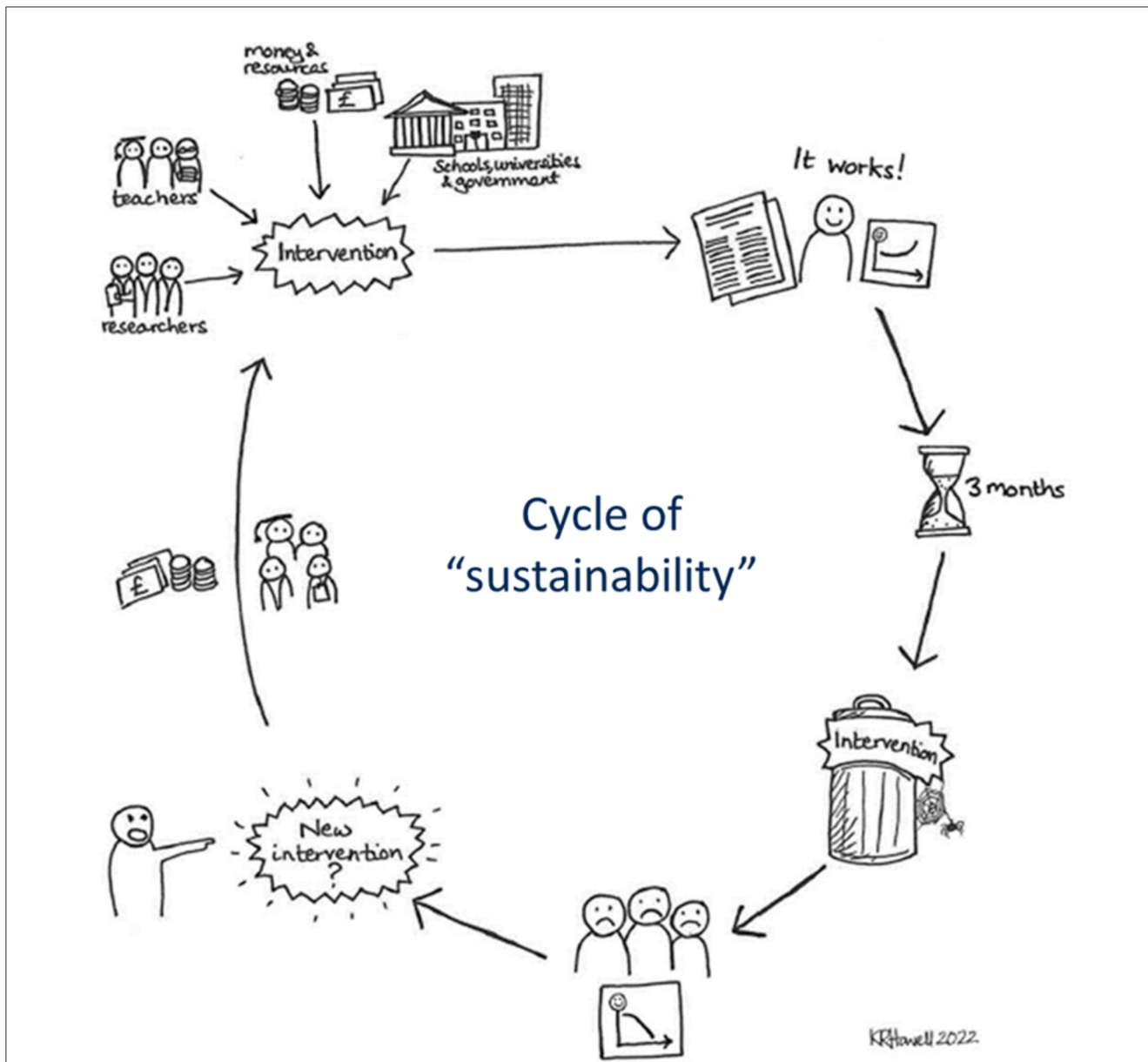
FIGURE 1
Conversation starter for roundtable discussion. Starting from the top left, we see the time, money and resources from a range of stakeholders that go into designing, piloting and delivering a new intervention. However, despite reports of the intervention working (this could be anecdotal evidence or findings from a research trial), the intervention resources are quickly forgotten and end up in a cupboard or in the bin as delivery peters out. This seems to happen despite increasing need for support as pupils' mental health continues to decline. Then, in the bottom left we see excitement at a "new" intervention that may fix the problem. This intervention often looks surprisingly similar to something that has come before. Once again, there is investment from many different sources to develop said "new" intervention and the cycle begins again. Image copyright Katharine Howell.

by both facilitators. These notes were collated after the meeting and organised into themes and recommendations which are discussed in detail below and summarised in Table 1. In line with a complex adaptive systems approach, the recommendations have been grouped by key "agents" or stakeholders working in different parts of the school system in England, including school leaders, researchers, intervention developers and those working at the wider system level (e.g., policy makers, civil servants).

3 Results

3.1 Accountability at all levels

Participants discussed the importance of embedding mental health and wellbeing into the school curriculum and inspection framework. Although there have been developments regarding this in recent years, participants felt that more emphasis is required in the Ofsted (2022) framework. It was noted by school

TABLE 1 Roundtable themes and recommendations.

Theme	Change required	Recommendations
3.1 Accountability	• Embed mental health and wellbeing into the curriculum and inspection framework for schools • Develop a shared understanding and responsibility amongst all staff working in schools for pupil's mental health and wellbeing	• **School leaders:** beware of shortcuts—invest in training and capacity building across the staff team; work to build a culture and ethos that centres pupil wellbeing • **Researchers:** include attainment and behaviour outcomes in research trials of mental health and wellbeing initiatives; support Ofsted to develop measurement of pupil wellbeing or related activities • **Intervention developers/teacher trainers:** design high-quality training that does not rely on a model of cascading back to school staff; create more practical guidance for school staff • **Wider system:** reduce staff burden and workload to create protected time and space; include pupil wellbeing in initial teacher training; update Ofsted requirements to reflect prioritisation of pupil mental health and wellbeing; train civil servants in history of education policy; reflect on current focus on attainment
3.2 Engaging schools in evidence	• Improve understanding of evidence and implementation science in schools • Shift to educators taking the lead with the evidence-based agenda	• **School leaders:** engage with the evidence for best practice and resist switching between different interventions. • **Researchers:** prioritise knowledge exchange; help schools evaluate their activities; be more creative in capturing nuanced evidence; involve children and families in development and evaluation • **Intervention developers/teacher trainers:** work within systems schools already have • **Wider system:** support schools with selecting programmes from the evidence base
3.3 Creating a healthy and sustainable ecosystem for interventions	• Greater support for staff wellbeing • Improve the capacity of the higher-level system surrounding schools • Engage the wider school community • Move away from short-term funding • Move away from rewarding novelty over sustained good practice	• **School leaders:** manage workload and provide support for staff involved in leading or delivering programmes; harness the support of wider community around their school • **Wider system:** change dialogue on school improvement—not always about doing something new; reduce burden on staff and address burnout; commit funding for longer periods of time; invest in training teaching body; resource children and young people's mental health services properly
3.4 Moving away from separate, isolated interventions	• Recognise the complexity of schools • Prioritise whole-school or system approaches to improving mental health and wellbeing • Take a more holistic approach to pupil health	• **Researchers:** more research into implementation and sustainability; more careful interpretation of effectiveness findings; look beyond evaluating single interventions and understand schools as complex systems; investigate the cost of intervention churn • **Intervention developers/teacher trainers:** consider sustainability and fit with school from the start; explore more system-wide or whole-school approaches; design approaches with opportunity for flexibility and adaptation

staff that, although there have been additions to the framework around mental health support and the Personal, Social, Health and Economic education curriculum in England, requirements for producing extensive academic data and evidence have remained, leaving little time for staff to focus on pupil wellbeing. All participants recognised the need for protected time and space for staff to work on this and commented that the only way this will work is if the directive comes from the top down.

While the focus in schools remains on attainment and exam results, a suggestion was made to provide more evidence for the link between attainment and positive pupil mental health. Evidence of this link, along with data on behavioural outcomes and positive mental health may help decision makers invest in the wellbeing of pupils.

Participants also discussed the need for a shared understanding around mental health that involves all adults in school settings. The example of safeguarding was given, where everyone working in a school is clear on their role and all take responsibility for keeping children and young people safe in education. Sharing the work and responsibility across the school workforce would also protect against the perpetual issue of staff turnover; relying solely on one mental health lead or champion to promote mental health and wellbeing is not a sustainable model. The group made a number of recommendations regarding accountability at all levels:

School leaders:

• should recognise the time and resource required to embed mental health promotion in the longer term and must not take shortcuts when it comes to embedding new programmes or practices—senior staff should invest in training and capacity building (i.e., not a cursory "cascading" of learning).

• should work to increase accountability and responsibility among staff and create a culture and ethos that centres pupil mental health and wellbeing.

Researchers:

• should investigate attainment and behaviour alongside mental health outcomes in research trials of mental health and wellbeing initiatives.

• could support Ofsted to develop ways to evaluate and measure school systems with regard to pupil wellbeing.

Intervention developers/teacher trainers:

• should design high-quality training models in collaboration with schools that do not rely on one person attending training and then cascading back to other staff.

- should move away from theoretical/knowledge-based training and toward more practical guidance for school staff.

Those working at the wider system level:

- should allow protected time and space for school staff to learn/develop processes/share knowledge.
- should include supporting pupil mental health and wellbeing in initial teacher training.
- should ensure civil servants are trained in the history of education policy and transformation so they can learn to build iteratively and thoughtfully.
- should advocate for updated Ofsted requirements reflecting prioritisation of pupil mental health and wellbeing and ensuring that delivery does not rely on short term curricula.
- should reflect on the current focus in English schools on attainment and national exams – how can schools be expected to prioritise CYP mental health within this system?

3.2 Engaging schools in evidence

Participants, particularly those who have spent considerable time working with schools in a research context, noted that schools are not always compelled by academic evidence of effectiveness and often make extensive adaptations or incorporate only certain aspects of new programmes into their practice. An example of this is Social and Emotional Aspects of Learning (SEAL), which was a flagship national strategy in England, launched in primary schools in 2005 and secondary schools in 2007 (Humphrey et al., 2013). SEAL was designed to be a comprehensive, whole-school approach to promoting social and emotional skills, but the evaluation found substantial variation in implementation success and quality. For example, some schools "interpreted the SEAL guidance in such a way that they purposively selected pockets of activity or development to focus upon, at the expense of the 'bigger picture'" (Humphrey et al., 2010, p. 3). However, some practice do stick—participants suggested casting the net wider to understand the features of other programmes that have had more long-term success in schools and to explore whether this can be applied to mental health interventions.

To incorporate more evidence-based practice into schools, suggestions were made to improve teachers' and school leaders' understanding of evidence and implementation science. Participants discussed the need to help teachers reach a point where they are comfortable with data and metrics about what works and what does not work when it comes to these types of programmes. It is also important for school leaders to be realistic about the difficulties of measuring impact and the time it may take to see change.

There was also discussion around the fact that evidence-based practice often feels like it is done to teachers, rather than being led by teachers, which is very different from clinical professions. This led to the suggestion that, in the long-term, educators need to move to being in charge of the evidence-based practice agenda. Similarly,

some researchers noted the importance of knowledge exchange[1] approaches for building greater capacity for research in schools. Again, the group provided several recommendations:

School leaders:

- should engage with the evidence for best practice and resist switching between different interventions (unless the change is guided by evidence).

Researchers:

- should prioritise knowledge exchange (see text footnote 1), which centres schools' experiences and focuses on building long-term relationships and greater capacity for research in schools.
- should help schools think carefully about outcomes and how to evaluate their activities effectively, not only in terms of building an initial evidence base, but also in terms of sustaining delivery over time.
- should be creative about capturing more nuanced evidence from school settings.
- should involve children and families in development and evaluation.

Intervention developers/teacher trainers:

- should focus on working within systems that schools already have, creating connexions with what teachers already do in their regular work.

Those working at the wider system level:

- should support schools with selecting appropriate programmes and activities from the evidence base.

3.3 Creating a healthy and sustainable ecosystem for interventions

Participants raised the need for improved staff wellbeing as a key factor in the success and sustainability of these programmes. Overworked, over-burdened and highly stressed staff will be unable to deliver programmes effectively and will have very little capacity for creativity or innovation. There were also multiple conversations about the higher-level systems around a school, such as local Children and Young People's Mental Health Services (CYPMHS) and the new Mental Health Support Teams (MHSTs).

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1 Knowledge exchange is a dynamic process in which researchers and "knowledge users" collaboratively disseminate and apply research findings. In this, knowledge users are "those who are likely to use research results to make informed decisions about health policies, programmes and/or practices" (Andrews et al., 2012, p. 1). Examples of knowledge exchange strategies in schools include the health-promoting schools approach in the US (Brown et al., 2018), and Supporting Wellbeing, Emotional Resilience and Learning (SWERL) in the UK (Roberts et al., 2018).

Part of the 2017 green paper in England, these teams form a workforce in schools supervised by NHS staff and include a new Education Mental Health Practitioner role, providing low intensity interventions to pupils and supporting schools and colleges with prevention initiatives (Department for Education, 2017). Participants talked about the need for all levels of the system to be adequately resourced and working effectively in order to support schools in their work. At the moment there are serious issues of capacity in higher-level provision, and this creates more pressure and work for schools and their staff. On the topic of capacity, resourcing was raised a number of times and there were calls for a move away from short-term funding in this area.

Participants also commented on the need to move away from prioritising and rewarding introducing new programmes simply for the sake of novelty. They discussed the tension between the desire in the sector for novelty and the fact that schools and other stakeholders often already know what can work and what can be useful for pupils. Rather than continually searching for "new" ideas and programmes, participants suggested a shift toward rewarding and celebrating good practice that is sustained over time, along with supporting schools to build and improve current practices instead of repeatedly "throwing the baby out with the bath water". Recommendations around building this healthy and sustainable ecosystem for mental health interventions:

School leaders:

- should manage workload and provide support for staff involved in leading or delivering of mental health and wellbeing programmes.
- could harness the support of the wider community around their school, including families and local resources.

Those working at the wider system level:

- need to change the dialogue on school improvement so that the focus is not always on doing something new.
- need to reduce burden on staff and address issues of teacher burnout.
- must commit funding (research, intervention development, policy changes) for longer periods of time.
- need to invest substantially in training the teaching body so that staff feel confident to support pupils.
- should ensure all areas of children and young people's mental health services are properly resourced.

3.4 Moving away from separate, isolated interventions

A recurring theme throughout the roundtable workshop was the need to acknowledge that schools are not just "collections of interventions", rather they are complex, interconnected systems. Participants repeated several times that interventions do not stand alone in schools, and mental health does not stand alone in the school setting. Some suggested that rather than focussing on sustaining an individual intervention, perhaps the focus should be

on sustaining a whole school approach to mental health. Within this, some proposed the need to accept that interventions will come and go as they will be more or less relevant in different schools at any given time. It was suggested that within each school there may be a patchwork of interventions that will shift and develop over time, but the key is that the school is continually providing appropriate support and education around mental health and wellbeing for its pupils. Others were less phlegmatic about intervention churn, however, given the vast amount of money and time that goes into developing new programmes.

An example of the Be You framework in Australia was provided by a roundtable participant who believes a similar framework could be helpful for English schools. Be You is an overarching framework funded by the state that has been introduced and made accessible to all educators and all schools (Beyond Blue, 2024). This was funded by the Australian government in response to a 2014 policy review of the multiple initiatives (e.g., KidsMatter, MindMatters) promoting social and emotional health and wellbeing for children and young people across education settings (National Mental Health Commission, 2014). The policy review found that, although the existing mental health initiatives were delivered with the best possible intent, there were mixed reports regarding successful implementation and they "had the potential to be so much more if they were integrated into one single, national end-to-end education-based program" (Beyond Blue, 2024). This Be You framework targets both internalising and externalising difficulties from early years through to the end of secondary education and focuses on creating mentally healthy learning communities (Beyond Blue, 2024; Smith et al., 2021). The majority of suggestions from roundtable participants here were for researchers:

Researchers:

- need to prioritise research into implementation and sustainability from the beginning—unpacking the "black box"[2] of the intervention, what does it do, how does it work, why does this vary by setting?
- must include more reflection and careful interpretation of effectiveness and implementation findings—if it didn't work, why?
- need to look beyond evaluating single interventions and frame schools as complex systems. This could include posing broader research questions such as "is the school system mentally healthy?"
- could investigate the cost of intervention churn—not just looking at the cost effectiveness of an intervention but exploring the cost of this constant cycle of new interventions.

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2   The "black box" refers to the fact that researchers and evaluators often assume a linear path between the intervention and its desired outcomes, with little understanding of what happens in the middle (Ramaswamy et al., 2018; Murray et al., 2023). There is a tendency when interventions are evaluated to look only at the results and not the details of the process by which an effect or an improvement took place. This approach does not acknowledge the complexity of intervention implementation and can limit the possibilities for disseminating learning (Ramaswamy et al., 2018).

Intervention developers/teacher trainers:

- should consider sustainability and fit with school from the start.
- should explore more system-wide or whole-school approaches.
- need to design approaches with more opportunity for flexibility and adaptation by school staff.

4 Discussion

Participants made a wide-ranging set of recommendations for stakeholders involved in mental health and wellbeing interventions in school settings. The findings were grouped by key "agents" in the school system, in line with Keshavarz et al.'s (2010) complex adaptive systems theory. This theory highlights not only the different stakeholders and sub-systems in schools (pupils, individual staff, subject departments), but also the larger interconnected system around schools, including the higher-level factors of government and local authority policies (Keshavarz et al., 2010; Domitrovich et al., 2008). A number of suggestions from roundtable participants were pertinent to school leaders, such as the need for building capacity across the staff team and ensuring that staff understand the long-term goals of a new intervention. These suggestions are in line with other literature, where researchers have highlighted the need for school leaders to participate in training and for motivated staff who drive the intervention forwards (Pinkelman et al., 2015; Adametz et al., 2017). Another suggestion from both Pinkelman et al. (2015) and Koh and Askell-Williams (2020) to improve staff engagement is to include staff meaningfully in the selection of new programme, although examples of what this looks like are not provided.

The group also raised the importance of schools needing to be realistic about the time it may take to see the impact of a new programme. Participants said that school staff should be encouraged not to switch too frequently between interventions without allowing time for new processes and activities to embed. It may be that the introduction of interventions into complex systems like schools requires more time to become embedded (Moore et al., 2019). In their review of the WHO's Health Promoting Schools framework, Langford et al. (2015) note that the length of time required to implement whole-school system changes is often underestimated, and a recent trial of a school-based obesity prevention programme found that the intended changes to school environments took the full 3.5 years of the study to be realised (Waters et al., 2017). This is an important consideration for those funding intervention rollout and evaluations.

Participants also discussed the need for evidence to support sustained delivery. This brings into question exactly what "evidence" is when thinking about mental health and wellbeing in schools. School staff talked about the need for demonstrable benefits for pupils and staff, while researchers discussed the need to help teachers feel comfortable with data and metrics about what works and what does not work. Reaching a shared understanding between stakeholders as to what constitutes evidence and how "effectiveness" is defined for these interventions may be a crucial step toward improving sustainment (Hurry, 2021). The findings here renew previous calls for approaches such as knowledge exchange and the co-production of interventions with whole school communities. This includes finding out from parents, staff and especially pupils what they think of existing interventions and involving them in the design of new programmes or initiatives (Fazel and Hoagwood, 2021; Foulkes and Stapley, 2022; Williamson, 2022).

Nearly 20 years ago Han and Weiss (2005) outlined the need for mental health interventions in schools to be acceptable to teachers, feasible to implement on an ongoing basis with minimal resources, and flexible and adaptable. There is important work to be done by intervention designers and developers here to help schools adapt to context while maintaining core components of an intervention (Gunderson et al., 2021). The roundtable group echoed this need for interventions to fit with school settings, with a certain amount of flexibility for schools to make it work in their context. Yet still there is a tendency for intervention development to be led from within academia or by external organisations with minimal input from those with intimate knowledge of school settings (Askell-Williams, 2017; Moore et al., 2019). This runs the risk of developing interventions that "are never likely to be implementable or effective within these crowded and rapidly changing systems" (Moore et al., 2019, p. 30).

Roundtable participants here made some suggestions for how school leaders could improve sustainability by protecting staff time to coordinate and deliver mental health and wellbeing programmes. However, the theme around creating a healthy and sustainable ecosystem for mental health interventions in schools predominantly included recommendations for policy makers and for the wider system around schools. While there have been policy developments in recent years in England, this "healthy and sustainable ecosystem" also relies on the effective functioning of the wider health system regarding children and young people's mental health. In England, this includes Children and Young People's Mental Health Services (CYPMHS) and the recently introduced initiative to embed mental health expertise in schools, the Mental Health Support Teams (MHSTs; NHS England, 2022). Part of the Transforming Children and Young People's Mental Health Green Paper (Department for Education, 2017), MHSTs are now working in 4,700 schools and colleges across England to improve early intervention and access to support (NHS England, 2022). An initial evaluation of the first "Trailblazer" sites found positive reports of improved partnership working between schools and the NHS, as well as positive feedback from children and young people who had been supported (Ellins et al., 2021). Staff in some sites also reported feeling more comfortable talking to pupils about mental health issues and noted a more proactive and positive culture around wellbeing in their setting. However, some educational settings struggled to engage, and school staff reported that pupils were still falling between gaps in services and struggling to access the right support. Additionally, capacity and staff retention in MHSTs were widely reported as challenges, with many issues around workforce stability (Ellins et al., 2021).

Capacity is also an issue in wider CYPMH services, with long waiting times and many young people unable to access timely support (Children's Commissioner for England, 2021). Although the spending on children and young people's services has increased in recent years, this remains variable across the country and there is still a disparity between adult and child mental health

funding; on average local commissioning groups spend 14 times more on adult mental health services (Children's Commissioner for England, 2021). While the workforce is slowly growing and there has been investment in additional support in the form of MHSTs and training for Senior Mental Health Leads in schools (Department for Education, 2017), participants in the roundtable discussion called for further commitment and funding from the government. Participants noted that schools cannot be the answer to all of their pupils' mental health problems but are instead part of a wider system of support that needs to be effectively deployed.

There are some limitations to this work, namely that all those who attended the roundtable discussion were already interested or invested in the possibility of sustaining mental health and wellbeing interventions in schools. A different group of people may have provided different perspectives on the issues around sustainability and potential solutions. This roundtable also had more of an emphasis on policy and, while views from pupils and school staff informed the discussion, pupils and parents were not involved in this conversation. Future discussions around mental health and wellbeing support in schools could prioritise the voices of pupils and parents further to ensure that all stakeholders in the system are represented.

Drawing on the wealth of experience from the roundtable attendees, this article provides a range of practical recommendations for policymakers, school leaders, intervention developers, and researchers. These recommendations span a broad range of stakeholders and timeframes, ranging from more practical advice (e.g., include senior school leaders in intervention training, allow for longer timeframes) to high-level systemic change (e.g., changing the dialogue on school improvement). It is clear from this that careful attention, planning and collaboration is required from multiple stakeholders to create change and sustain mental health and wellbeing support for school pupils.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Author contributions

AM: Conceptualisation, Formal analysis, Writing – review & editing, Writing – original draft, Methodology. ES: Writing – review & editing, Supervision. DH: Writing – review & editing, Supervision. DM: Writing – review & editing. JD: Writing – review & editing, Supervision.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

The author(s) declared that they were an editorial board member of Frontiers, at the time of submission. This had no impact on the peer review process and the final decision.

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