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Are Universal School-Based Mental Health Interventions Effective?

The mental health and wellbeing of students is a growing priority for schools. With increasing rates of anxiety, depression, and other mental health challenges among young people, especially girls, educational leaders are actively seeking effective solutions. Group mental health lessons such as mindfulness programmes and cognitive behavioural therapy (CBT)-inspired curricula have been widely promoted to schools as a way to improve student wellbeing. These programmes are delivered to whole classes as “universal interventions”. While this is (in theory) a rapid way to improve access to mental health supports, research is showing that in some cases, these lessons can actually increase mental health symptoms. Researchers from the University of Oxford (UK) are now questioning if there is a better way to achieve goals of improved wellbeing and mental health for students.

Universal school-based prevention programmes are typically delivered to groups of young people, regardless of individual risk or need. The aim is to provide every student with essential coping skills, reduce stigma around mental health, and create a supportive school environment. Mindfulness and CBT-based interventions are particularly popular as accessible, non-stigmatising approaches that anyone can use. But what happens when students engage with these techniques in the absence of mental health symptoms? And how does this impact students who face significant challenges and require more intensive, one-on-one support than what can be offered in a classroom environment?

Lucy Foulkes and Jack Andrews at the University of Oxford have turned to recent research to assess the effectiveness of these universal interventions in schools. This showed that many students find the sessions unengaging or irrelevant to their lives. Students also feel that they lose autonomy and choice when they are provided with group programmes that don't meet their individual needs. A significant proportion of students in each classroom are already diagnosed with, or meet the criteria for, mental health conditions. This means that these generalised prevention approaches may not be appropriate or effective for these young people. These programmes can also lead to students who are already struggling becoming further disengaged or being unintentionally overlooked due to their genuine need for more individualised support.

A significant concern for girls' schools is the risk of reinforcing negative self-perceptions or social comparisons. Adolescent girls are experiencing some of the highest rates of mental health symptoms among students. Without tailoring these interventions to the specific needs or developmental stages of students, universal programmes may fail to engage girls effectively and could exacerbate issues such as perfectionism, body image concerns, and academic pressure. There are also concerns that the school environment may not be a suitable space for mental health interventions, especially for students experiencing bullying or other challenges at school.

For principals and school leaders, these findings have significant implications. While the intention behind universal mental health interventions is undoubtedly positive, the evidence suggests that these programmes, as currently designed and delivered, may not be a universal solution as hoped. It is also a significant pressure on schools to deliver effective mental health interventions to students if extensive training and support is not

provided. Due to time, funding and curriculum constraints, many programmes are also short-term, which can reduce potential effectiveness.

This is not to say that universal interventions should be abandoned entirely. However, there are some suggestions that have been put forward to optimise the time, funding and resources available to educators to support students in their wellbeing journeys. This includes moving away from broad interventions and instead focussing on targeted programmes for small groups of students at risk of specific problems. Prioritising targeted support for students who need additional help, rather than relying on universal interventions, is central to this recommendation from Andrews and Foulkes.

Providing opt-in options for mental health initiatives and lessons can also help adolescents retain a sense of autonomy. Indirect interventions can be implemented alongside these measures to support other risk factors such as bullying. It is also essential that schools support students to access pathways to mental health resources and programmes outside of school where appropriate and available.

Many of these are long-term measures that depend on the funding and resources available to educators, as well as broader policy decisions outside the control of schools. Schools can support students by focussing on the development of a positive, supportive educational environment that fosters wellbeing for all students – something that girls' schools already widely encourage through various initiatives. Ensuring that interventions are sensitive to the unique challenges faced by female students, such as perfectionism, social comparison, and academic pressure, is also critical.

These ideas put forward by researchers will help provide school leaders with the opportunity to evaluate existing programmes and adapt or discontinue those that are not delivering results. While universal mental health lessons are a valuable concept, some studies show they do not significantly improve student mental health or wellbeing. Although they may have some short-term benefits, considering these alternative approaches will provide new opportunities to address the complex, multifaceted challenges faced by students, including those unique to girls.

References

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