

# Adapting and piloting the ‘Belonging’ student and teacher brief intervention to build school belonging, promote mental health and prevent violence in English secondary schools

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<b>Registration date</b> 18/02/2025	<b>Overall study status</b> Ongoing	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 18/02/2025	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Poor mental health, violence, school exclusion, and substance use are common issues among young people. Schools can help prevent these problems by improving students' sense of belonging. However, current efforts in English secondary schools can be time-consuming for teachers. Studies in the US show that simpler, shorter interventions can help students feel they belong, benefiting their education and health. This study aims to adapt these US interventions for English secondary schools.

### Who can participate?

Students in year 9 (ages 13-14 years) and their teachers from six English secondary schools will participate in the study.

### What does the study involve?

The study will start with surveys of students and teachers in May/June 2025, asking about mental health, bullying, and substance use. Four schools will be randomly chosen to receive the new intervention, while two will continue as usual for comparison. In the intervention schools, students will have two classroom sessions to learn that school challenges are normal and don't mean they don't belong. Teachers will have two online training sessions to learn empathetic approaches to student misbehavior. Observations, surveys, and interviews will be conducted throughout the school year to see how the intervention is going. After one year, the surveys will be repeated.

### What are the possible benefits and risks of participating?

Students who participate in the intervention group may benefit in terms of improved mental health. Teachers who participate in the intervention group may benefit in terms of reduced burn-out. There are minimal risks of trial participants being upset by some of the questions they answer on mental health and bullying.

Where is the study run from?

The study is run by the London School of Hygiene & Tropical Medicine.

When is the study starting and how long is it expected to run for?

January 2025 to September 2026

Who is funding the study?

The study is funded by the National Institute for Health and Care Research (UK)

Who is the main contact?

Professor Chris Bonell, [chris.bonell@lshtm.ac.uk](mailto:chris.bonell@lshtm.ac.uk)

## Contact information

### Type(s)

Public, Scientific, Principal Investigator

### Contact name

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## Additional identifiers

### EudraCT/CTIS number

Nil known

### IRAS number

### ClinicalTrials.gov number

Nil known

### Secondary identifying numbers

NIHR160965

## Study information

### Scientific Title

Optimisation and pilot RCT of the 'Belonging' brief intervention to build school belonging, promote mental health and prevent violence in secondary schools

## **Study objectives**

1. Is it possible to combine the US Student Belonging intervention and the Teacher Empathetic Discipline interventions, culturally optimized for English secondary schools and branded as the Belonging intervention?
2. Is progression to a phase III RCT justified in terms of pre-specified criteria concerning intervention and trial feasibility and acceptability?
3. Are outcome and covariate measures well completed and reliable?
4. With what rates are schools recruited and retained?
5. What do qualitative data suggest about how context influences implementation and interacts with intervention mechanisms?
6. Are any potential harms suggested and how might these be mitigated?
7. What is usual practice in control schools?
8. Are methods for economic evaluation feasible?

## **Ethics approval required**

Ethics approval required

## **Ethics approval(s)**

Submitted 24/01/2025, London School of Hygiene & Tropical Medicine Intervention Research Ethics Committee (Keppel Street, London, WC1E 7HT, United Kingdom; +44 (0)20 7636 8636; [ethics@lshtm.ac.uk](mailto:ethics@lshtm.ac.uk)), ref: 31596

## **Study design**

Interventional randomized controlled trial

## **Primary study design**

Interventional

## **Secondary study design**

Cluster randomised trial

## **Study setting(s)**

School

## **Study type(s)**

Prevention

## **Participant information sheet**

Not available in web format, please use contact details to request a participant information sheet.

## **Health condition(s) or problem(s) studied**

Promotion of mental health and prevention of violence and substance use

## **Interventions**

Intervention

All year-9 students receive two x 15-20-minute classroom sessions early in year 9 working through the student booklet. Students are offered the idea that educational challenges and worries are normal, and not indicative of a lack of belonging. Teachers complete two x online

sessions (45, 25 minutes). In the first, teachers read an introduction and student stories describing their experiences in school and relationships with teachers, then respond to writing prompts. In the second, they read a teacher's story and respond to writing prompts.

#### Comparator

This will be treatment as usual with schools continuing with existing activities to promote student mental health and prevent violence and bullying. Process evaluation will describe this. PPIE suggests that no UK schools currently use interventions resembling those proposed.

#### Random allocation

After baseline surveys, schools will be randomly allocated 2:1 to intervention and control by the London School of Hygiene & Tropical Medicine clinical trials unit (CTU), stratified by free school meals. A 2:1 allocation in the pilot RCT will enable us to pilot randomisation while ensuring sufficient diversity of schools in the intervention arm for intervention piloting. Schools will be given unique study numbers to preserve allocation concealment within the CTU. The CTU will pass on allocations to the fieldwork team who will then inform schools.

#### Follow-up

We will conduct follow-up surveys at 12 months post-baseline (Jun-Jul 2026) with students at the end of year 9 (paper questionnaire) plus all teachers (online questionnaire). NB. Baseline surveys will be done pre-randomisation with year-8 students aged 12-13 and teachers in June /July 2025.

#### Intervention Type

Behavioural

#### Primary outcome measure

For this pilot trial, the primary outcome is assessment of criteria for progression to phase III RCT as follows:

1. Randomisation occurs and 5+ schools continue;
2. Interventions achieve 70+% fidelity and reach (measured during intervention delivery via logbooks and at 12-month follow-up via student survey);
3. Interventions acceptable to 70+% of students and teachers (measured at 12-month follow-up via student and teacher surveys);
4. Student survey response rates are 80+% in 5+ schools (assessed via student baseline and 12-month follow-up surveys); and
5. Informed by qualitative research, hypotheses developed about how contextual factors affect intervention implementation and mechanisms (informed by interviews and focus groups with staff and students conducted during intervention delivery).

#### Secondary outcome measures

The study will assess primary and secondary outcome measures for use in a phase III trial:

##### Co-primary outcomes

1. Student-reported psychological difficulties assessed via Strengths and Difficulties Questionnaire by student survey at 12-month follow-up
2. Student-reported mental wellbeing via Short Warwick Edinburgh wellbeing scale by student survey at 12-month follow-up

##### Student-reported secondary outcomes:

1. Student reported aggression (Edinburgh Study of Youth Transitions and Crime school

- misbehaviour subscale) by student survey at 12-month follow-up
2. Student reported bullying victimisation and perpetration in past 2 months (Revised Olweus Bully/Victim Questionnaire) by student survey at 12-month follow-up
  3. Student-reported substance use (tobacco, alcohol and drug use) assessed using existing NHS measures by student survey at 12-month follow-up
  4. Student-reported Child Health Utility (CHU)9D measure by student survey at 12-month follow-up

Other secondary outcomes:

1. Student exclusions and attendance at 12-month follow-up (routine data)
2. Teacher-reported perceived behaviour of students (Pupil Behaviour Questionnaire by teacher survey at 12-month follow-up
3. Teacher-reported self-efficacy (Teacher Sense of Efficacy scale) by teacher survey at 12-month follow-up
4. Teacher-reported burnout (Maslach Burnout Inventory) by teacher survey at 12-month follow-up

**Overall study start date**

24/01/2025

**Completion date**

30/09/2026

## Eligibility

### Key inclusion criteria

The study population is defined as students in year 8 (aged 12-13 years) at baseline plus all teachers. All student-reported measures are suitable for students in this age-group. The research will be inclusive, including of special educational needs and disability (SEND) students. No students deemed competent by teachers to complete data collection will be excluded from recruitment unless they do not consent to, or their parents withdraw them from, the research. Those who have mild learning disabilities or limited English will be supported to complete the questionnaire by researchers.

### Participant type(s)

Healthy volunteer, Learner/student

### Age group

Child

### Lower age limit

12 Years

### Upper age limit

13 Years

### Sex

Both

### Target number of participants

140 students and 60 teachers per school (840 and 360 overall)

**Key exclusion criteria**

Students not deemed competent by teachers to complete data collection.

**Date of first enrolment**

01/03/2025

**Date of final enrolment**

30/06/2026

## Locations

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

London School of Hygiene & Tropical Medicine

Keppel Street

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## Sponsor information

**Organisation**

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**Sponsor type**

University/education

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ROR

<https://ror.org/00a0jsq62>

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health and Care Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Publication and dissemination plan

Knowledge exchange will target public health and education policy-makers, school staff and students, and the public. The purpose of dissemination at this stage is to raise awareness of the intervention approach and share findings about its feasibility, rather than to support immediate scale-up. Knowledge exchange is built into the proposed work from the outset via the policy stakeholder group. As well as reporting in the NIHR Public Health Research journal, we will submit at least two open-access papers, and present at the Science Media Centre and two conferences (European Society for Prevention Research; Lancet UK Public Health Science). These will focus on the feasibility and acceptability of the intervention and of evaluation methods. We will develop plain English research summaries for participating schools, the children's and policy stakeholder groups, and various national and regional school health research networks. We will offer webinars to support this communication. This engagement aims to recognise the contribution of organisations and individuals that we have involved in the pilot RCT, continue the collaboration via two-way communication, and ensure these groups are willing to continue the collaboration into a future phase III RCT. We will draft an article for the Times Education Supplement about the research. We will use social media to increase public awareness. We will present emerging findings at two meetings with policy-makers (including health and social care and education department officials, and public health agencies in the UK nations) and via the Mental Elf website. This is intended to maintain policy interest in the intervention so that policy

stakeholders would be supportive of a phase III RCT should this pilot RCT suggests its feasibility. Some of this dissemination activity will continue beyond the pilot RCT period, supported by the work of institutionally funded staff.

**Intention to publish date**

30/09/2026

**Individual participant data (IPD) sharing plan**

The datasets generated and/or analysed during the current study will be available on reasonable request to the PI supported by a protocol and ethics committee approval.  
chris.bonell@lshtm.ac.uk

**IPD sharing plan summary**

Available on request

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol file</a>		17/01/2025	04/02/2025	No	No