Abstract

Student mental health is a critical issue in higher education. There are sector-wide concerns about impacts of mental health difficulties on students' degree outcomes, and impacts of higher education practices on student wellbeing. Sector bodies are increasingly calling for ‘whole institution’ approaches to embedding student mental wellbeing in higher education, but there is a lack of consensus about what approaches may look like, particularly in distance learning environments where there is limited literature on barriers and enablers to student mental wellbeing.

This paper reports on a UK study in a distance learning institution. Building on a previous study, staff and students took part in focus groups (N=116) to collectively identify barriers and enablers to student mental wellbeing, and solutions that could be embedded throughout distance learning practice. Barriers and enablers to wellbeing were found to reside within curriculum, tuition, assessment, study skills, self-management skills, social skills, life circumstances, systems, people and spaces. A wide range of solutions for these barriers were suggested, including changes to tuition strategies, curriculum, communications, systems, and study skills.

Keywords: mental health, wellbeing, distance learning, social model, focus groups

Abstracto

La salud mental de los estudiantes universitarios es un tema crítico en la educación superior. En el sector preocupan el impacto de la salud mental en el rendimiento de los estudiantes, y el impacto de las prácticas educativas en su bienestar. Los organismos del sector reclaman, cada vez más, enfoques "institucionales" para integrar el bienestar mental de los estudiantes en la educación superior, pero no hay consenso sobre cómo pueden ser estos enfoques, especialmente en los entornos de aprendizaje a distancia, donde hay poca literatura sobre las barreras y los factores que facilitan el bienestar mental de los estudiantes.

Este artículo informa acerca de un estudio realizado en una institución de enseñanza a distancia del Reino Unido. Basándose en un estudio anterior, el personal y los estudiantes participaron en grupos de discusión (N=116) para identificar colectivamente las barreras y los facilitadores del bienestar mental de los estudiantes, así como las soluciones que podrían integrarse en la práctica de la enseñanza a distancia. El estudio concluye que las barreras y los facilitadores del bienestar residen en el plan de estudios, la enseñanza, la evaluación, las habilidades de estudio, las habilidades de autogestión, las habilidades sociales, circunstancias de la vida, los sistemas, las personas y los espacios. Los participantes sugieren una amplia gama de soluciones para estas barreras, incluyendo cambios en las estrategias de enseñanza, el plan de estudios, las comunicaciones, los sistemas y las técnicas de estudio.

Palabras clave: salud mental, bienestar, educación a distancia, modelo social, grupos de discusión.
Introduction

Student mental health is of critical importance in higher education. Research shows that mental health difficulties can have a serious impact on students’ attainment, progression and study outcomes (Evans et al., 2018; Hughes & Spanner, 2019; Office for Students, 2019; Sick et al., 2019; Thorley, 2017). Sector bodies are increasingly calling for ‘whole institution’ approaches to embedding student mental wellbeing in higher education (Hughes & Spanner, 2019; Universities UK, 2020). However, there is a lack of consensus about what an effective whole-institution approach may look like, and which stakeholder voices should be sought in creating one. These is a need for studies that seek a wide cross-section of stakeholder voices to identify barriers to student wellbeing and how these may be addressed via a whole-institution approach. This is particularly the case in distance learning environments, where there is limited literature on barriers to student mental wellbeing.

The study reported in this paper builds on a small-scale study identifying barriers and enablers to wellbeing in distance learning (Lister et al., 2021). It adopts the principles of the social model of disability (Oliver, 1983), seeking to identify barriers to student mental wellbeing that reside within distance learning. To do this, it follows a participatory approach, with staff and students collaborating in identifying barriers, enablers and solutions, and taking action to address them in distance learning.

Barriers to wellbeing in higher education

Research has shown that students disclosing mental health difficulties show consistently less positive outcomes than students without disclosed conditions in terms of retention, attainment, progression and degree completion (Brown, 2016; Mojtabai et al., 2015; Office for Students, 2019; Richardson, 2015). Studies suggest that stressors within higher education practices and environments can have a negative impact on mental health, as mental wellbeing for students is consistently found to be lower than the wellbeing of the general population of comparative age (Neves & Hillman, 2019; Office of National Statistics, 2020).

Studies have identified barriers to student wellbeing throughout different aspects of higher education. For example, in 2005, Tinklin et al found that the need to navigate higher education ‘systems’ and ‘structural issues’ while operating within ‘a culture in which it was difficult to admit to having difficulties’ ‘had exacerbated and even created some of the students’ difficulties’ (Tinklin et al., 2005). Even the process of disclosing mental health difficulties has been shown to impact negatively on students’ wellbeing; yet paradoxically, experiencing difficulties and not disclosing them is associated with negative outcomes for students (Coughlan & Lister, 2018; Lister et al., 2020a, 2020b).

Study itself can also affect students’ mental health. Assessment is frequently identified in the literature as a barrier to wellbeing; Jones et al identify assessment design, collaborative work, challenges of assessment workload and post-assessment feedback as ‘psychological threats’ (Jones et al., 2020), and Baik et al found that assessment design impacted on wellbeing, with student perceptions of clarity and fairness in design being particularly critical (Baik et al., 2019). Pedagogy and curriculum are also recognised to contain barriers to wellbeing; ‘Lack of understanding among lecturers,’ ‘badly designed learning experiences’ (Tinklin et al., 2005), lack of clarity in teaching materials, low levels of classroom interaction and lack of variety in activities have all been shown to impact negatively on wellbeing (Baik et al., 2019). Specific activities, such as groupwork, can be a barrier for wellbeing (McPherson et al., 2019), distressing curriculum content can be a trigger for mental ill health (Bentley, 2017; Slavin et al., 2014), and impacts of power dynamics involved in faculty-centred as opposed to student-
centred pedagogies have been found to affect students’ confidence and wellbeing (Felton & Stickley, 2004; Hill et al., 2019).

Literature around student mental health also identifies barriers to wellbeing in students’ levels of resilience and study skills (Holdsworth et al., 2018; Houston et al., 2017; McAllister et al., 2018). For example, Hewitt and Stubbs identify that difficulties with interpersonal skills, the skills involved in managing workload, and the discipline-specific study skills necessary to achieve good grades made may be a cause of depression, anxiety and stress for students (Hewitt & Stubbs, 2017). Similarly, Barrable et al found that stress associated with ‘study skills difficulties’, particularly around ‘time management, staying motivated, and memory techniques’ (2018) were a trigger for mental ill health and negative feelings, and Holdsworth et al adopted a participatory approach to seeking students’ understanding of resilience and preferences around how universities can help them develop it (2018).

However, literature about student wellbeing in distance learning is scarce compared to that relating to campus-based students. Studies recognise that distance learning students are demographically different from campus-based students; they tend to be older, are more likely to have full-time jobs (Latanich et al., 2001) and studies suggest they are more likely to have personal, financial and work commitments that can be challenging to balance with university study (Waterhouse et al., 2020). They are also statistically more likely than campus-based students to disclose an existing mental health difficulty (The Open University, 2019). For example, in 2018-19, 9.6% of Open University (OU) students (12,813 in total) disclosed a mental health condition compared to the UK HE average of 2.5% (Advance HE, 2018). A study in a US institution suggests that distance learners may also be more likely to need mental health support (Barr, 2014), and statistics show students with mental health issues are much more likely to drop out of their studies (The Open University, 2019). This appears to suggest that barriers to wellbeing exist in distance learning that require investigating and addressing.

This study therefore seeks to answer the following research questions:

**RQ1**: What barriers and enablers to mental wellbeing do students experience in distance learning?

**RQ2**: What solutions do students and staff perceive would reduce these barriers?

**Methods**

This study was conducted at the Open University (OU), a large, distance learning institution in the UK with over 19,000 students disclosing mental health issues in 2020-21. OU study is modular; degree programmes are composed of modules worth 30-60 CATS points (15-30 ECTS credits) that typically last one academic year. These modules are designed by a module team, made up of academics, curriculum managers, staff tutors and learning design professionals. Students are allocated to a tutor group for the duration of their module, where they are supported by tutors (also called associate lecturers, or ALs) and peers. Study takes predominantly online or via blended learning with books, with a number of live tutorials throughout the module. Students are assessed through coursework and an end of module assessment, such as an exam, extended essay or other task. Reasonable adjustments are arranged for students with mental health difficulties and other disabilities, and students have access to free online mental health support, as well as educational advice and support from the Student Support Team.

This study aimed to build on previous research conducted by Lister et al, in which 16 students and 5 tutors were interviewed and a taxonomy of barriers and enablers to mental wellbeing in
distance learning was identified (figure 1) (Lister et al., 2021). This study sought wider stakeholder input to validate the barriers and enablers, and identify solutions to the barriers, contributing to a whole-institution approach to student wellbeing in distance learning.

Focus groups were held with OU staff and students (N=116); in-person events were held in England and Scotland, and one event was held online with participants from England, Wales, Scotland and Ireland. First, participants were asked to identify barriers and enablers to distance learning; this took place through collaborative analysis of vignettes of student experiences (Lister & MacFarlane, 2021). These vignettes were created from anonymised student narratives captured from the previous study, described in Lister et al (2021). An example vignette is shown in figure 2. Secondly, having identified barriers and enablers, participants were asked to work in groups to collaboratively identify solutions to address the barriers.
The method was piloted with a group of 35 participants before the main study; feedback was sought from participants and this resulted in adjustments being made to activity timings and the design of worksheets and resources. The study was approved by the Human Research Ethics Committee at the Open University.

Participants

To contribute to a whole-institution approach to student wellbeing, it was essential to seek input from stakeholders in diverse roles across the institution. The distribution of participant roles is shown in table 1.
Table 1: number of focus group participants by role

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**Analysis**

Data from the focus groups consisted of worksheets completed by groups, online posts from participants, and transcriptions of recorded group discussion. Thematic analysis of data was carried out using Braun and Clarke’s reflexive thematic analysis method (Braun & Clarke, 2019).

**Findings**

This section explores results from the focus groups in terms of barriers and enablers identified, and participants’ ideas for solutions to address the barriers.

**Barriers**

The data revealed 278 references to barriers across 30 themes. The themes with the most references were:

- Student identity and confidence (N=46), e.g. ‘One huge barrier Sarah has is her starting point. Having already given up twice, her confidence has already been knocked.’ - Online participant, and ‘John’s perception of himself and nervousness was a barrier to achieving his study goals’ - Online participant.

- OU communication (N=20), e.g. ‘We didn’t get a sense of proactive support coming from the university. Not the tutors, I mean student support teams. That point in which their grades dropped, it seems to be there’s something we could have done there. Shouldn’t there have been an intervention, something we can do to help you? We haven’t provided a safety net.’ (Scotland participant).

- Isolation (N=14), e.g. ‘the journey appears to be very isolating for Rebecca, and this can often contribute to anxiety’ (Online participant).

- Relationship with tutor (N=14), e.g. ‘It was interesting how a tutor could suddenly become a barrier’ (Scotland participant).

- Life circumstances (N=13), e.g. ‘Ill health, time in hospital’ (England participant).

- Social media (N=13), e.g. ‘Social media, always an issue and not in a good way with students who lack confidence.’ (Online participant).

- Students’ communication skills (N=13), e.g. ‘Difficulty interacting with others’ (England participant).

- Curriculum content (N=13), e.g. ‘Difficult emotive issues in module material’ (England participant).
Lack of tutor support (N=13), e.g. ‘Nobody to talk to about failed [assignment]’ (Scotland participant)

Study skills (N=12), e.g. ‘Problems with note-taking’ or ‘Lack of knowledge of referencing’ (England participants)

**Enablers**

The data revealed 211 references to enablers across 27 themes. The themes with the most references were:

- Curriculum content (N=23), e.g. ‘positive feelings’ (England participant), or ‘Enjoyment of content’ (England participant.)
- Tutor (N=19), e.g. ‘The tutor interaction, support and encouragement’ (Online participant), or ‘Tutor helped after bad TMA’ (England participant.)
- Social media (N=16), e.g. ‘Study skills via Facebook’ (Scotland participant), or ‘Social media contact to build support network’ (England participant)
- OU policies and systems (N=13), e.g. ‘Deferral can be positive. We’re having conversations with students about what deferral means.’ (Scotland participant)
- Curriculum design (N=13), e.g. ‘Interactives’ in module design (England participant), or ‘studying bite-sized chunks online and seeing progress being ticked off on the study planner’ (Online participant.)
- Tutor support (N=13), e.g. ‘Tutor support and signposting’ (England participant)
- Peers (N=12), e.g. ‘Study buddy - talking things through’ (England participant.)

**Taxonomic classification of barriers and enablers**

The themes for barriers and enablers were extremely similar to those identified in Lister et al’s taxonomy (figure 1). However, two additional barriers were identified: ‘lack of disability disclosure’ as a systems and support barrier, and ‘lack of support during transition’ (i.e. between modules), also as a systems issue. The mapping of themes to the taxonomy is shown in figure 3, with number of references per theme.
Using the ten broader themes in the taxonomy classifications, the data was analysed to identify whether themes were predominantly classified as barriers or enablers. Figure 4 shows an overview of coded references for per theme contrasting barriers and enablers.
Many of the themes were perceived to be both barriers and enablers. The themes with the most references as enablers, ‘Curriculum,’ ‘Tuition’ and ‘Systems,’ also received high numbers of references as barriers. ‘Curriculum’ (including activities, content and design) and ‘Tuition’ (including tutor relationship and support/coaching) both received higher numbers of references as an enabler, while ‘Systems (including reasonable adjustments, policies, rules, communication and support), despite being the third most populated enabler, received more references as a barrier.

Exceptions to this are the themes ‘People’, ‘Social skills’ and ‘Life.’ ‘People’ (including family, peers and positive behaviours) was perhaps the most positive theme, with 25 references to it as an enabler compared to only 9 as a barrier. In contrast to this, ‘Social skills’ (including communication skills, fear of participating and help seeking) and ‘Life’ (including time, background and circumstances) only received four references as enablers, and a much higher number of references as barriers.

Another exception is ‘Self-management skills‘ (including identity/confidence, behaviours and managing mental health), which had 66 references as a barrier, more than double the number of any other barrier. The number of barrier references is inflated by the 46 references to ‘identity and confidence’ within this theme. ‘Self-management skills‘ also received 17 references as an enabler.

The next section shares findings relating to participant ideas for solutions to the barriers identified.
Solutions to reduce barriers

The data revealed 94 references to solutions in total. These were coded to 33 sub-themes and clustered into 11 themes under four overarching categories, using Braun and Clarke's reflexive thematic analysis approach (Braun & Clarke, 2019). A visualisation of these is shown in figure 5, and the solutions are discussed in turn in the following section.

### Study-related solutions

The solution with the largest number of references was training and support for tutors (N=16). Examples of support included:

- *Example emails with wording for discussing disability, uploaded to [disability support] site. Beginning and halfway through a module* (Scotland participant)

- *Data from A4A [Analytics for Action, part of the learning analytics system] could be automatically sent to tutor highlighting students at risk* (England participant)

Examples of training included:

- *Trying to bring all ALs up to the same level (training)* (Scotland participant)

- *Better tutor induction process* (England participant)

- *More consistency in tutor training* (England participant)
There were also five suggestions for a single named point of contact for students, named as a ‘tutor counsellor’ (Scotland participant), ‘pathway counsellor’ or ‘qualification tutor’ (England participants).

The final tuition related reference related to tutorials:

‘First tutorial, establishing a sense of community, i.e. playfulness, board game of the module’ (England participant)

Under the ‘curriculum’ theme, there were 7 suggestions for changes to curricula or module design that could support wellbeing. These included:

- ‘Some of the challenges students are listing (such as heavy readings) may affect all students so we do need to think about this part of curriculum design and how we can make it better for students in general.’ (Online participant)
- ‘Signposting during the module for students that might be feeling overwhelmed, helping them with what they need to be thinking about at this stage.’ (England participant)
- ‘Vox pops of previous students who have experienced ‘success’ and ‘failure’ (in their eyes.)’… ‘In the first week of a new module, we could have voxpops or videos with previous student's experiences, building a sense of community.’ (England participant)

Of the five solutions relating to assessment and feedback, four focused on feedback and one on alternative assessments. The references included:

- ‘Alternative assignments for collaborative work’ (Scotland participant)
- ‘Wording on feedback’ (Scotland participant)
- ‘Audio or video feedback’ (Scotland participant)

Skills building

Twenty suggestions for solutions related to skills-building interventions. Of these, 13 related to study skills, suggesting:

- Events that could be run (i.e. ‘Study skills: regular online tutorials throughout year (maybe in Facebook Live?)’ – England participant)
- Resources that could be offered (i.e. ‘A specific skills training on the VLE would have helped’ – Online participant)
- Skills-based training (i.e. ‘how to take feedback’ or ‘Orientation for using forums included in module’ - Scotland participants)

There were six suggestions for teaching mental wellbeing skills, all from online participants. These included:

‘I’m interested in how we teach emotional resilience as a skill’

‘activities within modules which demonstrate self-management’

‘perhaps we might emphasize to the student that aiming for perfection is admirable, but can lead to frustration and perhaps even a negative experience’
Finally, there was one suggestion for skills-building in relation to social media, which was categorized as ‘social skills’:

‘I know there is quite a bit of work being done on informal social media and the impact it can have on our students. This is very real for students with mental health issues. I wonder what additional support can be put in place or what can be built into the curriculum to help with this.’ (Online participant)

**Environmental changes**

There were 15 suggestions to improve communications. These related to:

- Proactive contact (i.e. ‘proactive contact from tutor and disability advisor’ – Scotland participant)
- Comms about what support is available (i.e. ‘the biggest barrier actually turned out to be lack of knowledge of what support was available. On this basis, I think every newly enrolled student should receive a ‘Welcome to The OU’ pack (by post!!!) to tell them all about the support systems!’ – online participant)
- Mental health webchat (i.e. ‘Webchat offer of support for students’ - Scotland participant)
- Regular check ins (i.e. ‘Check-ins from student support every third of the module’ – Scotland participant)

The other 3 suggestions related to systems and processes:

- Disclosure processes (i.e. ‘Students writing their own profiles about their needs, life experiences and barriers, similar to disability profiles but not just for disabled students’ – England participant)
- Transitions support (i.e. ‘[John] didn’t have anything to study and focus on until the start of the next module. Bridging materials could be really useful here together with opportunities to engage with other students and OU staff via the forums on the subject/Study Home website. This may help with providing a sense of community and connection which is broader than the module for students who experience this barrier.’ – Online participant)

**Changes or improvements to support**

Twenty-two references were coded as ‘Changes or improvements to support.’ Of these, 10 related to peer support, specifically:

- Student community building (i.e. ‘[Students’ Association] meet-ups’ – Scotland participant)
- Study buddies (i.e. ‘Peer support, study buddies. Psychology champions’ – Scotland participant)
- OU staff and student community (i.e. ‘[we] have taken a decision to launch a new continuous forum, a ‘Careers Cafe’, on our Careers in June. We hope this will give students somewhere else to build community and talk about study motivation/employability related topics, with some professional chatty input from our qualified Careers Consultants.’ – online participant)
Nine references related to OU support. The idea of a ‘Quick, easy self referral system for students to combat feelings of anxiety’ was referenced 3 times from Scotland participants, and the idea of ‘personal identification of needs via a personal needs analysis’ was referenced three times. Two participants referenced the idea of personalized guidance:

‘Pre-populated information in Student Home, tailored to student needs following a conversation with a [Student Support Team member]. If they’ve been through a bereavement, for example. Or if they’re retired, they wouldn’t need to see anything about careers.’ (England participant)

Additionally, one participant referred to a system to counteract issues caused by workload:

‘Warning displayed when student registers on more than one module. Create mock prepopulated planner, animation/video ‘what does it mean to study 2 modules?’. Talking heads videos’ (England participant)

Finally, there were 3 references to wellbeing-specific support. These included:

‘A 'don't panic' series of videos’ (Scotland participant)

‘I am involved in new content on the Help Centre and TutorHome and will include 'stress' as a part of the info’ (online participant)

‘An app that students can click on with a tile about mental health and wellbeing’ (England participant)

Having identified possible solutions, participants went on to refine these into ideas for praxis projects that could be piloted in the institution. 16 project ideas were identified, of which 7 were piloted during the following academic year. These included interventions in learning design, training for staff, guidance for students and changes to institutional systems around distressing curriculum content. These projects will be described and evaluated in a subsequent publication.

Discussion

This study aimed to build on findings by Lister et al (2021), seeking wider stakeholder input to validate the taxonomy of barriers and enablers to mental wellbeing in distance learning. It also aimed to identify solutions to the barriers that might contribute to a whole-institution approach to student wellbeing in distance learning.

**RQ1: Barriers and enablers in distance learning**

Overall, the barriers and enablers identified by participants broadly aligned to the ten themes of barriers and enablers identified by Lister et al (2021); curriculum, tuition, assessment, study skills, self-management skills, social skills, life, systems, people and spaces.

In the systems category, an interesting difference was that focus group participants added two additional themes, ‘lack of disability disclosure’ and ‘lack of support during transition’. These themes relate to staff experiences of the university, thinking about the logistics of how the university works from a systems perspective, as compared to the student perspectives from Lister et al’s study who were drawing on an experiential view of the university. This could be seen as participants applying a level of ‘systems thinking’ and self-efficacy, which could be a positive sign in terms of readiness for organisational change (Cunningham et al., 2002; Hebel, 2007).
This systems focus is particularly interesting because focus group participants did not identify administrative processes in themselves to be a barrier. They recognised that the lack of a student engaging with a system (i.e. disability disclosure) caused a barrier for their wellbeing; however, they identified the barrier to be lack of engagement with an administrative process, rather than the administrative process itself presenting a barrier. This compares interestingly with the literature around administrative burden placed upon disabled students (Coughlan & Lister, 2018) and with Tinklin et al’s contention that people were often unaware that university systems and structures could present barriers to students (Tinklin et al., 2005). This could also be seen as a sign of attempting to shift the ‘burden of change’ (Allen & Smith, 1992), by perceiving that the fault lies with students not participating with an administrative process rather than the process itself being at fault.

In tuition, it was interesting that focus group participants did not identify tutorials to be either a barrier or an enabler, instead focusing on the role of the tutor as the barrier or enabler. This implies a focus on the human element of support as opposed to focusing on the tutorial events; it may be that this is another indication of wishing to shift the burden of change (Allen & Smith, 1992).

In general, references to barriers and enablers were fairly evenly distributed, with few themes being seen to be strongly barriers or enablers. One exception to this is ‘people’, under the ‘environmental’ category, which received more references to enablers than barriers, implying the participants viewed people to be an enabling factor. This aligns with the literature highlighting the importance of social connectedness for mental wellbeing (McLoughlin et al., 2019; Saeri et al., 2018) and the role of peers, academics and student support staff in supporting student wellbeing (Brown, 2016; Byrom, 2018; Hughes et al., 2018).

One factor that contrasted surprisingly with the literature was that the ‘assessment’ theme under the ‘study-related’ category received a relatively low number of coded references, both in terms of barriers and enablers. ‘Assessment’ had been a clear barrier in Lister et al’s study, and was strongly represented in the vignettes, but very few participants identified it as a theme. This contrasts sharply with the literature, in which assessments are frequently identified as a barrier (Galante et al., 2018; E. Jones et al., 2020; P. J. Jones et al., 2018; Markoulakis & Kirsh, 2013). However, very little of the literature aims to change the way assessment is designed or delivered, focusing instead on building student resilience. This implies that practitioners may not feel able to make meaningful change to assessment practices, and may explain why it was avoided as a theme.

**RQ2: Solutions to reduce barriers**

The social model of disability posits that barriers in an environment should be addressed by changes to the environment, not the individual (Oliver, 1983). It is generally assumed that changes should be made to the specific aspect of the environment that is inaccessible; for example, in a built environment, an inaccessible staircase would be replaced with a lift or a ramp. It was interesting, therefore, to see that many of the solutions participants suggested to address barriers did not map to the same aspect of the taxonomy as the barrier they aimed to address. For example, for barriers caused by life circumstances, solutions suggested included changes to OU support, such as ‘Pre-populated information in Student Home, tailored to student needs’; and a solution to student isolation was suggested to reside within the study environment: ‘First tutorial, establishing a sense of community, i.e. playfulness, board game of the module.’

This is particularly interesting when considering that the enablers students experienced did map to the same areas of the taxonomy as the barriers. However, the solutions do not seem
inappropriate; on the contrary, they appear to be relevant and viable ways to address the barriers. This implies that solutions are not the same as enablers, that action taken to reduce a barrier may not be the same in nature as designing or facilitating an enabler in practice. This aligns with other research on barriers and enablers, which also highlights the differences between solutions and enablers, and calling for research ‘on which solutions effectively transform each barrier into an enabler’ (Walsh et al., 2019).

The solutions were diverse in nature, perhaps due to the wide range of stakeholder engagement. Solution suggestions focused most heavily on changes to tuition (22 references), communication and systems (18 references) and study skills (13 references). As with the identification of systems-related barriers, the high number of references to systems-related solutions indicates a level of systems thinking, which may be a positive sign of readiness for organisational change (Cunningham et al., 2002; Hebel, 2007). However, the tuition-related solutions focused heavily on training and support for tutors (16 references) rather than tutorials or other aspects of tuition. In a similar way to the barriers analysis, this high number of references to tutor support may imply a shifting the burden of change (Allen & Smith, 1992).

One area with very few suggestions for solutions was assessment. This supports the fact that relatively few participants identified this as a barrier. In line with this, the focus on skills-building (20 references in total) supports the general position in the literature, which has focused heavily on skills-building as a way of managing mental health issues (Barrable et al., 2018; Bettis et al., 2017; Galante et al., 2018; Hewitt & Stubbs, 2017). However, there slightly more general references to support (22 references) than to skills-building, implying that participants were willing to consider solutions in this area. This is interesting when considered according to the capabilities approach (Nussbaum, 2000); skills-related solutions represent internal capabilities, while support-related, study-related and environmental solutions represent external capabilities. This implies that participants may believe that the burden of change does reside within the university.

A number of the solutions identified were adapted into project ideas, resulting in seven pilot projects. These will be described and evaluated in a subsequent publication.

**Conclusion**

This paper has reported the findings from a UK study, identifying barriers and enablers to student wellbeing in distance learning, and a wide range of solutions that may mitigate the barriers as part of a whole-institution approach to student wellbeing. Barriers and enablers to wellbeing were found to reside within curriculum, tuition, assessment, study skills, self-management skills, social skills, life, systems, people and spaces, supporting the taxonomy created by Lister et al. (2021). A wide range of solutions for these barriers were suggested, including changes to tuition strategies, curriculum, communications, systems, and study skills. The next steps for this study are to identify how these solutions may contribute to a whole-institution approach to student mental wellbeing in distance learning.

There were a number of limitations to this study. Firstly, the study took place in a single institution, meaning that despite the wide range of stakeholders, results may differ in other contexts. Secondly, the study took place between October 2019 and April 2020, meaning the focus groups were affected by strikes in UK higher education and by the Covid-19 pandemic. This resulted in a lower proportion of student participants than planned, due to the cancellation of two in-person events and technical difficulties with the online event. This study has since
sought larger-scale student perspectives on barriers, enablers and solutions via a survey, to be reported in a publication currently under review.

Despite these limitations, this study represents a valuable contribution to knowledge, and has implications for practice both within the OU and more broadly in higher education. Firstly, it has identified crucial stakeholder insight into perceptions of barriers and enablers to wellbeing in distance learning. These perceptions build on the taxonomy of barriers and enablers identified by Lister et al, and position priority areas within this. This study also presents co-created ideas for solutions, which may have implication for practice more broadly in the sector. Several of these solutions have been adapted into pilot projects, and all of them have potential to contribute to an institutional roadmap to make distance learning more inclusive for students with mental health difficulties, and more supportive of student mental wellbeing.

References


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https://doi.org/10.1177/0263395716684526


