Mental Wellbeing in Distance Learning: Barriers, Enablers and Solutions

Thesis

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Mental Wellbeing in Distance Learning: Barriers, Enablers and Solutions

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Doctorate in Education

1 October 2021
Abstract

Student mental wellbeing is a significant issue in higher education; increasing numbers of students are disclosing mental health difficulties, and statistics show persistent impacts on their study success. This is particularly critical in distance education; distance learners disclose mental health issues at a higher rate than campus-based students, they tend to study in isolation, and campus-based support is generally not available to them. Research has found that aspects of higher education can trigger or exacerbate mental health difficulties, but these ‘barriers’ to wellbeing are under-researched in distance learning. With increasing numbers of students studying remotely, it is crucial that the barriers to mental wellbeing within distance learning curricula, tuition, environments, and culture are understood, and that solutions to address these are identified.

This study explored barriers and enablers to student mental wellbeing in a distance learning institution, and co-created solutions that could be embedded in practice.

First, students (N=16) and tutors (N=5) were interviewed using narrative inquiry. Findings are represented as a taxonomy of barriers and enablers across three categories (study-related, skills-related, and environmental.)

Second, focus groups were held with staff (N=107) and students (N=9). Collaboratively generated solution ideas were identified and were turned into 16 pilot project proposals, including staff training, additional resources for students and staff, and changes to practice.

Third, seven solution ideas were piloted and evaluated as ‘praxis’ projects, using facilitated practitioner research.

Fourth, surveys sought wider insight from students (N=584) and staff (N=666) on barriers and enablers to wellbeing, ideas for solutions, and perceptions of the solutions being piloted. Findings reveal different experiences of barriers and enablers according to student demographics, but that assessment and life circumstances were generally the most commonly experienced barriers and that staff training was the most popular piloted solution.

The findings and outputs of this study are positioned as an agenda for change that makes a contribution to knowledge and practice, and can begin to pave the way towards more inclusive distance learning practice that is more conducive to student mental wellbeing.
Acknowledgements

This doctorate has been a truly transformative experience, and this would not have been possible without my wonderful supervisors, participants and colleagues. I would first like to thank my supervisors, Jane Seale and Chris Douce, for their support, wisdom, and generosity with their time; I could not have been in better hands.

Next, I would like to thank my participants. To Kyle Andrews, Kirsty Oxley, Ellie Brown, Nicolas Keeley, Russell Myers, Simon Savage, Steph Stubbins, Hayley Ryder, Tina Forbes, Mychelle Pride, Leigh-Anne Perryman, Jay Rixon, Julia Downes, Gill Macmillan, Verity Robinson, Cathy Lovell, Sharon Monie, and all the others who preferred not to be named, thank you for all your support across the different stages of the project.

A part-time doctorate on top of a full-time job is not easy, so I would particularly like to thank Cadbury, McVities and the winemakers of the Rioja Valley for providing the fuel to keep me going. My colleagues in the Open University also supported me on a number of levels; thank you Tim Coughlan, Chetz Colwell, Jo Buxton, Ruth Tudor, Lesley Boyd and Vicky Murphy for all your support.

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This thesis is dedicated to distance learning students everywhere, in honour of their struggles, triumphs and achievements.
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### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>A4A</td>
<td>Analytics for Action (OU analytics system)</td>
</tr>
<tr>
<td>AL</td>
<td>Associate Lecturer</td>
</tr>
<tr>
<td>AMOSSHE</td>
<td>Association of Managers of Student Services in Higher Education</td>
</tr>
<tr>
<td>AP</td>
<td>Access and Participation</td>
</tr>
<tr>
<td>BPS</td>
<td>British Psychological Society</td>
</tr>
<tr>
<td>BAME</td>
<td>Black and Minority Ethnic</td>
</tr>
<tr>
<td>DSA</td>
<td>Disabled Students Allowance</td>
</tr>
<tr>
<td>EDI</td>
<td>Equality, diversity and inclusion</td>
</tr>
<tr>
<td>EMA</td>
<td>End of module assessment</td>
</tr>
<tr>
<td>HE</td>
<td>Higher Education</td>
</tr>
<tr>
<td>HEA</td>
<td>Higher Education Academy, part of what is now Advance HE. HEA is still used as the brand for their fellowship programme.</td>
</tr>
<tr>
<td>HEPI</td>
<td>Higher Education Policy Institute</td>
</tr>
<tr>
<td>MH</td>
<td>Mental health</td>
</tr>
<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>OU</td>
<td>Open University</td>
</tr>
<tr>
<td>OUSA</td>
<td>OU Students’ Association</td>
</tr>
<tr>
<td>PEQ</td>
<td>Previous educational qualifications</td>
</tr>
<tr>
<td>PFHEA</td>
<td>Principal Fellow of the Higher Education Academy</td>
</tr>
<tr>
<td>SeGA</td>
<td>Securing Greater Accessibility (OU team)</td>
</tr>
<tr>
<td>SES</td>
<td>Socio-economic status</td>
</tr>
<tr>
<td>SMaRteN</td>
<td>Student Mental Health Research Network</td>
</tr>
<tr>
<td>SST</td>
<td>Student Support Team</td>
</tr>
<tr>
<td>QAA</td>
<td>Quality Assurance Agency</td>
</tr>
<tr>
<td>TMA</td>
<td>Tutor-marked assignment</td>
</tr>
<tr>
<td>UDL</td>
<td>Universal Design for Learning</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>UUK</td>
<td>Universities UK</td>
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Chapter 1 Introduction

This chapter introduces the context, aims and structure of this study. First, it describes the research context and the issue this study aims to investigate. It goes on to outline the research aims and the structure of the study, before finally laying out the structure of this thesis.

1.1 Research context

Student mental health and wellbeing is a critical issue in higher education. Frequent media attention (e.g. Murugesu, 2019; Weale, 2020) and high profile individual cases (e.g. BBC News, 2020; Price, 2020) have ensured that student wellbeing is of high priority in sector policy and strategy (Hughes and Spanner, 2019; Universities UK, 2020) and is increasingly high on academic research agendas (e.g. Hartrey et al., 2017; Jones et al., 2018; Ribeiro et al., 2018).

Research shows that mental health has a significant impact on students’ likelihood of success. Students experiencing mental health difficulties are less likely to complete and/or pass a course or module (Mojtabai et al., 2015; Richardson, 2015), more likely to drop out of university (Brown, 2016; Office for Students, 2019), and less likely to attain higher grades (Eisenberg et al., 2009; Office for Students, 2019). Furthermore, they are more likely to experience long-term consequences in terms of future employment, earning potential and life satisfaction (Eisenberg et al., 2007; Lombardo et al., 2018; Annapally et al., 2019; Arim and Frenette, 2019).

Studies suggest that higher education (HE) may negatively affect students’ mental health. As shown in figure 1, wellbeing for students is consistently found to be lower than the wellbeing of the general population of comparative age (Neves and Hillman, 2019; Office of National Statistics, 2020). Studies have found that studying, academic pressure, university culture and systems may be causing or exacerbating mental health issues for students (Tinklin et al., 2005; Brown, 2016; Ribeiro et al., 2018; Winzer et al., 2018; Lee and Kim, 2019).
In line with broader societal shifts in thinking around mental health (Davies, 2014), there are calls for universities to take a more proactive and holistic approach to supporting student wellbeing (Houghton and Anderson, 2017; Hughes and Spanner, 2019; Universities UK, 2020). However, there is a ‘lack of consensus’ in HE around how best to do this (Hartrey et al., 2017, p.26). This has led to a plethora of studies trialling individualistic, intervention-based approaches such as mindfulness (e.g. Galante et al., 2018), meditation (e.g. Totzeck et al., 2020) or therapy (e.g. Viskovic and Pakenham, 2018). These interventions generally show limited or short-term success (Winzer et al., 2018), and do not address underlying issues in university cultures and practices. There is a need to take a social model approach (Oliver, 1983) and holistically address barriers to mental wellbeing within HE environments, instead of a deficit model focusing only on individuals.

This is particularly the case in distance learning. Even prior to the Covid-19 pandemic, evidence implies that students in distance learning are more likely than campus-based students to disclose an existing mental health difficulty, and may be more likely to need support (Barr, 2014). For example, in 2019-20, 12.2% of Open University (OU) students disclosed a mental health condition (16,139 in total), compared to the UK HE average 2019-20 of 4.2% (HESA, 2021), and the OU’s Access and Participation Plan identifies that the module completion gap for students with mental health issues has remained consistent at around -16 percentage points since 2013 (The Open University, 2019). This has not been sufficiently addressed in the literature; most studies trialling interventions have focused on a campus environment, and many of the solutions posited translate poorly to a distance learning environment.

Studies are needed that apply a critical lens to the cultures, systems, pedagogies, curricula, tuition and assessment practices in distance learning, and identify the barriers these pose for students’ mental wellbeing. Once barriers are identified, work is needed to
identify solutions that can be embedded in practice to make distance learning higher education more conducive to student mental wellbeing.

1.2 Researcher position

My awareness of the need for research on mental wellbeing in distance learning has arisen both from my experience as a distance learning student and from my professional practice supporting faculty to embed inclusion and accessibility in their practice at the OU.

In my role as a student, I have lived experience of the impact distance learning can have on mental wellbeing. Impacts can be positive, such as a sense of achievement or pride, the excitement of grasping a new concept, or the addition of ‘university student’ to my sense of identity. More often, however, they were negative. There was frustration at not understanding content or assignments; self-doubt and fear of failure, and shame at requesting an extension or deferring a module. There was the stress and anxiety of exams, a sense of unwritten rules I needed to follow but could not quite grasp, and the fear of negative feedback. Additionally, as someone with a fluctuating disability, there was the awareness that even distance learning, the most flexible kind of higher education, would not wait if I became unable to study.

At the start of this study, my role as an OU staff member was to support faculty to ensure their curricula, assessment and tuition were accessible and inclusive. In this role, I became aware that staff were not confident in how to design learning and assessment for learners with mental health issues. In 2017 I ran a survey with 466 staff asking how confident they felt in inclusive practice for different disability types, and mental health was the category staff felt least confident in supporting (Lister et al., 2020). In seeking to address this issue I became aware of how little guidance or literature existed in this area. It was clear that research was needed to identify how distance learning curriculum, assessments and learning environments could be designed to be inclusive for students with mental health needs, and for this, there needed to be an investigation into what the barriers were. As a member of both staff and student communities, I was well placed to conduct such an investigation.

I have conducted this study with a commitment to equitable participation, to ensuring different voices are represented and valued. I aimed to ensure students’ lived experience is at the heart of this study; that this is brought together with expertise and experience from staff in a variety of curriculum design and delivery roles in the OU, and that this is informed by a thorough understanding of the literature on mental health and learning in the wider HE sector.

1.2 Research aims and structure

This research aims to identify barriers and enablers to student wellbeing in distance learning, posit co-created solutions to these barriers, pilot solutions in practice, and seek wider staff and student input on barriers, enablers and perceived solutions. It aims to answer three 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?
- **RQ3**: How can solutions be embedded in distance learning?
The empirical work in this thesis is divided into four stages, with each stage building on the results of the previous stage.

1.2.1 Stage 1: Identifying barriers and enablers
Stage 1 of the study aimed to answer:

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

Stage 1 consisted of semi-structured interviews with students and tutors, following a narrative inquiry approach. Sixteen students told stories of their experiences, and five tutors shared experiences of students they had supported. Interview transcripts were analysed using Thematic Analysis (Braun and Clarke, 2006), and barriers and enablers identified were structured into a taxonomy that informed the rest of the study.

1.2.2 Stage 2: Co-creating solutions
Stage 2 of the study aimed to answer:

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?

Stage 2 consisted of collaborative focus group events with 107 staff and nine students. Participants analysed vignettes created from the stage 1 narratives, identified barriers to wellbeing, and co-constructed potential solutions to reduce these. Finally, participants were asked to turn solution ideas into pilotable ‘praxis’ projects (Freire, 1970). This resulted in 16 project ideas, of which seven were piloted in this study.

1.2.3 Stage 3: Piloting solutions
Stage 3 of the study aimed to answer:

RQ3: How can solutions be embedded in distance learning?

Stage 3 used a facilitated practitioner research approach (Groundwater-Smith et al., 2012) to pilot seven praxis projects, based on solutions identified in stage 2. Reflective interviews were held with practitioners leading the projects, using a practitioner-led reflective evaluation approach to explore how solutions could be embedded in distance learning.

1.2.4 Stage 4: Wider inquiry
Stage 4 of the study aimed to gather larger-scale data on:

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?

RQ3: How can solutions be embedded in distance learning?

Using surveys, stage 4 aimed to build on the findings from previous project stages with a larger and more diverse group of participants. 584 student responses and 666 staff responses were received; these provided quantitative data about barriers, enablers and solutions, and revealed demographic differences in experiences and perceptions.
1.3 Thesis structure

This thesis consists of nine chapters.

Chapter 2, the literature review, explores concepts and approaches relevant to this study and discusses current literature relating to student mental health and wellbeing in education.

Chapter 3, the methodology chapter, presents and critically examines the research paradigm, theoretical framework and research methodologies adopted. This includes the methods, the design, and the ethical implications of this research.

Chapters 4 to 7 share findings from the four stages of the research. Chapter 4 presents the findings from the stage 1 interviews, including a taxonomy of barriers and enablers. Chapter 5 presents the findings from the stage 2 focus groups, including co-constructed solutions and pilot project ideas. Chapter 6 discusses the projects piloted in stage 3 and shares the results of the reflective interviews with practitioner researchers. Chapter 7 presents survey findings from students and staff on barriers, enablers and solutions to wellbeing.

Chapter 8, the discussion chapter, brings together the findings from the four stages of the study, and drawing on relevant literature, positions the implications for practice as an agenda for change. Finally, Chapter 9, the conclusion, summarises the ontological outputs of the study, discusses the impact the study has had, and explores limitations and areas for future research.
Chapter 2 Literature review

2.1 Introduction

This chapter presents a review of literature relevant to this research. First, it sets out the language and definitions used in the study. It then follows a narrative approach (Green et al., 2006) to present a conceptual review (Kennedy, 2007) of the literature in three areas that are pivotal to this study:

- Models and approaches to mental health and wellbeing
- Student wellbeing in higher education
- Embedding wellbeing in distance learning

2.1.1 Language and definitions

This section sets out the definitions and terminology used for key concepts in this study.

First, as this study takes place in an educational context, definitions of ‘curriculum’ and ‘pedagogy’ are important. Definitions of curriculum vary a great deal in the literature, from ‘a course of study’ or ‘a group of subjects which are offered in a school, course or field of study’ (van Zyl and Duminy, 1979, cited in Graham-Jolly, 2003, p.3), to much more open definitions, like Kerr’s ‘all the learning which is planned and guided’ (Kerr, 1968, p.16). For this study, a definition with a broader focus was appropriate, and one that included the teaching of skills and values, as well as knowledge. I therefore use a UNESCO definition:

‘The curriculum represents a conscious and systematic selection of knowledge, skills and values: a selection that shapes the way teaching, learning and assessment processes are organized by addressing questions such as what, why, when and how students should learn’ (Stabback, 2016, p.6)

A definition of pedagogy in a distance learning context is more complex, as many definitions focus on classroom practice. For this study, pedagogy is defined as ‘the observable act of teaching together with its attendant discourse of educational theories, values, evidence and justifications’ (Alexander, 2009, p.927).

This study explores mental health and wellbeing, where definitions and terminology are controversial to say the least. It is generally accepted that ‘there is no universally acceptable lexicon’ for discussing mental health, and that ‘language in this field is particularly contested, revisited and innovated’ (Davies, 2014, p.22).

The World Health Organization (WHO) defines ‘mental health’ as:

‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’ (WHO, 2013).

This definition is commonly adopted in literature (e.g. Hunter-Jones et al., 2020; Keller, 2020). However, Manwell et al. problematise the simplicity of this definition, listing others that ‘include intellectual, emotional and spiritual development’ or ‘positive self-perception’ (Manwell et al., 2015). Galderisi et al. also critique the WHO focus on wellbeing, arguing instead that ‘Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society (Galderisi et al., 2015).
The term ‘wellbeing’ is also becoming increasingly used in educational contexts. At times this is used synonymously with ‘mental health’ (Hughes and Spanner, 2019). However, other researchers say it can, for example, demarcate the territory between ‘mental wellbeing, which we all have, and a mental health problem which only some of us would identify as experiencing’ (Houghton and Anderson, 2017, p.4); can express transient senses of wellbeing, even while ‘living with a diagnosed mental illness’ (Mental Wellbeing in Higher Education Working Group, 2015, p.8), and can highlight that ‘well-being is more than the absence of ill-being’ (Huppert, 2009, p.138). However, the term ‘wellbeing’ has been criticised as being ‘intangible, difficult to define and even harder to measure’ (ONS, cited in Davies, 2014, p.36).

Mental health ‘disorders’ or issues are also controversial to define. In addition to mood-related, personality-related, psychotic and trauma-related disorders, diagnostic manuals or reports may include neurodevelopmental issues such as autism, dyslexia and learning difficulties (American Psychiatric Association, 2013; Thomas et al., 2016). However, in higher education, dyslexia and learning difficulties are classified separately to mental health (HESA, 2017), although the boundary between mental illness, autism and some learning disorders is still debated (Bertelli et al., 2015).

In this study, I adopt the WHO definition of mental health, as I believe the alternatives proposed by Galderisi et al and Manwell et al retain too much focus on the individual instead of the societal context that is implicit in the WHO definition and is critical to this research. I use the term ‘wellbeing’ throughout this study to describe a broader dimension of mental health (Houghton and Anderson, 2017). For clarity, with participants, I generally adopted terminology used in the HE sector, such as ‘condition’ for something medically diagnosed; ‘difficulty’ for something short-term or context-dependent, and ‘issue’ for longer term and more pervasive impacts on mental health. In interviews, I was careful to ‘mirror’ the language and terminology participants used so as to support their comfort (Lister et al., 2019).

In this study, I was guided by participants’ perceptions as to what constituted a mental health issue, or a barrier or enabler to mental wellbeing. This resulted in a wide range of issues, conditions, barriers and enablers. Participants’ mental health conditions included depression, anxiety, post-traumatic disorders, eating disorders and borderline or emotionally unstable personality disorders, and included both diagnosed and undiagnosed conditions. Their barriers and enablers consisted of anything that participants considered to trigger, exacerbate or support their wellbeing in relation to these difficulties for a period of more than a few days (i.e. fleeting incidences of stress or euphoria were not considered barriers or enablers unless they had a lasting impact.)

These definitions have been drawn from literature relating to mental health in society and in educational contexts. The next section discusses this literature in more detail.

2.2 Models and approaches to mental health and wellbeing

To investigate mental wellbeing in higher education, it is first important to explore how mental health is positioned in a broader societal context. Mental health and wellbeing are widespread and pervasive societal issues, with an abundance of literature positing different approaches and concepts across a range of fields. It is impossible to capture the full range of theoretical positions in this thesis; this conceptual review is therefore selective, highlighting approaches and models that are particularly relevant to higher education and have contributed to the design, values, methodology or analysis of this
study. These are categorised as individualistic, philosophical, social model, and participatory approaches to mental health and wellbeing.

2.2.1 Individualistic approaches
Individualistic models position mental health issues as problems or deficits within individual people, and focus on addressing these problems by treating, supporting or changing individual people, rather than addressing systemic barriers (Seale, 2014). The models explored in this section are medical and psychological models; other models exist, such as charity, religious, economic or administrative models (Retief & Rantoa, 2018; Seale, 2014), but are outside the scope of this review.

2.2.1.1 Medical model
The dominant discourse around mental health in the media, research and literature tends towards a ‘medical model’ (Laing, 1971), positioning mental illness in terms of diagnosis, burden, treatment and cure. Using this model, mental health has been found to be one of the main contributors to the global burden of disease (Vos et al., 2013), and one of the primary drivers of disability worldwide (Lozano et al., 2012). According to the World Health Organisation (WHO), mental health disorders are a frequent cause of poverty and the second most common cause of death in young people worldwide (WHO, 2013). In the UK, mental illness is found to represent 28% of the national disease burden and to be the largest single cause of disability (Davies, 2014), with approximately one in six adults experiencing symptoms of mental health problems every week, and one in five adults stating they have considered suicide (McManus et al., 2016). The economic burden of mental health, and approaches to diagnosis and treatment of mental health disorders have been consistently ‘in sharp focus’ (Weye et al., 2019,p.102) in popular media in recent years.

The medical approach to mental health has a history of being reactionary, primarily biomedical in nature, focusing on diagnosis, pharmacology, treatment, and patient recovery. This has been highly problematised in recent years, with increasing awareness of biopsychosocial influences on mental illness (Engel, 1977) and social determinants of mental health (Allen et al., 2014), along with growing critique of individualistic approaches (Price-Robertson, Obradovic and Morgan, 2017). The WHO have taken a catalyst role in attempting to change the discourse in this area, promoting the need for a combined proactive and reactive approach, via a model of mental illness prevention, mental health promotion, and treatment, recovery and rehabilitation (figure 2) (WHO, 2013; Davies, 2014).
‘Treatment, recovery and rehabilitation’ refers to clinical approaches, including medication and talking therapies (Davies, 2014). ‘Promoting mental health’ refers to interventions that target wide populations and aim to reinforce or support traits such as a ‘healthy diet, exercise, family time’, ‘preventing social isolation’ and ‘celebration of successes.’ (Cattan et al., 2005; Davies, 2014; Thomas et al., 2016; Arango et al., 2018). Mental illness prevention relates to more targeted interventions aiming to mitigate potential problems, such as improving ‘mental health literacy’ (Goldie et al., 2016), or interventions to prevent bullying (Tennant et al., 2007; Vreeman and Carroll, 2007; Davies, 2014). This ‘prevention and promotion’ approach has been influential in higher education; it informed one of the early holistic models for universities to tackle mental health, the first UUK #Stepchange approach (Universities UK, 2017), and has contributed to the design of this study.

The lynchpin of the medical model is diagnosis, treatment and recovery, and this has come under heavy criticism when it is applied to mental health conditions and disabilities (Oliver, 1983; Barney, 1994). It is essentially a deficit model (Retief & Rantoa, 2018; Seale, 2014); it has been widely denounced for viewing people with disabilities or mental health issues as deficient, inferior or in need of ‘fixing’ (Marks, 1997; Seale, 2014; Shakespeare, 2006), and of placing a burden of recovery on individual people (Price-Robertson, Obradovic and Morgan, 2017). This deficit-based discourse is still prevalent in mental health literature despite decades of critique; for example, a recent large-scale international study on the helpfulness of mental health treatment found that only 68.2% of adults obtained treatment they found to be helpful and that many patients quit after receiving unhelpful treatment. Instead of critiquing the quality of treatment, the conclusion drawn was that patients should have ‘persisted in help-seeking after [to up six] initial unhelpful encounters’ (Harris et al., 2020, p.973). This contrasts sharply with holistic, social and critical models of mental health, explored later in this review, which critique the societal causes of mental ill health and locate barriers to mental health within environments.

2.2.1.2 Psychological models
While the medical model focuses on mental illness, psychological models generally focus on mental disorders and ‘disruption or dysfunction in psychological processes’ (Kinderman, 2005, p.206). There are many perspectives and conceptual models that can be said to make up the psychological approach (Tyrer and Steinberg, 2006; Kinderman and Tai, 2008), each with differing perceptions of drivers and determinants of mental
health (Engel, 1977; Allen et al., 2014) and different norms regarding the extent to which the burden of recovery is placed entirely on individuals or shared with social groups (Price-Robertson et al., 2017). There are particular factions of psychology that focus more broadly on wellbeing and happiness (e.g. Diener et al., 2009; Seligman and Csikszentmihalyi, 2014). However, the predominant focus of psychological models is on identifying mental disorder in individuals, measuring it with standardized psychological scales (Shedler et al., 1993), aligning disorders or deficits with psychological theories and constructs (such as resilience, identity and self-management, among others) and on treating deficits via clinical interventions and therapies. Some of these clinical and therapeutic approaches have been particularly influential in higher education and are explored in more detail later in this review.

Psychological theories of resilience, identity and self-management have been particularly influential in higher education and have informed aspects of this study. Self-management relates to a person’s ability to regulate their mental and physical health, control their motivation and behaviours, and monitor themselves and their actions (Kanfer and Gaelick-Buys, 1991; Stinson et al., 2009). As shown in figure 3, it draws on psychological theories of self-efficacy (Dishman et al., 2005), self-determination (Kosmala-Anderson et al., 2010) and self-regulation (Kanfer and Gaelick-Buys, 1991), and brings them together in an overarching concept (Garrin, 2014).

Theories of resilience and identity are also pervasive in higher education and have influenced this study. Resilience may be said to be the skills, values, strengths, support systems, strategies, experiences, behaviours and capabilities people draw on that allow them to cope with periods of chaos or crisis, and ‘bounce back’ without long-term negative consequences (Davydov et al., 2010; Holdsworth et al., 2018). A key part of resilience, and a factor that has been shown to influence wellbeing, is sense of identity (Hardy et al., 2013; Hanson, 2014). Theories of identity relate to how a person perceives and defines themselves, both in general and in the context of the groups to which they belong, and is seen as critical to mental wellbeing. Research suggests that if a person has a ‘deficit
identity’, i.e. believes they are a ‘risk’ (Scott and Wilson, 2011) a ‘burden’ (Sabat, Napolitano and Fath, 2004), or has low levels of ‘motivation… hopefulness and self-esteem’ (Scott and Wilson, 2011); this can negatively impact mental health. However, having a ‘valued social identity’, in which people have ‘hope’ and ‘confidence’ and believe they are ‘valued, contributing and unique’ (Scott and Wilson, 2011), is suggested to have a positive impact on self-esteem and mental wellbeing (Branscombe and Wann, 1994; Sabat, Napolitano and Fath, 2004).

Psychological approaches to mental health have received numerous and widespread critique. Beside the ethical issues of psychological experimentation (Schlenker and Forsyth, 1977), and issues with the scales, measures and replicability of research (Open Science Collaboration, 2015), the discipline is accused of objectifying, pathologising and labelling people (Gillman, Swain and Heyman, 1997). Similar to the medical model, psychology follows a predominantly deficit approach, with a focus on testing (Shedler et al., 1993) and treatments, some of which can have harmful ongoing impacts (Rozental et al., 2016). Despite this, many psychological theories have been influential in society and higher education, and psychological concepts of self-management, resilience and identity play an important role in the analysis of this research.

2.2.2 Philosophical approaches
In contrast to individualistic models of mental health, philosophical models adopt a broader, societal view of wellbeing. This section explores some critical approaches and the capabilities approach; many other approaches exist, including social justice, hedonism, welfarism and perfectionism (Brey, 2012; Tesar and Peters, 2020), but are outside the scope of this review.

2.2.2.1 Critical approaches
With roots in the Frankfurt school of critical theory, critical philosophical approaches focus on social constructions, power imbalances and impacts of societal oppression. When applied to mental health, this facilitates identification of societal responsibilities and inadequacies, deficits in systems instead of individuals. For example, White critiques the ‘exclusivist perspective on wellbeing’ which still pervades modern society, commenting that the system leaves ‘more deprived young people ill equipped to enjoy a more flourishing life’ (White, 2007, p.26). Cuypers and Haji argue for an educational system that promotes autonomy as a means to wellbeing (Cuypers and Haji, 2008), and Robeyns calls for a holistic yet bottom up approach to wellbeing, in which individual levels of wellbeing are measured in line with an evaluation of ‘social arrangements or institutions’ and ‘the design of policies and other forms of social change in society’ (Robeyns, 2017, p.24).

A wide variety of critical approaches have been applied to mental health and wellbeing, including critical cultural theory, critical feminism, critical race theory and critical psychiatry, to name a few (Cohen, 2018). Critical realism is seen as particularly appropriate for mental health research (Pilgrim, 2018); for example, Price (2017) uses critical realism to critique current policy around mental health as ‘individualist’ and ‘instrumental’, claiming it ‘blames the victims for their lack of happiness and removes state responsibility’ (p.451) and saying that ‘Suggesting that we can ‘make’ ourselves to be happy – in five easy steps – is an insult to those whose lives are a daily struggle’ (p.462). Critical realism and critical theories are explored in more detail in chapter 3.

Critical approaches to wellbeing and mental health present a holistic alternative to individualistic models, with a stronger focus on societal injustice and duty of care to
enhancing wellbeing. Critical theory has been pivotal to the positioning of this study (discussed in more detail in chapter 3.) However, critical approaches to wellbeing have been critiqued for being ‘conceptually confusing’ (Robeyns, 2017, p.170), impractical (Hayek, 1961) or unworkable (Rawls, 1999), and backed up by limited empirical evidence. There is a need for critical approaches in this area that identify workable solutions (Cho, 2012), something this study aims to do.

2.2.2.2 Capabilities approach

The capabilities (or capability) approach to wellbeing is similarly holistic, drawing on philosophy, social science, economics and politics (Bonvin et al., 2018) to create an interdisciplinary model of wellbeing. Originally developed by Sen and Nussbaum (Sen, 1985; Nussbaum and Sen, 1993), the capabilities approach is an example of an ‘objective list theory’ of wellbeing (Brey, 2012), positing that an individual’s level of wellbeing depends on a list of certain basic conditions being met. In the capabilities approach, this is seen as people’s capability to ‘be’ and ‘do’ the things they value (Robeyns, 2016) and to live the kind of life they have reason to value (Sen, 1985). Nussbaum centralises this into a list of ten capabilities, including:

‘Senses, Imagination, and Thought. Being able to use the senses, to imagine, think, and reason… informed and cultivated by an adequate education’

‘Emotions…. Not having one’s emotional development blighted by overwhelming fear and anxiety’

‘Practical Reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one’s life.’

‘Affiliation… Having the social bases of self-respect and non-humiliation’

(Nussbaum, 2000, p.78-79).

Nussbaum positions this as a societal framework and development ethic, holding government and society to account for obstacles that reduce people’s capabilities (Nussbaum, 2000; Robeyns, 2005). However, the approach has been adapted for other contexts, shifting the focus to also include internal capabilities, or skills. This includes ‘skills building’ in community psychology (Shinn, 2015) and identifying ways skills can be formed, developed, used and measured, in order to contribute to broader capability (Heckman and Corbin, 2016). This shift towards internal as well as external capabilities has proven popular in literature across a range of disciplines, but in some cases can appear contrary to Nussbaum’s approach. For example, the operationalising of the approach into psychological instruments (e.g. Lorgelly et al., 2008; Simon et al., 2013; Kinghorn et al., 2015) has led to studies critiquing participants’ choices (Stephens et al., 2014) and ability to cope with ‘everyday life challenges’ (Baumgardt et al., 2020, p.486), using an individualistic, deficit approach rather than critiquing the environments in which these challenges take place.

The capabilities approach has been critiqued (like many objective list theories) as being paternalistic, essentially presuming to know what is good for people (Alkire, 2002; Brey, 2012) and of being overly holistic, of ignoring asymmetrical power relationships, individual voices and silences (Jaggar, 2006). There is a need for a more granular, nuanced approach, such as that offered by social model approaches (described in the next section.) However, adapting the approach to combine internal and external capabilities, i.e. ‘personal capacities’ as well as ‘environmental affordances’, provides a multi-faceted lens
by which to view mental health (Shinn, 2015, p.244). In this study, the capabilities approach has played an important role in identification and critique of barriers, both in terms of individual skills growth and development, and of environmental barriers or constraints that can impact mental health (Nussbaum, 2000; Shinn, 2015).

2.2.3 Social model approaches

2.2.3.1 Social model of disability
An approach that has been under-used in the mental health space is the social model of disability. The social model (Oliver, 1983) was created through activism by disabled people in the 1960s and 1970s (Retief and Rantoa, 2018), and posits that society has a duty to be accessible to disabled people. It positions disability as the barriers imposed by society in certain contexts rather than the ‘impairments’ of a person. It posits that disability is ‘socially constructed disadvantage’, even a form of societal oppression (Retief and Rantoa, 2018). For example, a deaf person is only disabled in an aural environment, such as spoken conversation; in a visual environment, e.g. reading or writing, their deafness does not disable them. The social model has been widely acclaimed, extremely influential, and has had a profound impact on education and society (Retief & Rantoa, 2018; Seale, 2014; Shakespeare, 2006).

In a mental health context, the social model can complement critical approaches as it shares similar values in holding society accountable for change, but brings a more granular, solution-focused lens than critical theory or the capabilities approach. Crucially, it focuses on barriers and enablers (Seale, 2017) within environments, and how they can be removed or mitigated. Barriers and enablers may be environmental, physical, social or attitudinal (Smith et al., 2021); in an HE environment they may relate to access (Wray, 2013), institutional provision or external support (Bishop and Rhind, 2011). Applying the social model to mental health enables the identification of systemic, environmental, and attitudinal barriers that can block success or wellbeing for people with mental health issues, and the need for these barriers to be mitigated or removed through positive action taken by institutions. This model has been applied throughout this study.

The social model has been criticised for its poor distinction between ‘disability’ and ‘impairment’ (Retief and Rantoa, 2018). Positioning the burden of disability entirely as societal barriers can disregard or silence aspects of disability that are not societal, such as pain (Shakespeare, 2006). This is particularly crucial in mental health; it is essential to recognise that barriers may be deeply individual and internal (Markoulakis and Kirsh, 2013; Fancourt et al., 2020) and yet are still not a deficit. The social model has also been critiqued for not considering socio-economic inequalities or other hidden barriers (Giddens and Griffiths, 2006). However, it has been pivotal to the design of this study; this research is founded on the premise that barriers and enablers reside in environments, and that it is the responsibility of education providers to adapt to reduce these.

2.2.3.2 Mad studies approach
Strongly linked to both the social model and critical philosophical approaches, ‘mad studies’ has emerged as an approach to mental health that seeks to challenge biomedical and psychological models (LeFrançois et al., 2013). One approach to this is through pursuit of narratives of ‘madness’, which are recognised as a powerful tool for communication, understanding and opposing dominant positions. Beresford states that an objective of mad studies is to ‘support the development of diverse non-medicalised individual and collective survivor narratives to counter dominant psych-based ones’ (Beresford, 2019, p.5), and Gorman talks about the importance of narratives in
understanding the nature of oppression (Gorman, 2013). This study draws on this approach, using narrative inquiry as a means to understand, relate to and share barriers in mental health.

Another area of mad studies that is of particular interest for this study is its focus on art and creativity as a way to express and represent madness. Netchitailova argues that art allows people the chance to view and potentially experience the ‘mystery’ of madness in ways that are denied under the bio-medical model (Netchitailova, 2019), and Borggreen talks about how art can be used to objectify and represent madness (Borggreen, 2001). Critically for this study, art and creativity can also be used to send a message; Reid posits that mad arts can send ‘messages of social justice that are unconventional and bold’ (Reid, 2019), while LeFrancois et al posit mad studies as a way of ‘constructing radically creative ways of thinking about matters of the mind’ (LeFrançois et al., 2013). Adopting this approach, this study uses creatively designed vignettes to represent experiences of mental health issues and barriers in a way that can support staff participants to creatively engage with mental ill health in study.

Echoing language debates about the word ‘disability’ (Lister et al., 2020b, 2020a), mad studies seeks to emancipate the word ‘mad’ from its current deficit-model use and use it to reject the ‘biomedical model’ of language dominating popular discourse (Beresford, 2019). However, it has received critique for elitism, and ‘riding roughshod over the language concerns of many survivors, especially those from Black and minority ethnic communities’ (Beresford, 2019). This critique has informed this study; it prompted me to take care to mirror the language used by participants with lived experience of mental health difficulties, and to prioritise their comfort over adopting a language model informed by literature or theory.

**2.2.4 Participatory approaches**

Participatory approaches to mental health have underpinned the design of this study, drawing on models and practices from a range of disciplines. In healthcare research, case studies of participatory mental health research are vast and varied; they include (for example) working with service users in Ethiopia to develop a model of mental health service user involvement (Abayneh et al., 2020); a research project in Canada to investigate medical interactions and housing issues for people diagnosed with schizophrenia, in which the participants participated in ‘every aspect’ of the research and dissemination (Schneider, 2012, p.153); and a community-based participatory study in the USA to identify mental health service needs, perceptions of mental health services and the barriers to accessing support, for the Latino population in North Carolina (Shattell et al., 2008). This literature has generated useful models for conducting participatory research, including practical suggestions for how participants can be involved throughout the design, analysis and dissemination of research, while recognizing the difficulties inherent within this (Jackson, 2008; Schneider, 2012).

The social model of disability also places high value on participation, contending that disabled people should be involved in the process of any research, policy or legislative decision that affects them. Callus and Camilleri Zahra posit that ‘it is disabled people themselves, with support where necessary, who should determine what their own needs are’ (Callus and Camilleri Zahra, 2017, p.11), and this is commonly encapsulated in the slogan ‘nothing about us without us’ (Charlton, 1998).
Seale emphasises the need for educational research and practice to be proactive in seeking participant or student voice, and for this voice to be authentic and not mediated by the researcher (Seale, 2014). Participation can take many forms, including representative groups (Callus and Camilleri Zahra, 2017), narratives of lived experience (Franits, 2005), focus groups and case studies (Long et al., 2017). Seale also highlights that researchers need to seek out and identify silences as well as voices; to ‘examine whose voices are heard and ignored and where the silences are in relation to unanswered questions, unaddressed tensions and lack of criticality’ (Seale, 2014, p.ix). This position recognises the reality of a ‘culture of silence’, in which silence is imposed on marginalised groups (such as mentally ill people) as a form of oppression (Freire, 1972), and draws on ‘sociology of absences’ research (Santos, 2001) to challenge marginalization or suppression of voices, and enable struggles and knowledges to be voiced (Santos, 2001).

Truly participatory research ideals have been critiqued as being impractical; the literature highlights that participation is often tokenistic and that very few studies exist where participants have been involved throughout the entire research, including data analysis and dissemination (Jackson, 2008; Rix et al., 2020). The participatory approach this study followed is discussed further in chapter 3.

2.2.5 Conclusion
This section of the literature review has explored some of the lenses by which mental health and wellbeing are viewed, namely individualistic, philosophical, social model and participatory approaches. Each of these lenses has strengths and weaknesses, and each has contributed to different aspects of this study. The next section investigates these approaches in the context of student wellbeing in higher education.

2.3 Student wellbeing in higher education
As described in chapter 1, research has consistently shown that mental health has a significant impact on students’ likelihood of success. Students disclosing mental health difficulties show consistently less positive outcomes than students without disclosed conditions in terms of retention, attainment, progression and degree completion (Mojtabai et al., 2015; Richardson, 2015; Brown, 2016; Office for Students, 2019). Studies also suggest that higher education can have a negative impact on students’ mental health, as wellbeing for registered students is consistently found to be lower than the wellbeing of the general population of comparative age (Neves and Hillman, 2019; Office of National Statistics, 2020).

This section adopts a predominantly social model approach to explore the barriers higher education presents for student wellbeing, drawing on medical and psychological theories and philosophical values and approaches. By applying these lenses, it identifies barriers, critiques interventions, positions current practice against sector-body calls for action, and recognises challenges in transforming these calls into practice.

2.3.1 Barriers to student wellbeing
In line with the study’s critical and social model values, this section begins by identifying barriers to wellbeing that literature suggests reside within different areas or aspects of higher education.

2.3.1.1 University culture and environment
Studies have identified barriers to student wellbeing in higher education culture, environment and systems (Andrews and Wilding, 2004; Salzer, 2012; Markoulakis and
University environment may be defined as:

‘The social and cultural conditions, which include practices, policies, and behaviors that constitute the working and learning environment. Typically the university environment is influenced by the university culture, which is composed of the values, beliefs, and behaviors’ (Castillo et al., 2006, p.268)

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’ (2005, p.510). Markoulakis and Kirsch corroborated this, identifying that students experienced mental health difficulties in the ‘learning environment’, such as timetabling difficulties and issues with physical environments, and ‘structural difficulties imposed by the university’, including cultural intolerance and unsupportive responses to help-seeking (Markoulakis and Kirsh, 2013, figure 4). University administrative processes have also been highlighted in literature as a particular example of an environmental stressor for students (Coughlan and Lister, 2018).

[Diagram: Figure 4. ‘Model of student difficulties’ (Markoulakis and Kirsh, 2013)]

Gilbert also locates triggers for mental ill health within higher education culture and environments. He found that the ‘individualistically competitive environment’ of UK HE can lead to student resentment, withdrawal and differences in academic outcomes (Gilbert et al., 2018, p.5), and identified that a compassion-focused pedagogy can reduce distress (Gilbert, 2016, 2017; Gilbert et al., 2018). At a larger scale, a dataset analysis of 80,509 students attending college counselling centres in the USA, UK and Canada confirmed the impact of environmental stress, finding that lack of peer support and a culture of pressure to perform were strong barriers to mental wellbeing (Jones et al., 2018). University staff wellbeing is clearly a part of this; it is impossible for staff to effectively support student wellbeing unless they are themselves supported (O’Brien and Guiney, 2018).
2.3.1.2 Assessment, curriculum and pedagogy

Assessment is frequently identified in the literature as a barrier to wellbeing. Galante et al talk about levels of ‘psychological distress’ during exams (2018), and Jones et al identify assessment design, collaborative work, challenges of assessment workload and post-assessment feedback as ‘psychological threats’ (2020). Baik et al also found that assessment design impacted on wellbeing, with student perceptions of clarity and fairness in design being particularly critical (2019), while Hill et al highlight impacts of assessment feedback on student wellbeing (2021). Finally, of course, failure and fear of failure are major contributors to student academic stress or distress (Whittle et al., 2020).

Pedagogy and curriculum are also recognised to contain barriers to wellbeing. For example, Tinklin et al identified ‘Lack of understanding among lecturers’ and ‘badly designed learning experiences’ as barriers (2005,p.510), and Baik et al found that lack of clarity in teaching materials, low levels of classroom interaction and lack of variety in activities impacted negatively on wellbeing (2019). Specific activities, such as groupwork, can be a barrier for wellbeing (McPherson et al., 2019), while impacts of power dynamics involved in faculty-centred as opposed to student-centred pedagogies have been found to affect students’ confidence and wellbeing (Felton and Stickley, 2004; Hill et al., 2019). Feeling ‘overwhelmed’ by curriculum content has been linked to student withdrawal (Weller et al., 2018,p.43), and distressing curriculum content has been shown to present particular mental health challenges for some students (Slavin et al., 2014; Bentley, 2017).

2.3.1.3 Skills and resilience

Barriers to wellbeing may also be linked with students’ skills and resilience (Houston et al., 2017; Galante et al., 2018; Holdsworth et al., 2018; 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, may be a cause of depression, anxiety and stress for students (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. Galante et al posit that lack of resilience in dealing with exam stress causes increases in numbers of students seeking counselling support (2018), and Holdsworth et al maintain that students should be taught to develop resilience in higher education in order to deal with ‘constant change and stress’ without negatively affecting their mental health (2018).

A social model approach suggests that barriers to wellbeing within academic practice (i.e. within curricula, assessment or learning environments) should be addressed by making changes to reduce the barrier in that area, i.e. via inclusive curriculum, assessment or instructional design. This means it is crucial to fully understand the source of any barriers in order to ensure they are being suitably addressed. To complement this, a participatory approach involves ensuring students’ voices are sought and that students have meaningful participation, both in creating a shared understanding of barriers and in constructing solutions or interventions to address them. The next section critically explores recent studies and interventions aiming to promote student wellbeing.

2.3.2 Student mental health interventions and approaches

The recent prominence of student mental wellbeing as a sector priority has resulted in a wide range of interventions and new practice being trialled. This section adopts a critical approach to explore a range of recent (i.e. 2017-2021) research and interventions aiming to support (or reduce barriers to) student mental wellbeing. First, it examines targeted,
individualistic interventions that could be classified using the WHO model (in figure 2) as ‘mental illness prevention’ interventions (Davies, 2014). Next, also using the WHO classification, it explores mental health promotion interventions, which were more likely to follow a participatory or social-model approach and were less individualistic in nature. Finally, it gives examples of holistic interventions that aim to address barriers to student wellbeing across educational contexts.

### 2.3.2.1 Mental illness prevention interventions

Interventions and studies classified as preventative, according to the WHO model, focus on preventing mental health issues in specific groups of students. The nature of interventions vary, but focus predominantly on mental health literacy, study skills, peer support and exercise, and therapeutic interventions.

An example of a mental health literacy intervention took place with student athletes in the USA. This took the form of a one-hour, ‘brief contact’ event with students, containing videos and discussion aiming to improve awareness and knowledge of mental health with a view to promoting help-seeking behaviour. The authors made no mention of collaborating with students about the barriers to help-seeking or the content of the intervention, which is concerning as the interventions contained potentially triggering material (i.e. videos of athletes experiencing eating disorders.) The authors measured attitudes and knowledge to help-seeking behaviour using a psychological scale; they found ‘significant increases in knowledge and positive attitudes toward mental health and help-seeking’ but make no mention of students’ experience of the intervention (Kern et al., 2017).

An example of a study skills intervention took place with law students in Australia. The study followed a psychological approach, working on self-efficacy theory and a premise that difficulties in acquiring study skills contributed to student stress. In response to this, the authors trialled an extra-curricula ‘degree-wide structured online skills development programme’. The authors found that their ‘small change’ had ‘evolutionary, but not revolutionary results’, with particular impact in reducing stress and improving wellbeing for less experienced students (Hewitt and Stubbs, 2017). The authors discussed collaboration with colleagues but did not appear to collaborate with students, implying that a deficit model approach was taken. Another example of a study skills intervention programme took place in the UK; the authors posited that stress about ‘course deadlines (65%), exam pressures (54%), balancing of studies and other commitments (52%), and grades/academic performance (52%)’ could be addressed with a programme that combined Cognitive Behavioural Therapy and Problem Solving Therapy with study skills relating to ‘time management, staying motivated, and memory techniques’ (Barrable et al., 2018). This programme is being piloted with students and evaluation data is not available at the time of writing.

Peer-led exercise interventions appear popular in the USA and Canada (Keeler et al., 2019; Leenstra et al., 2019; Sick et al., 2019). A USA example followed a psychological approach based on self-determination theory (Keeler et al., 2019), focusing on students referred from the university counselling team as having mild or moderate depression. Students were ‘assigned’ a ‘peer assistant’ and took part in physical exercise for a period of 8-10 weeks. The authors found the intervention to be ‘effective at decreasing depression and distress scores’ (Keeler et al., 2019). No mention was made of collaboration with students in the study design.
A wide number of therapy-based studies are present in the literature, including therapeutic interventions related to:

- Acceptance and commitment therapy (Houston et al., 2017; Viskovich and Pakenham, 2018; Levin et al., 2021)
- Coping strategy workshops (Ahorsu et al., 2021)
- Dog therapy (Grajfoner et al., 2017; Ward-Griffin et al., 2018)
- Mediation (Crowley and Munk, 2017; Totzeck et al., 2020)
- Mindfulness training (Al-Ghalib and Salim, 2018; Galante et al., 2018; Noone and Hogan, 2018; Miller et al., 2019; Long et al., 2021)
- Positive psychology (Donohue et al., 2018; Marais et al., 2018; Jeong et al., 2020)
- Self-care interventions (White et al., 2019; Lattie et al., 2020)
- Stress management (Bettis et al., 2017; Nguyen-Feng et al., 2017; Cozzolino et al., 2020)

These varied in number of participants, ranging from 23 (Noone and Hogan, 2018) to 616 (Galante et al., 2018). They also varied in approach, in terms of whether they infused the intervention into a course, delivered the intervention as a credit-bearing module, or whether it was extra-curricular and opt-in. These interventions all used psychological scales to measure impact, and all placed emphasis on the student needing to change, not the institution.

Overall, mental illness prevention interventions tended to be short-term interventions, adopting an individualistic or deficit approach. Student voice or collaboration was lacking in the journal articles, and evaluations utilised psychological scales (many of which were not designed for HE environments) rather than student perceptions of the intervention or changes to their experience of wellbeing in higher education.

2.3.2.2 Mental health promotion interventions

Interventions promoting mental wellbeing tended to be broader in scope and more participatory in nature, aiming to improve mental health via partnerships with students, address barriers in systems, or change aspects of culture.

An example of a student partnership approach took place in a UK university, consisting of two ‘pedagogic partnership’ interventions aiming to increase students’ emotional awareness. One related to extra-curricular dialogue with lecturers regarding assessment; the other involved a peer-led support programme on a field trip. The evaluation was qualitative and participatory; the authors collaborated with students on the evaluation and found that their approach could ‘empower students to develop positive feelings, attitudes and learning behaviours, making them more “resilient”’ (Hill et al., 2019, p.180). A later paper illustrates that the partnership approach to assessment was later adapted into dialogic ‘feed-forward’ practice, with support from instructors in managing emotional responses to support student wellbeing (Hill et al., 2021).

Another participatory study took place in an Australian university, seeking students’ perceptions and understandings of ‘resilience’, and their views on how they would like universities to help them develop it. This study followed a more philosophical approach, taking a ‘constructivist/interpretivist’ view to understand students’ experiences, as opposed
to applying a psychological model of resilience. Students suggested strategies and approaches they would like universities to follow; the authors state these have ‘important practical implications for learning and teaching’, but do not specify the extent to which students’ suggestions will be taken forward or operationalised in practice (Holdsworth et al., 2018).

An example of a systemic intervention took place in Canada; the authors trialled adding an additional semester break to support students to catch up and deal with stress. It was evaluated using surveys (N=247); it found that although students were less stressed following the break, and reported that the break had a short-term positive impact, overall their stress levels actually increased (Poole et al., 2018). A follow-up paper on this intervention also indicated that students reported ‘negative impacts of the break on the timing of academic assessments and their ability to effectively manage study time’ (Agnew et al., 2019, p.47).

An example of a culture change intervention is Gilbert’s ‘compassion in HE’ project. This aims to embed compassion in HE curricula, with a particular focus on addressing negative aspects of higher education culture, such as competitiveness. Gilbert posits that this can be addressed through teaching compassion, defined as a psycho-biologically mediated motivation or intention to ‘notice, not normalise, one’s own distress or disadvantaging, or that of others, and take action to reduce or prevent it.’ Gilbert created a compassion-focused pedagogy that embeds the teaching of micro-skills that enable students to proactively notice distress or disadvantaging of others, and seek ways to intervene effectively. This has been found to have a clear positive impact on students’ wellbeing and study success (Gilbert, 2016, 2017; Gilbert et al., 2018). However, the method relies heavily on face-to-face interaction, and its applicability in a distance learning context is limited.

Mental health promotion interventions were fewer in number than mental illness prevention interventions, but showed more variety in methodology and evaluation approaches, and more propensity towards participatory approaches. They tended to focus on trialling or piloting a small-scale intervention in a specific area, usually for a set time, in contrast to the more holistic approaches discussed in the next section.

2.3.2.3 Holistic approaches

Holistic approaches to student wellbeing are not common in the literature, but work exists in this area. For example, since 2013, the chemistry graduate school in the University of Minnesota has been running a long-term ‘student empowerment’ initiative, consisting of student surveys and focus groups to identify barriers to wellbeing, and working to reduce barriers based on the findings (Mousavi et al., 2018). Changes made in response to student feedback include:

- The introduction of skills-based advice sessions
- A revised feedback strategy
- An additional formative assessment milestone
- Revised administrative forms and processes
- Additional social events
- A coaching initiative
- A ‘women in chemistry’ group
- A roadmap of roles and recommendations for students, graduate programmes and university mental health support services

The project has been participatory in nature, with students running initiatives and supporting the dissemination of findings and practice (Mousavi et al., 2018). The authors comment that students’ evaluations of the interventions have been positive, and the surveys have shown slight improvements in mental wellbeing, although many of these did not reach statistical significance. In spite of this, the authors comment that ‘the positive trend is encouraging and suggests that the mental health initiative activities are moving the Chem. Dept. in the right direction’ and that they intend to continue the programme and the surveys (Mousavi et al., 2018, p.1943). The initiative has since been adopted by other departments in the university as part of a holistic, university-wide strategy for student mental health (Buhlmann, 2020; Faircloth, 2021).

Another example of a holistic, social-model approach in the USA is the Engelhard project, a curriculum infusion approach where content about mental health is embedded (‘infused’) across curriculum and assessment, coupled with inclusive design principles that support wellbeing. Georgetown University has adopted this approach holistically across its programmes, with content, discussions, presentations and activities explicitly teaching mental health literacy and embedding emotional awareness and reflection on wellbeing (Olson and Riley, 2009; Valtin et al., 2018; Georgetown University, 2020). The approach involves partnership between lecturers and mental health professionals, although no mention is made of partnership with students in the project. At the time of writing, the Engelhard project website states that the approach has been running since 2005; it has been applied in over 500 courses, and lists 18 case studies of curriculum infusion in different disciplines (Georgetown University, 2020). Project publications give examples of positive student testimonials and state that the project has had a positive impact on wellbeing for students and staff, but it is not clear whether these have come from a formal evaluation (Olson and Riley, 2009; Valtin et al., 2018).

An additional example of a holistic approach may be emerging in UK university libraries (Cox and Brewster, 2020a). Based on a robust critique of individualistic concepts of mental health and interventionalist approaches, (Cox and Brewster, 2020b), a study was carried out with 50 UK university libraries to identify practices and priorities to reduce barriers to student wellbeing. From the results, a holistic model of library support was developed. This included:

- The inherent value of the library as a ‘calming’, ‘collaborative’ space
- ‘Well-being as a library service’, providing mental health literacy materials
- Human support from library professionals and signposting to support services
- Hosting of events to support wellbeing (Cox and Brewster, 2020a).

At the time of writing, the model was relatively new and literature was not yet available on its application across different university libraries. Also, the authors did not mention collaboration with students; the survey participants were staff and survey findings are therefore likely to reflect staff perceptions and values rather than a participatory approach. However, this represents an interesting holistic approach that has significant potential for application and further development.
These approaches represent a different approach from the mental health promotion and prevention interventions; they are more closely aligned to critical approaches in their holistic nature, and social model approaches in their focus on reducing barriers in study environment, cultures and practices, as well as supporting skills development. They appear more sustainable than short-term interventions; the Minnesota and Engelhard projects have been running for several years with apparent success. The Minnesota project also follows a participatory approach, working closely with students to identify and mitigate barriers, and the Engelhard project shows evidence of collaboration with different university stakeholders and features student voice in its testimonials.

These projects are particularly of interest in light of widespread calls from UK HE sector bodies for more holistic approaches to student wellbeing. These calls for action are explored in the next section.

2.3.3 Calls for action
In response to increasing sector awareness of student mental health, sector bodies in UK higher education have been calling for ‘whole-university’ approaches to student wellbeing. An influential example of this was the first Universities UK (UUK) #Stepchange framework (2017). Published in 2017 alongside a report from the Institute for Public Policy Research (Thorley, 2017), #Stepchange identified eight areas for action: leadership, staff, data, transitions and partnership, as well as ‘prevention’, ‘early intervention’ and ‘support’, drawing on the WHO model (Universities UK, 2017).

#Stepchange was not the first call for action around student mental health. In 2016, the Higher Education Policy Institute published a report listing examples of action taking place in institutions to support students (Brown, 2016), and UUK published a report with recommendations on student wellbeing policy, service provision and collaborative working (Universities UK and MWBHE, 2016). The UUK report illustrates an interesting shift in sector perspectives over time; it summarises ‘influential publications’ in this area since 2000, with titles like ‘Degrees of Disturbance’ and ‘Duty of Care Responsibilities’, which represent a clear deficit model approach (Universities UK and MWBHE, 2016). Since then, however, the focus of these calls has become noticeably underpinned by a more social model approach. For example, the HEA (now Advance HE) commissioned a report on wellbeing in the curriculum (Houghton and Anderson, 2017), AMOSSHE launched a resilience toolkit and a report on digital tools to support student mental health (AMOSSHE and UHI, 2017; AMOSSHE, 2018) and Student Minds have released a range of publications, including papers on academics’ experiences of student mental health (Hughes et al., 2018) and participatory approaches to creating mental health strategies (Piper and Emmanuel, 2019). Other bodies and research networks, such as Office for Students, Jisc and SMaRteN have also been active, releasing blog posts, resources, funding calls and guidance.

In 2019, Student Minds released their long-awaited Student Mental Health Charter (Hughes and Spanner, 2019). This was closely followed by UUK’s updated version of #Stepchange, now called ‘Stepchange: mentally healthy universities.’ The reports were closely aligned; both reports built on investigative work carried out by Student Minds with university staff and students; both called for holistic, whole-university approaches, and both identified four key domains for action: learning, support, work and life (Hughes and Spanner, 2019; Universities UK, 2020). Both reports identified five enabling factors, of which the need for participatory approaches and meaningful collaboration with students and diverse stakeholder groups was prominently featured. These two calls for more
inclusive, participatory and holistic action present a striking contrast to previous reports and to many of the interventions currently in place in higher education, and are likely to represent the future direction of travel for the sector.

These sector-body calls for action have guided and directed this study. They have also been a useful catalyst in gaining university buy-in, thus enabling this study to make a meaningful contribution to practice, and their participatory values have been embedded throughout this study. However, the sector response to these calls has been slow, and they have not yet resulted in a significant reduction in outcome gaps for students with mental health issues. The next section explores potential blockers to progress.

2.3.4 The burden of change

Despite increasing sector awareness of the importance of student wellbeing, and increasing sector-body calls for change, change has been slow coming to higher education. There is a sense of stakeholders trying to shift the ‘burden of change’ (Allen and Smith, 1992). For example, sector bodies call for changes to come from university staff and leadership (Hughes and Spanner, 2019; Universities UK, 2020); staff call for help from the university leaders (Murugesu, 2019) and student support or counselling teams (Broglia et al., 2018), while leaders call for change to come from students and staff (e.g. Seldon, 2020). It appears that stakeholders rely on change from other stakeholders and may not feel able to enact sustained change themselves without this support. This can result in an interventionalist, ‘tinkering around the edges’ approach rather than positive and sustained change (Meyer, 1997).

Holistic, widespread and meaningful change is extremely challenging to realise, which may explain the scarcity of examples in the literature, and why critical philosophical literature advocating for change has been criticised as impractical (Hayek, 1961) or unworkable (Rawls, 1999). Organisational change is a complex process, relying on a demonstrable need, the self-efficacy of those involved, and their active participation in the change process (Cunningham et al., 2002). Research suggests that ‘systems thinking’ (Hebel, 2007) and creativity (Dawson and Andriopoulos, 2014) may play important roles in supporting change, but human attitudes and behaviours are perhaps the most crucial factor (Mabey et al., 1993). For example, in a case study of change attempting to systematically embed inclusive practice in a higher education context, change was shown to be highly dependent on human ‘change agents’ and ‘change champions’ (Pearson et al., 2019). A further challenge for higher education is the complex times it finds itself in; there is recognition in the literature that ‘emotional exhaustion and depression would reduce readiness for organizational change and participation in redesign activities’ (Cunningham et al., 2002, p.378). A response to this may be a gentle pace of change, with pilots that are gradually scaled up, following an evolutionary rather than revolutionary change approach (Greiner, 1998). This approach is adopted in this study.

2.3.5 Conclusion

This section has explored student wellbeing in higher education, identifying barriers to mental wellbeing that students experience, and practices and interventions aiming to address these. It has applied critical and social-model approaches to critique these interventions and has shown that most adopt an individualistic approach, with relatively few aiming to address barriers in higher education. It has also explored sector body calls for action, and recognised the challenges in effecting institution-wide change in higher education. This literature has informed the design of this study and identified the gaps it aims to fill.
The next section explores the context of distance learning, and the challenges and opportunities for embedding student mental wellbeing in distance education.

2.4 Embedding wellbeing in distance learning

This study takes place within a distance learning setting; it aims to identify barriers and enablers to wellbeing in distance education, and investigate solutions to address these barriers. This section explores what is known about barriers and enablers to student wellbeing in distance learning and discusses the opportunities that distance environments may present for a holistic approach to student wellbeing. It concludes by summarising the gaps in knowledge and practice around student wellbeing in distance learning that this study aims to address.

2.4.1 Barriers to wellbeing in distance learning

The literature about student wellbeing in distance learning is scarce compared to that relating to campus-based environments, but studies recognise that distance learners are demographically different from campus-based students. Distance learners tend to be older than campus-based students; they 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).

As mentioned in chapter 1, statistics show that distance learners are more likely than campus-based students to disclose an existing mental health difficulty (The Open University, 2019, 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 this appears to be reflected in their outcomes; for example, the OU module completion gap for students with mental health issues has remained consistent at around -16 percentage points since 2013 (The Open University, 2019), implying that barriers to wellbeing exist in distance learning.

In terms of curriculum and assessment, it appears likely that distance learning students experience similar barriers to campus-based students in terms of stress, unclear expectations and distressing content (Bentley, 2017; Baik et al., 2019). These may be exacerbated by distance environments and distance learner traits; Latanich et al found that distance learners appear to have ‘higher levels of achievement striving’ and motivation than non-distance learners (2001), and this may be linked with a tendency towards perfectionism in some distance learners (Simpson, 2002,p.55) that may represent a potential challenge area for student wellbeing. Related to this, Simpson talks about the impact of poor assessment results on distance learners (Simpson, 2002,p.6); it is likely the distance learning environment can heighten students’ expectations of themselves, and exacerbate reactions to failure.

In relation to pedagogy, Simpson highlights that distance learning may be ‘potentially a very authoritarian educational system, with pre-packaged course material’ and fewer opportunities for discussion of different perspectives (Simpson, 2002,p.9), and that this may impact on students’ wellbeing and confidence in an online learning environment. This echoes findings from campus-based institutions on the impact of pedagogical power dynamics on wellbeing (Felton and Stickley, 2004; Hill et al., 2019). Similarly, the design and dynamic of groupwork in a distance learning environment has been found to contribute to stress or issues with wellbeing (McPherson et al., 2019).
In terms of culture and environments, Coughlan and Lister found that administrative processes involved in disability or mental health disclosure affected wellbeing for distance learning students (2018). It is also likely that the isolated nature of the distance learning environment can represent barriers to students wellbeing (Simpson, 2002, p9; Croft et al., 2010), as lack of a learning community in distance learning has been shown to impact mental wellbeing (Jones et al., 2019). Technology may also be a barrier; a recent study following the rapid shift to online learning during the Covid-19 pandemic highlighted that frustrations with technology and online learning may cause student distress (Slyke et al., 2020). Prior to the pandemic, literature also identified ‘lack of competence in utilising distance education software’ as a reason for student withdrawal in distance learning (Weller et al., 2018,p.43).

Further barriers may be experienced if students lack skills they need, either for distance study or to balance study with other life circumstances. In research with OU students, Waterhouse et al found that the balancing of commitments such as family, work and ‘unpaid caring responsibilities’ with study was a barrier for mental wellbeing in distance learning (2020,p.157). Simpson confirms this, saying ‘Time is almost always a problem for students - 40 per cent of students say it is their principal study problem and 60 per cent of withdrawing students say it was the reason why they dropped out’ (2002,p.55).

Communication skills may also be a barrier in an online environment; Weller et al highlight ‘hesitations about successfully communicating online’ as a reason that students may withdraw (2018,p.43).

This review has explored the barriers that studies suggest may be found in distance learning. However, literature in this area is limited; there is a need for empirical research into barriers to student wellbeing that are specific to distance learning environments and study experiences. This study aims to address this need.

2.4.2 Interventions and practices that support wellbeing

Literature about practices that support student wellbeing in distance learning is limited. Studies suggest that human contact with tutors and student support staff may enhance wellbeing in distance learning; Crawford talks about the need for staff to ‘be approachable and proactive’ (2020), and Simpson implies that regular tutor contact can have a positive impact on students grades and outcomes (2002, p47).

Weller et al discuss four factors that can positively influence student retention in online learning. Although this paper refers to retention, it is likely these factors may also impact on student wellbeing:

- ‘Design – factors in the design of the course, such as workload, introduction of topics, activities, etc
- Presentation – factors during the presentation of any course, including communication with the institution, support from the educator and technical or environment issues
- Personal – relating to the individual student, this can cover issues such as the student motivation, their existing knowledge and skills, as well as issues in their personal life such as home life and work pressures
- Contextual – the context within which education is occurring, such as fee structure and employment market’ (2018,p.44)
There was limited literature on mental health interventions, despite the statistics about distance learners’ mental health disclosures and gaps in outcomes. The Covid-19 pandemic led to some campus-based universities adapting interventions for online students, such as mindfulness interventions (Palalas et al., 2020) and online counselling (Savarese et al., 2020). However, at the time of writing I was unable to find any studies aiming to holistically or systematically address barriers to mental wellbeing in distance learning. There is a clear need for research in this area, a need this study aims to address. The next section explores potential opportunities in this area.

2.4.3 Operationalising and embedding inclusive practice

The collaborative, structured nature of module design at the OU, and existing structures for embedding inclusive practice, imply that the OU environment is an ideal testbed for embedding practice to support student wellbeing. This section explores existing practices around inclusion and learning design, and opportunities they present for student wellbeing.

‘Embedding’ is a term often used but seldom clearly defined in an educational context. For this study, a preliminary definition is drawn from literature across different disciplines in order to identify three core properties of ‘embeddedness’:

- Practice is ‘situated’ (Green and Meyer, 1991) or ‘anchored’ (Johannisson et al., 2002) in the learning environment or relevant area, not an add-on
- Practice is ‘ubiquitous’ (Moody and White, 2003) and consistent across the institution or relevant area, not isolated incidents
- Practice is ‘ongoing’ (Laud et al., 2015), business-as-usual, not a short-term intervention

Due to large numbers of disabled students, embedding of inclusive and accessible practice in modules and learning environments has been prioritised in the OU, resulting in systems, processes and initiatives that support systematic inclusion (Cooper, 2014; Coughlan et al., 2019). Inclusive practice is operationalised via the Securing Greater Accessibility (SeGA) initiative (Slater et al., 2015; Coughlan et al., 2019), and meets the definition of embeddedness by being situated in practice via an ongoing accessibility champions network that is ubiquitous across the institution (Pearson et al., 2019). The approach combines aspects of Universal Design for Learning (Rose and Meyer, 2002) with a process of anticipatory and reasonable adjustments (Pittman and Heiselt, 2014; Coleman and Berge, 2018), and realises this through a collaborative, learning design approach.

Learning design in the OU context can be defined as ‘a descriptive framework for teaching and learning activities’ (Dalziel, 2015, p.4). It involves the collaborative consideration and mapping of different aspects of a course, module or activity, which aims to inform choices about teaching, learning outcomes, activities and use of technology (Thorpe, 2008), and enable a ‘shared vision for the learning to be created’ (Toetenel and Rienties, 2016,p.235). The method is realised via a team of learning designers, who hold learning design workshops while modules are in production, and collaborate with module teams using a series of tools, including pedagogy profiles and student personas (Toetenel and Rienties, 2016; The Open University, 2020). There are accessibility champions within the Learning Design team and module teams to ensure inclusion is considered throughout this process.

The use of student personas in the Learning Design process has been of particular interest to this research, and has informed the use of vignettes in stage 2 of the study. This
practice was introduced because the need to ‘know who the students are’ (Stone, 2016, p.6) is particularly critical in a distance learning environments, where students’ diverse needs and circumstances are less visible than in a campus environment (Coughlan et al., 2019).

The existing systematic approach to embedding inclusive practice in module design represents a clear opportunity to adopt a whole-institution approach to operationalising and embedding student mental wellbeing in OU practice. However, there are gaps in knowledge that need to be investigated before this can begin. The next section reviews these gaps.

2.4.4 Gaps in knowledge and practice in distance learning

This section of the review has shown that there is limited research on barriers and enablers to wellbeing in distance learning, and a concerning lack of literature on embedding wellbeing holistically throughout distance learning. There is a clear need for research in this area; students with mental health difficulties form a sizable percentage of distance learners, and have been consistently experiencing gaps in outcomes for a number of years. The systematic nature of module creation in distance learning, combined with OU systems for accessibility and inclusion, present a clear opportunity to embed practice that can support student mental wellbeing. However, the lack of literature in this area means the barriers and enablers to wellbeing in distance learning are not clearly understood, and there is a further need to identify practice-based solutions that can aim to address barriers.

This study aims to address these gaps by answering 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?
- **RQ3**: How can solutions be embedded in distance learning?

2.5 Summary and application to this study

This review has highlighted gaps in knowledge around barriers and enablers to student wellbeing in distance learning; a need for holistic, participatory approaches to address these barriers, and an opportunity to embed them in distance learning. This study draws on the concepts and literature explored in this review, applying them within the study in the following ways.

Stage 1 of the study uses a narrative inquiry approach, in line with mad studies’ values of narrative and lived experience. The analysis of these narratives and identification of barriers draws on the social model, capabilities approach, psychological concepts of self-management and identity, and a critical, holistic approach to education. Learning design practices around student personas inspired the representation of these narratives as vignettes, and mad studies’ creative approaches inspired the vignette design.

Stage 2 draws on learning design methods in the focus group design, and holds to values of participation and collaboration, realised through partnership with students with mental health issues. The WHO model of prevention, promotion and treatment was used in the events to support participants to identify proactive solutions. The data analysis draws on
the capabilities approach, psychological concepts of resilience, belonging, self-management and identity, and adopts a critical, social-model approach.

Stage 3 adopts participatory values in facilitating practitioner research, and a gentle organisational change approach. The stage 3 praxis projects align to concepts explored in this review, including learning design, resilience and self-efficacy.

Finally, stage 4 draws upon the social model and the capabilities approach to identify barriers at scale. As with stage 1, these barriers align to psychological concepts of self-management and identity, drawing on social-model and capabilities approaches. The participatory design and analysis of this stage is informed by case studies from healthcare research and disability studies.

Overall, the study is structured using critical theories of wellbeing, framed according to social model principles of barriers and enablers, and is driven by participatory values. The theoretical framework and methodology are explored in more detail in the next chapter.
Chapter 3 Methodology

3.1 Introduction

This chapter describes the research philosophy and methodologies adopted in the study. It first presents the research philosophy, the framework of paradigm, ontology and epistemology that guided the study. It then gives a critical overview of the research design and methodology for each stage. Finally, it discusses the axiological values and ethical considerations applied in this research.

3.2 Research philosophy

This study is positioned as educational research that draws from concepts in mental health and disability studies, aiming to critically investigate 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?
- **RQ3**: How can solutions be embedded in distance learning?

It is essential that the research philosophy, methodologies and methods align with the research questions and the philosophical underpinnings of the study (Crotty, 1998). It must therefore be positioned within a research paradigm, with an appropriate theoretical framework, epistemology and ontology (Crotty, 1998; Twining et al., 2017).

3.2.1 Paradigm

In educational research, a paradigm can be defined as a broad world view or a conceptual framework (Oliver, 2010); a school of thought or set of shared beliefs (Kuhn, 1962; Mackenzie et al., 2006) that shape the way research is designed, analysed and disseminated (Given, 2017). Three major paradigms are broadly accepted in the literature (Cohen et al., 2013):

- **Positivism**, often aligned to scientific methods, holds to objectivity, positing there is a single truth that can be discovered by observation and experiment.
- **Interpretivism** (or Constructionism) claims that truth is subjective, relative to the context and can only be discovered through a lens of human experience.
- **Critical theory**, sometimes called the transformative paradigm (Mertens, 2007), holds that truth is influenceable, and seeks not only to understand it but to enact positive change.

Other scholars recognise additional paradigms in educational research, including Post-Positivist and Postmodernist paradigms (e.g. Taylor and Medina, 2013), Participatory Inquiry (Breu and Peppard, 2001; Lincoln and Guba, 2005; Heron and Reason, 2016), Symbolic Interactionism, Ethno-methodology and Phenomenology (Sarantakos, 2013). Differences in opinion about paradigms led to debates sometimes referred to as the ‘paradigm wars’ (Hammersley, 1992; Gage, 2016; Given, 2017), but more recently scholars have called for recognition that studies can be ‘mixed paradigm’ (Given, 2017); that although a paradigm should shape and inform a study, it should not define or restrict it.
This research is indicative of this struggle. It is situated within the paradigm of critical educational research, as it seeks not only to understand phenomena but to redress inequalities inherent within them (Cohen, 2007). However, it holds to the ideology, principles and methods of participatory inquiry (Heron and Reason, 2016). Furthermore, it holds both participatory and emancipatory values (French and Swain, 1997), as I, the researcher, am positioned within the participant communities engaged in the research, and the research aim is to empower and support these communities and collectively bring about change (Cohen et al., 2013).

There is recognised synergy between critical educational research and participatory approaches; Cohen et al. call participatory research ‘an instance of critical theory in research’ (Cohen et al., 2013), but imply it is an epistemological approach or methodology as opposed to a paradigm. I disagree with this; I support Heron and Reason’s contention that participatory inquiry is a mindset as well as a method, that its values form a conceptual framework for the research and dissemination design, not just the methodology (Salazar, 2015; Heron and Reason, 2016).

I contend that a mixed-paradigm approach is both appropriate and practical for this study. The critical paradigm is open to flexibility (Asghar, 2013) and able to accommodate a mixed-paradigm approach, as long as it holds to the ideals of the critical paradigm. I therefore adopt a mixed-paradigm approach to this study, situating it within critical and participatory educational research paradigms, and ensuring these perspectives are represented throughout the study.

3.2.2 Ontology
Ontology refers to the way the research positions the nature of truth and reality in the study. Ontologies range between two polemic positions, with some ontologies positing a single, measurable reality (i.e. realism (Cohen et al., 2013; Sarantakos, 2013), positivism (Bryman, 2016) or objectivism (Walliman, 2006)), while others posit that there is no single truth (i.e. relativism (Moon and Blackman, 2014), nominalism (Cohen et al., 2013) and constructionism (Walliman, 2006; Sarantakos, 2013; Bryman, 2016)).

A critique of these polar positions is that they approach the ontological question of reality via an epistemological approach of ‘what can be known?’ (Hamlin, 2002), either claiming that truth and reality must be measurable to exist, or that truth exists only in the mind and cannot be replicated or measured. However, this study sits between these two poles, seeking to identify ‘real’ barriers to ‘relative’ or subjective mental wellbeing.

A critical realist ontology represents a balance between the two perspectives, positing that epistemological awareness is not necessary for ontological existence; that truth and reality can exist outside of the mind, yet without being comprehensible or directly experienceable in a research context (Levers, 2013). This is particularly appropriate for mental health research; Pilgrim argues that critical realism presents ‘the best balance in relation to these interweaving forms of enquiry’ when exploring the ‘complexities of mental health’ (Pilgrim, 2018, p.64), and is therefore adopted for this study.

3.2.3 Epistemology
Epistemology is the researcher’s perception of how truth and reality can be discovered via research (Mertens, 2014). Epistemological perspectives generally align with ontological positions; a researcher adopting a realist perception of knowledge follows a positivist, or observational, epistemological approach to uncovering truth, while a relativist ontological position is coupled with an anti-positivist epistemological approach in which the researcher
seeks to interpret truth through the viewpoint of their participants (Scott, 2010; Cohen et al., 2013).

Critical realism presents an exception to this, in that ontological realism is complemented by a relativist epistemological approach, in order that the epistemology relate to the contexts, experiences and beliefs of the participants, and in which the researcher can use ‘judgmental rationality’ to bridge the space between reality and perception (Scott, 2010; Pilgrim, 2018). This is particularly suitable to this study, in which knowledge and reality are co-created with researcher and participants (Mantoura and Potvin, 2013; Caraballo et al., 2017; Peralta, 2017). This study, therefore, adopts a critical participatory epistemology, combining critical realism with relativism, judgmental rationality and participation.

3.2.4 Theoretical framework

There are many theoretical frameworks that align with the critical paradigm. Asghar posits that ‘any philosophical approach with similar practical aims could fall under the umbrella of critical theory’ (Asghar, 2013, p.3123), listing examples such as feminism, Marxism, cultural studies, queer theory and critical race theory, as well as the Frankfurt School of critical theory, where the paradigm is commonly seen to have originated. Different critical theories take different foci; some focus on oppression of certain demographic groups (Asghar, 2013), while others critique aspects of society, i.e. critical theory of technology (Feenberg, 2005), critical international relations theory (Oliveira, 2018) and critical pedagogy (Freire, 1970). Some theories focus specifically on mental health, such as mad studies (Beresford, 2019) and critical mental health theory (Cohen, 2018).

Critical pedagogy is the most appropriate theoretical framework to structure and underpin this research. Critical pedagogy has foundations in critical theory but was conceptualised in pedagogy by Freire (1970). In contrast to mad studies and critical mental health theory, which focus on experiences and societal treatment of mental health issues, critical pedagogy retains a focus on educational environments and ‘influences of educational knowledge’ (Burbules and Berk, 1999), with a view to empowering disadvantaged groups through education. It identifies oppression as barriers or obstacles within educational and societal systems and values (Geuss, 1981), and encourages reflection and dialogue between learners and practitioners to identify and overcome these barriers, working together as co-creators of knowledge (Freire, 1970; Kincheloe, 2004; Shor, 2012). It conceptualises this as awakening ‘critical consciousness’ (i.e. criticality and awareness of injustice) in students and practitioners, and taking action to redress injustices (Freire, 1970).

Importantly for this study, critical pedagogy places a strong emphasis on ‘praxis’, defined by Freire as ‘reflection and action directed at the structures to be transformed’ (Freire, 1970, p.126), and positions this small-scale, transformative practice as crucial for social change. Freire’s focus was practitioners making change in their own classrooms, but in my context I adopt a more holistic approach, both to critical pedagogy and to praxis. I apply critical pedagogy at a university-wide scale by supporting participants to lead praxis projects and enact change in their areas that can have a wider influence across the university.

Critical pedagogy has received critique from disenfranchised groups as not being reflective of diverse learners or practitioners; Freire’s writing was undoubtedly male oriented (Olson, 1992; Gore, 2013) and seeking to empower students was not sufficient to address systemic racism (Ellsworth, 1989). However, the inherent flexibility of critical theories has
allowed scholars to adapt and transform critical pedagogy, resulting in a multitude of variations and interpretations. This flexibility is beneficial for this study as it allows me to adapt critical pedagogy for my context, attempting to address inequalities towards student mental wellbeing in a distance learning environment.

Critical pedagogy’s flexibility is also a source of critique, however. It has splintered into many factions (Gur-Ze’ev, 2005) and has therefore become poorly defined, with conflicting interpretations (Breuing, 2011). Some interpretations have been criticised as being simplified, domesticated, or anti-intellectual (Gur-Ze’ev, 2005), while others have been critiqued for being oppressive in their tendency towards indoctrination (Burbules and Berk, 1999; Joseph-Jeyaraj and Harland, 2016). Researchers using this approach need to draw a careful line between conflicting interpretations, and make informed decisions to form their own interpretation.

3.2.5 Application of critical pedagogy to this study

Critical pedagogy has informed, guided and structured this study. The study was initially conceived through my awakening of critical consciousness about the subtle nature of HE oppression of students with mental health issues, how the barriers they experience are both real and located in society, yet the support offered pathologises them and focuses on their individual deficit. Inspired by critical pedagogues such as Freire, Kincheloe, and Giroux, I position students experiencing mental health difficulties as a group disadvantaged by the norms and structures of higher education, many of which act as barriers to their success and wellbeing. The methodology is designed in line with critical pedagogy principles, using in stage 1 a dialogue approach to empower the voices of students who have experienced issues with mental health, before facilitating students and practitioners to work together in stage 2 following a ‘problem posing’ approach to encourage critical consciousness and identify collaborative, community-driven, solutions (Freire, 1970; Kincheloe, 2004). These solutions are then piloted in stage 3 as praxis (Freire, 1970) and evaluated following a self-reflection approach. This is explained further in the research design section of this chapter.

The research is structured according to approaches identified by critical theorist Jürgen Habermas and critical pedagogue Carl Grant for embedding critical theory in practice (table 1.)
The first step in these approaches focuses on identifying the existing situation. This is conceptualised in stage 1 of my study by an exploration of barriers to wellbeing students experience in distance learning.

In step 2, both frameworks examine the reasons for the situation. In my study this is realised as focus groups, in which a variety of staff and student voices publicly and democratically examine reasons for barriers and identify possible action to be taken.

In step 3, both frameworks focus on action for change. My study realises this in seven praxis projects as the first steps in creating an agenda for change.

Finally, in step 4, both frameworks identify the need for evaluation. This takes place in my study via a survey that seeks to build on the previous stages and evaluate the potential efficacy of the praxis projects.

My interpretation of critical pedagogy as a theoretical framework for this study includes several slight deviations from Freire. Asghar states that in order to align to the critical paradigm, a theory must:

1. ‘be explanatory about what is wrong with current social reality’
2. ‘identify the action to change it’
3. ‘provide both clear norms for criticism and transformation’ (Asghar, 2013,p.3123)
The second and third point are crucial for this research. Critical pedagogy has a tendency to focus on what is wrong with society, and not adequately consider how these wrongs can feasibly (rather than radically) be addressed, beyond small-scale classroom praxis. Giroux referred to this as offering ‘a language of critique, but not a language of possibility’ (Burbules and Berk, 1999) and Cho critiques the lack of ‘concrete forms’ that have emerged from critical pedagogy’s ‘abstract ideas’ (Cho, 2012). Part of this may stem from Freire’s ‘radical rejection’ of the status quo (Macedo, in Freire, 1970) and his preference for radical transformation, expressed in his book Pedagogy of Hope (Freire, 1994). However, as discussed in chapter 2, radical change is difficult to implement and can be painful to experience (Huy et al., 2014); this is unlikely to be practical in the higher education climate. I have therefore designed this study to be practical, aiming to implement tangible, albeit small-scale, change, while laying the groundwork for incremental transformation. To do this, I draw on Freire’s concept of small-scale change via praxis and apply it at an institution-wide scale.

One objective of this study is to support the development of critical consciousness in students and staff. However, it is important to note that I do not intend to measure this development as part of this study. Critical consciousness is a challenging trait to measure (Jemal, 2017; Seider et al., 2020); there are scales which aim to do this, such as the Critical Consciousness Inventory (Thomas et al., 2014) and the Critical Consciousness Scale (Diemer et al., 2017), but these tend to measure critical consciousness according to a person’s willingness and ability to take action to right wrongs, without consideration of the circumstances and oppression that may prohibit them from doing so. Furthermore, these scales adopt a deficit, ranking model that I believe goes against Freire’s philosophy, judging a person’s level of critical consciousness against a scale invented by a more privileged class. This was not an approach I felt appropriate for this study, and therefore my objective was to encourage critical consciousness through the study, but not to awaken, enhance or measure it in my participants.

Critical pedagogy has been both a guide and a roadmap for this study, with its values shaping the research aims and principles, and its practices informing the research design. I recognise the weaknesses of critical pedagogy as a theoretical framework, but I have constructed an interpretation of the framework that I believe supports this study while not compromising the intent and values of Freire’s pedagogy.

3.3 Research design

Within the critical pedagogy theoretical framework, this study adopts participatory research as the overarching methodological approach and research style (Bergold and Thomas, 2012), in line with its position in the participatory inquiry paradigm (Heron and Reason, 2016). This involves commitment to treating participants as co-researchers with expertise in their areas, ensuring they are remunerated for their involvement, and affording them agency and decision making in the research and their involvement (Bergold and Thomas, 2012).

Two communities participated in each stage of the research: Open University students experiencing mental health difficulties in study, and OU practitioners in various roles. As the researcher, I identify as a member of both communities; I have twenty years’ experience as a distance learning student experiencing mental health difficulties, and eleven years’ experience as a higher education practitioner working with students (six years in distance learning.) In line with participatory research ideals, my aim was to value
participants’ lived experience, give marginalised groups a voice, enable authentic participation and to attempt to equalize or temper power relationships, both between researcher and participant and between the two communities when they interacted (Cook, 2012; Russo, 2012).

Within the participatory research methodology, this study adopts a mixed methods approach with a number of ‘participatory research strategies’ to reflect the ‘individuality and self-determination of the research partners’ (Bergold and Thomas, 2012,p.192). The study consists of four stages, with each stage building on the results of the previous stage(s).

Stage 1: Interviews with students and tutors, using narrative inquiry (Heikkinen et al., 2012) to identify barriers students experience

Stage 2: Focus groups with students and staff, using vignettes to represent barriers and narratives (Darvin, 2011), and a problem posing approach (Freire, 1970) to identify ideas to address them

Stage 3: Facilitated practitioner research projects to address barriers (Groundwater-Smith et al., 2012) using a praxis approach (Freire, 1970)

Stage 4: A survey to seek wider input on barriers, interventions and perceived impact

The methodology for each stage is described in the subsequent sections.

3.3.1 Stage 1: Identifying barriers and enablers

Stage 1 of the study aimed to answer:

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

My research aims for this stage were to identify barriers and enablers students experience to wellbeing in distance learning. My critical pedagogy aims were to locate these barriers within Open University practices, systems and structures, to encourage critical consciousness in participants about the nature of these barriers, and to make participants feel their voices had been heard (Kincheloe, 2004). My participatory research strategy for this stage was to openly identify as a member of the participant communities, value participants’ lived-experience expertise, and create a safe space in which we could co-create knowledge (Cook, 2012).

In line with these aims and my relativist epistemology, I decided a qualitative approach would best empower participant voice, and an individual (rather than group) setting was more suitable for the potentially sensitive nature of the topic. I therefore designed this stage as one-to-one, semi-structured interviews. Interviewing as a method does have weaknesses; data is subjective, can be difficult to generalise (Cohen et al., 2007), and analysis can be vulnerable to researcher bias, especially when the interviewer also identifies as a member of the participant group. However, one-to-one interviews are an excellent way to gather rich, contextual data. They support dialogue, in line with critical pedagogy (Freire, 1970), and can facilitate a high level of mutual understanding (Cohen et al., 2007) while maintaining a ‘safe space’ (Wickes and Reason, 2009) for participants. I therefore aimed to mitigate the risk of bias by allowing a ‘cooling off’ period between interview and analysis, and aimed to address the risk of overly subjective data through a
combination of interview protocol design and analysis approach, discussed in more detail in subsequent paragraphs.

In line with the participatory nature of the research, I wanted to give participants control over the interview setting and how they shared their experiences. I therefore chose narrative inquiry as the methodology. Narrative inquiry focuses on capturing participants’ stories; it is an excellent method for a researcher to understand lived experience (Lincoln, 1992), and its unstructured nature gives participants control over what and how much they tell the researcher (Savin-Baden and Niekerk, 2007). Storytelling can also be beneficial for participants; ‘humans are storytelling organisms who lead storied lives’ (Savin-Baden and Niekerk, 2007, p.461), and storytelling about mental health has been proven beneficial in many talking therapy studies (de Vecchi et al., 2016; Nurser et al., 2018).

A weakness of narrative inquiry in my context was that it typically aligns to the constructivist paradigm, as narratives are, by nature, highly subjective (Savin-Baden and Niekerk, 2007). This raised the concern that the interviews may not result in the critical realist ontological data I needed; either that participant narratives may be so unstructured that they did not answer the research questions, or so subjective that their truth could not be said to independently exist. I aimed to mitigate this risk in my interview protocol design; instead of having entirely unstructured interviews, I designed prompt questions (detailed in chapter 4) that I would use as necessary to ensure I met my research aims, and to encourage participants to reflect on their stories and encourage critical consciousness.

The use of these questions involved the use of judgmental rationality, in line with my relativist epistemology, and was tested in a pilot study.

Another factor was the design of the interview setting. Both participatory research and mental health research norms call for a ‘safe space’ (Campbell et al., 2004; Wicks and Reason, 2009; Tucker, 2010) to be created. Recounting mental health experiences could distress participants, especially if they have underlying mental health issues which could make them vulnerable. I therefore designed that interviews could be online or face-to-face, and that face-to-face interviews would take place in spacious meeting rooms, with natural light and views of trees and nature (Pretty, 2004). I arranged for tissues to be available in the rooms, as well as water, tea, coffee and biscuits in case participants needed a break (Elmir et al., 2011). I took an internal professional development course called Supporting distressed or suicidal students prior to the start of the project, so I was prepared in case a crisis situation arose. I discussed these design considerations with the OU Ethics Committee and tested them in a pilot study.

A final element of the research design for stage 1 was how to analyse and represent the findings to facilitate their use in stage 2. There is a tension in participatory research around the analysis of data; ideally participants should be involved in data analysis (Bergold and Thomas, 2012), but this raised issues of confidentiality, as well as tension with doctoral programme requirements for me to analyse the data myself. I therefore designed a dual analysis approach, in which I first analysed the raw data, turned this into a series of anonymised vignettes, and then carried out participatory analysis of the data with the stage 2 participants using these vignettes. I chose Thematic Analysis (Braun and Clarke, 2019) as the analysis method, as its inherent flexibility and phased approach to data analysis better complemented my dual approach than more systematic approaches, such as grounded theory (Strauss and Corbin, 1997). This is discussed in more detail in chapter four.
The final consideration was how to represent the narratives in a way that was engaging and evocative for stage 2 participants, communicating the participant voice effectively while not compromising on confidentiality. I considered a range of creative methodologies, including I-poems (Edwards and Weller, 2012) and digital storytelling (Jamissen and Skou, 2010). However, drawing inspiration from mad studies and learning design literature, I chose to create hypothetical student personas and vignettes that illustrated the barriers identified using a disguise approach, with stories woven together from different student sources, to ensure no vignette could be identified via jigsaw identification (Saunders et al., 2015). Vignettes can be prone to weakness in internal validity (the extent to which they capture the essence of the topic) and in the flexibility in how they may be interpreted by participants. However, they have been used successfully in critical pedagogy to support critical thinking (Darvin, 2011), and their weaknesses can be mitigated through careful vignette design and delivery (Hughes and Huby, 2012). With this in mind, I used an online tool called Our Journey to create evocative and visually engaging student journeys (Coughlan et al., 2019) for the participants in Stage two.

3.3.2 Stage 2: Co-creating solutions

Stage 2 aimed to answer:

**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?

The research aims for stage 2 were for participants to collaboratively analyse representations of narratives from stage 1, identify barriers to wellbeing, and construct solutions to address these. My critical pedagogy aims were to facilitate dialogue between students and staff in diverse roles (Freire, 1970), to encourage critical consciousness in both communities (Freire, 1970), practice democracy and public critical questioning (Grant, 2012) and identify action needed for change (Asghar, 2013). My participatory research strategy for this stage was to manage the power dynamics between communities, ensuring equitable participation and input from both communities (Cook, 2012; Russo, 2012).

I selected focus groups as the best method to achieve these aims, due to the potential to create a participatory group dynamic (Peters, 1993) and the opportunities for ‘critical inquiry as a deliberative, dialogic and democratic practice’ (Kamberelis and Dimitriadis, 2005,p.887). Focus groups as a setting are not without flaws; the data they produce can be difficult to generalise, the number of participants means the sample may not be representative of the larger population, and they can be influenced by group dynamics or other factors on the day. They are ultimately contrived, unnatural settings (Morgan, 1996; Fallon and Brown, 2002; Jowett and O’Toole, 2006). Morgan states that there is a ‘trade-off’ between the convenience of the contrived setting compared to the naturalness of field observations, while Cohen et al state:

‘their contrived nature is both their strength and their weakness: they are unnat

Additionaly, as a method they have a long association with critical pedagogy research, as they can be an extremely effective way to ‘decenter’ the researcher (Kamberelis and Dimitriadis, 2005) and to identify diversity of opinion and dimensions of complex social
issues, acting as a precursor to further research (Lunt and Livingstone, 1996). Moreover, in this case there was a need to harness the collective social expertise and to triangulate different roles, opinions, experiences and skillsets on a particular issue, and focus groups were a particularly suitable method to achieve this.

I designed the focus groups following a ‘problem-posing’ approach, in line with critical pedagogy ideology (Freire, 1970; Kincheloe, 2004; Cavanagh et al., 2019). Problem-posing education was proposed by Freire as a way of using community issues to create a dialogic learning environment (Freire, 1994) and aligns to problem-based learning as pedagogic practice (Cavanagh et al., 2019); it is a common concept in critical pedagogy and has been used in classrooms and research contexts with varying success (Brown, 2013; Cavanagh et al., 2019). The method is not without risk; Cavanagh et al comment on the need for careful design of materials and settings, explaining that knowledge, problems and even relationships need to be reconceptualised to meet the objectives and facilitate learning (2019). However, it is possible to mitigate this via careful activity and instrument design. I therefore designed a 6-step process to the focus groups; this was tested in a pilot and is discussed in chapter five.

Ensuring a diverse mix of participants was a critical aspect of the research design. The participatory approach depended on equitable and informed participation; a good balance of participants was necessary to facilitate effective and lively dialogue, and a range of stakeholders were needed in order to practice democracy (Grant, 2012). With this in mind, I conducted an audit of stakeholder groups and identified the core groups of OU staff and students who should be represented. These are discussed in chapter five.

The need for such a diverse range of stakeholders, and meeting the critical pedagogy aim of ‘public critical questioning’ (Grant, 2012) meant that the groups should have a sizable number of participants, more than the 6-12 recommended in focus group literature (Onwuegbuzie et al., 2009; Massey, 2011). Furthermore, the need to give sufficient time to each step indicated that the focus groups would likely last beyond the 1-2 hours recommended (Onwuegbuzie et al., 2009; Massey, 2011). Depending on definitions, they could, therefore, encroach on the boundaries of being considered a workshop, a method popular in participatory action research but generally less legitimized in academic literature (Caretta and Vacchelli, 2015). Definitions of focus groups vary, and the literature is unclear on the precise boundaries between focus groups and workshops as a methodology, but Caretta and Vacchelli highlight that the objective of focus groups are to generate discussion (and thus data in a research context), while workshops are more focused on participatory generation of outputs, such as research agendas. I therefore categorise the stage 2 events as focus groups that draw on elements of workshop design, such as larger participant numbers, interplay between small group and larger group discussions, and focused activities in order to generate discussion. This is atypical but is not unprecedented in the literature (Lunt and Livingstone, 1996; Kamberelis and Dimitriadis, 2005; Zuckerman-Parker and Shank, 2008; Caretta and Vacchelli, 2015).

The data arising from stage 2 was captured via a mix of group data (activity worksheets completed by groups), individual data (participants’ individual note sheets) and group interaction data (transcripts of audio from plenary and summary discussions) (Duggleby, 2005; Onwuegbuzie et al., 2009). I selected thematic analysis (Braun and Clarke, 2019) of these sources as the most suitable analysis approach; thematic analysis is a recognised approach for focus group data analysis (Breen, 2006; Massey, 2011), and it aligned with the nature of the research question, the study and the theoretical frameworks, as well as providing consistency with stage 1 of the study.


### 3.3.3 Stage 3: Piloting praxis solutions

Stage 3 aimed to answer:

**RQ3:** How can solutions be embedded in distance learning?

The research aim for stage 3 was to support practitioners to pilot the solutions they identified in stage 2. The critical pedagogy aim was to identify an agenda for change (Habermas, 1972) and begin to take action on this (Grant, 2012) by facilitating praxis in participants (Freire, 1970). My participatory research strategy for this stage was ‘authentic collaboration’ (Heron and Reason, 2016); to turn over control to the participants and support them to lead the projects while I acted as coordinator, facilitator and on-call subject matter expert.

This was the crucial stage of the study in which participants became practitioner researchers, engaging in praxis (supported by myself) to improve the social situation and begin to embed student wellbeing in learning and teaching. Freire defines ‘praxis’ as ‘reflection and action directed at the structures to be transformed’ (Freire, 1970), and positions it as a lynchpin of social change (Freire, 1970; Olson, 1992). In this case, praxis can also be defined as a style of critical, reflective practitioner research (Eikeland, 2012); flexible, practice-based research that takes place *in situ*, is conducted by practitioners who are professionally involved in the area, with tangible implications for practice (Heikkinen *et al.*, 2016).

As the researcher, my role was to support the participants in their projects. I adopted a facilitated practitioner research approach (Groundwater-Smith *et al.*, 2012). This closely aligns to facilitated *action* research in the literature, which Markless and Streatfield also call ‘supported action research’ (2006). The method is flexible; Yuan and Lee talk about providing general ‘scaffolding’ and support for action researchers (2015), Markless and Streatfield described the role as ‘a guidance function’ (2006) while Nancarrow *et al* discuss a more structured approach with ‘a structured facilitation guide’ for their participants (2015).

In line with my participatory research strategy, and adhering to Kemmis and McTaggart’s ethical principles for practitioner research (Cohen *et al.*, 2013), I let the practitioners set the pace and determine the level of support they required, with me checking in regularly to ensure they were happy and comfortable with their projects. Markless and Streatfield highlighted a conflict in which their participants wanted a greater level of direction than the researchers felt comfortable giving (2006), and I wanted to avoid this kind of situation, while empowering the practitioners to use their practical wisdom, or ‘phronesis’ (Heikkinen *et al.*, 2016) to shape the research.

Furthermore, it was important for practitioners to have autonomy in the evaluation of their projects. My role as facilitator was to ensure they had the support and direction they needed on how to do this (Markless and Streatfield, 2006), and to provide an overall structure for continuity. Reflection and reflexivity are integral parts of praxis (Freire, 1970); the most suitable approach, therefore, was practitioner-led reflective evaluation, accompanied by guiding questions in key areas (Hardy *et al.*, 2011; Baumfield *et al.*, 2013) to facilitate shared reflection (Scharmer, 2001).

The individual projects, aims, methodologies and interview approach are discussed in more detail in chapter six.
3.3.4 Stage 4: Wider inquiry
Stage 4 sought to answer all three research questions at larger scale.

**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?

**RQ3**: How can solutions be embedded in distance learning?

The research aims for stage 4 were to gather larger-scale, quantitative data from students and staff on barriers and enablers; explore demographic differences in student responses; and seek ideas for solutions, ways to embed solutions in practice, and opinions on the praxis solutions being piloted.

My critical pedagogy aim was to encourage critical consciousness in students about the barriers they had experienced and to raise awareness of support solutions that already existed and may help them. My participatory research strategy for this stage was to engage the voices of the ‘broader community’ (van der Riet, 2008) in answering the research questions, and to ensure the survey instrument was collaboratively designed and the data collaboratively analysed.

The most effective way to gather data at scale for this stage of this study was a survey. Surveys are an economical way to gather standardized data from a wide target population (Cohen et al., 2013). However, survey efficacy depends on careful instrument and question design (Bickman & Rog, 2009), and as a methodology it is vulnerable to survey fatigue (Porter, Whitcomb and Weitzer, 2004), which can lead to careless responses, misunderstanding of questions and low response rates. There are also ethical issues to consider, as surveys dealing with sensitive or triggering issues, such as mental health, can be an intrusion (Cohen et al., 2013). However, these factors may be mitigated if accounted for in the survey design; this is discussed in more detail in chapter 7.

In order to align to the participatory research ideology, it was important for participants to contribute to the survey design and data analysis (Parrado et al., 2005). I therefore adopted a participatory design approach, in which student participants worked with me to co-design the survey instruments and analyse the data (Parrado et al., 2005). The survey was designed to map to the research questions, drawing on a capabilities approach to identify barriers in environmental and internal capabilities, and gathering quantitative (categorical and Likert scale) and qualitative (open comment) data in each area. The instrument design and data analysis approach are detailed in chapter seven.

3.4 Axiology

Axiology relates to the values, beliefs and ethical framework held by the researcher (Cohen et al., 2013; Kivunja and Kuyini, 2017). My research values were equity and participation, as well as the three basic principles of ‘beneficence, respect and justice’ (Mertens, 2007; Cohen et al., 2013).

Ethical approval was obtained from the OU’s Human Research Ethics Committee (HREC). Approvals were also gained from the OU’s Student Research Project Panel, Staff Survey Project Panel and Data Protection team. As part of this process, the following ethical considerations were taken.
3.4.1 **Ethical participation**
People with mental health difficulties can be vulnerable to triggers that can cause distress, flashbacks or trauma. I committed to engage with participants before engagement in the study to ask if they were aware of any potential triggers and inform them about the nature and topics of the interview. I completed the OU professional development training on supporting distressed and vulnerable students, so I was confident I was equipped to deal with possible crisis situations, and I knew where to seek additional support if required.

3.4.2 **Informed consent and right to withdraw**
I went through the informed consent form (see appendix 1) carefully with participants, making sure they understood every section of the form. I ensured participants knew they were free to withdraw at any time before the data was aggregated and anonymised, and that they would not be questioned about their reasons for doing so. No participants chose to withdraw their data.

3.4.3 **Confidentiality**
Student confidentiality and safeguarding were vital, both within the project and in writing up findings. In the focus groups, I took care not to inadvertently disclose that any participants had experienced mental health difficulties. In writing up findings, I anonymised the data and using a numbering system to protect the identity of the students, including from jigsaw identification. In line with my participatory research ideology, I offered students the choice of being named and thanked in the acknowledgement section of this thesis or to maintain complete confidentiality.

3.4.4 **Storage of data**
I registered the project with the OU Data Protection team, informing them that I would be holding student data and complying with data protection regulations. All data was encrypted and stored on my OU-managed hard drive.

3.4.5 **Researcher wellbeing**
I took care to guard my own mental wellbeing during the project. I took particular care during the interview stage of the project, as the topics discussed were distressing at times. I used mindfulness in my approach to studying, ensuring I explored and recorded any emotional reactions I experienced instead of burying or ignoring them.

3.4.6 **Researcher objectivity**
Complete objectivity was not possible or desirable in this study, but I was aware that my personal and professional interest in this research could lead to issues in remaining detached. I therefore constructed in advance a strategy of regular, structured reflection to manage this, based on Bergold & Thomas’ ‘four focuses’ (2012) for reflexivity:

- Reflection on personal and biographical attributes
- Reflection on social relationships
- Structural reflection on the social field of the research
- Reflection on the research process

This supported me to maintain objectivity during analysis and write-up.
3.5 Conclusion

This chapter has described the research philosophy followed in the study and methodologies adopted in the four stages of the study. The next chapter presents the methodology and findings for stage 1 of the study.
Chapter 4 Barriers and enablers to wellbeing (Stage 1)

4.1 Introduction

In stage 1 of this study, students and tutors shared stories of challenges to mental wellbeing experienced distance learning. These stories were raw, at times painful to hear, and were always deeply meaningful. I therefore begin this section with deep gratitude to the interview participants.

Findings from this chapter are published in a peer-reviewed journal (Lister et al., 2021).

4.2 Methodology

Stage 1 aimed to answer:

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

As stated in chapter 3, my aims for this stage were to:

- Identify barriers and enablers students have experienced to wellbeing in distance learning
- Locate these barriers within Open University practices, systems and structures
- Encourage critical consciousness in participants about the nature of barriers
- Make participants feel their voices had been heard
- Openly identify as a member of the participant communities,
- Value participants' lived experience
- Create a safe space in which we could co-create knowledge

Interviews were carried out with students and associate lecturers (ALs, or tutors). The approach of interviewing tutors in addition to students was taken for three reasons; firstly, with the aim of valuing knowledge from a variety of sources as ‘collective social expertise’ (Suoranta and Moisio, 2006), following critical pedagogy ideals of knowledge sharing (Freire, 1970). Secondly, to encourage critical consciousness as widely as possible (Freire, 1970). Thirdly, in line with my participatory research aims, to ensure both staff and student communities were involved (Bergold and Thomas, 2012).

4.2.1 Interview protocol

All participants were emailed an information leaflet about the study (Appendix 2) and the consent form (Appendix 1) in advance. During the interview, these were given again in printed format (or electronic format for online interviews) and were talked through in detail.

The interview protocol involved participants telling the story of their experience, either as an Open University student or as a tutor supporting students. First, I explained my position (a distance learner who had experienced mental health issues in study), thus identifying as a member of the community. Students were invited to tell me their story, share their study experiences, particularly focusing on the barriers and enablers they had experienced. Tutors were asked to share their experience of supporting students experiencing mental health issues, either focusing on a particular student story or more generally about the
support they provide students with mental health issues, but again focusing on barriers and enablers their students had experienced.

The interviews were semi-structured, but toward the less structured end of the spectrum, as is appropriate for narrative inquiry. After the opening question, I let the participants talk through their stories. I followed up with questions, as appropriate, prompting participants to expand on particular barriers they experienced, encourage critical consciousness, and ensure the research objectives were met. I finished all interviews by encouraging critical reflection, asking students what message they would now, with their current knowledge and experience, give their former selves at the point in which they started OU study.

4.2.2 Pilot
I trialled the interview protocol and data analysis approach by interviewing two students and one tutor (recruited via posters and word of mouth) in a pilot study. I kept a reflective log after these interviews and made small changes to the interview setting for the main study, such as ensuring I had tissues available in the interview and that I was flexible with scheduling, as some interviews ran for longer than the hour envisaged. The interview method, protocol and data analysis were satisfactory and were not changed for the main study. As such, the pilot data was included for analysis in the main study.

4.2.3 Recruitment
For the main study, I recruited students via invitation emails sent to a sample of students who disclosed a mental health condition. The sample was selected by the OU Statistics & Surveys team, using a stratified approach in order to ensure students were representative of the wider cohort in terms of gender, ethnicity, age and faculty. Selection criteria were that students should have disclosed a mental health issue to the university and should be within 50 miles of Milton Keynes, to facilitate face-to-face interviews if participants were comfortable with this approach. The sample consisted of 335 students; 20 students responded and 14 took part in interviews, in addition to the two pilot students.

I recruited staff through internal networks and through posts on the intranet community webpage. This resulted in 4 tutors taking part in interviews, in addition to the tutor in the pilot study.

4.2.4 Settings and participants
In total, stage 1 consisted of 16 student interviews (totalling 15 hours, 5 minutes) and 5 tutor interviews (totalling 3 hours, 57 minutes.) Information on participant demographics can be found in table 2.
<table>
<thead>
<tr>
<th>Participant characteristics</th>
<th>Count</th>
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</tr>
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<tr>
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<tr>
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</tr>
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</table>

Table 2. Interview participant characteristics

There was an over-representation of students from Psychology courses (presumably an indication of volunteer bias) and of female participants. This was partially mitigated by interview length; interviews with male students were generally longer than with female students, resulting in a total of 6 hours 41 minutes of male student interview data and 8 hours 23 minutes of female student interview data.

Interviews took place in person or by telephone/Skype. Most face-to-face interviews took place in meeting rooms on the OU campus, although one tutor interview took place in a café. For face-to-face interviews, I ensured rooms were spacious, had natural light and views of trees and nature, and that refreshments and tissues were available in the room. All student interviews were followed by an optional campus tour, to finish on a positive note and support student wellbeing.

### 4.2.5 Analysis approach

The interview analysis took place in two stages, in order to increase the participatory nature of the analysis process (Jackson, 2008; Flicker and Nixon, 2015).

To ensure confidentiality, the initial analysis was conducted by me alone, applying Braun and Clarke’s Thematic Analysis approach to transcripts (2006, 2019) using NVivo 11. These findings are discussed in the next section.

The next stage of analysis was participatory and took place in stage 2 of this study. I created anonymous vignettes from the interview narratives; student and staff focus group participants collaboratively analysed these and identified barriers and enablers. The creation of vignettes and the findings from the participatory analysis are discussed in chapter five.
4.3 Findings

The findings consisted of 777 coded references, assigned to 20 themes and 59 sub-themes, and clustered into overall categories (Braun and Clarke, 2006), drawing on literature identified in chapter 2 to inform the classification approach. The final three overall categories were:

- Study-related barriers/enablers
- Skills-related barriers/enablers
- Environmental barriers/enablers

Study-related barriers and enablers relate to student experiences of assessment (including deadlines, assignment tasks and feedback), curriculum and tuition.

Skills-related barriers and enablers relate to areas where a lack of skills caused distress or a barrier, and acquirement of skills were seen as an enabler. This category was broken down into study skills, social skills and self-management skills.

Environmental barriers and enablers exist within the learning or home environment. These include spaces (both physical and virtual, including social media, classroom and virtual learning environments), systems (i.e. university systems, policies and administrative processes), people (i.e. peers, tutors, family or friends) and life (general life events or circumstances). The organisation of data is depicted in figure 5.

![Figure 5. Classification model for barriers and enablers to mental wellbeing](image)

Curriculum
Tuition
Assessment
Social skills
Self-management
Study skills
Spaces
Systems
People
Life
In the next sections, themes from each category are discussed in turn. Quotes are italicised for clarity.

4.3.1 Study-related barriers and enablers
Barriers and enablers relating to study were broken down into three sub-categories: curriculum, tuition and assessment.

4.3.1.1 Curriculum
The curriculum was a source of both barriers and enablers; 17 of the 21 participants described barriers it presented, and 18 gave examples of enablers within it. Key recurrent themes included curriculum content, curriculum design, types of activities within the curriculum (e.g. groupwork) and technology used in the curriculum.

Curriculum content could be a barrier in itself. AL5 described a student who ‘saw the subjectivity of arts and humanities study was quite triggering for her social anxiety’. Student 11 experienced a trauma related to her subject area several years into her degree, and said that following that experience ‘it's exceptionally difficult to study, right? I look at my books and I sit there and some days I have to close the books and I have to walk away.’ Student 7’s mental health issues were triggered by the subject material in her degree. She talked about how trigger warnings did not help:

‘obviously there’s warnings not to read them but I’m quite stubborn. I will read everything that they tell me in module materials… but it did trigger me for a couple of weeks.’

Student 8 had also experienced trauma that she had suppressed: ‘I didn't remember it until starting this course… But then it just kind of everything came back. So yeah, it did affect me.’

The ability of the curriculum to motivate was also an issue; student 10 talked about how he ‘was very disappointed in what the course was’, and how:

‘the academic stuff was either very dull or just stuff that didn't motivate me. And when I was feeling, you know, that low and anxious and sort of wanting to hide away, I needed something to make me think, right, I need to get out. And it wasn't doing that.’

Cognitive load and difficulty of topic were themes within this; student 9 said:

‘it's so much reading and at times it's been like, uh...Sometimes you really don't feel like you can pick up that book... You're like, Oh, I really can't tell my brain to do this at the moment.’

Curriculum content could also enable positive mental health. Student 15 talked about the profound impact of his study on his mental health:

‘It's kind of allowed me to open up a world and understand things a little bit better… It's allowed me to solve it in a lot of ways. Put some ghosts to rest. You know, when you reach a lot of the theories and you look at certain things that are out there and you kind of go, that makes, that makes more sense now. You know, I'm not, I don't feel as embarrassed or ashamed about that as I used to, because I understand why.’

Student 7 expressed similar feelings:
‘I find that my mental health has improved massively since I’ve been doing the modules…. And it’s just kind of benefited me to learn coping mechanisms, as well.’

The curriculum could also provide escapism or a distraction from mental health issues. Student 10 said ‘it completely takes me away from how I feel, and I feel like a different person while I’m studying’ and student 4 said ‘it kept me distracted from my mental health…. You could just kind of lose yourself in it.’

Activities within the curriculum could be challenging, particularly in terms of collaborative or forum activities. Collaboration was a challenge for many; student 6 said ‘I don’t like anything where I have to interact with people’, and when asked about common triggers or barriers, AL4 responded:

‘anything in a group setting… Collaborative activities. Anything which puts students on the spot, like exams, collaborative activities, where they’re exposed, where they might have their opinions questioned.’

It may be that the remote nature of distance learning exacerbates this; student 4 found online collaboration harder than it would have been in a face-to-face environment, saying:

‘I just found that really that, I love working as a team, but then over the internet, I found that quite hard to manage my anxieties and my confidence and stuff.’

However, forums were highlighted as an enabler for students; student 1 said ‘there’s a lot of support as well, you know, on the forums’ and student 14 said ‘the student forums are fantastic, and the moderators, they know their stuff, they really do.’

Curriculum design was critical; students and ALs both highlighted workload as a barrier. AL1 said ‘workload. Always, always workload. Even perceived workload. So, the student, almost like a panic mode. Too much to do, can’t cope! On the other hand, structure, routine and flexibility within curriculum design were clear enablers. Student 10 said flexibility in choosing his study days helped because he could not ‘consistently say every day I’m going to be fine’, and student 14 said that she needed to ‘race through the modules at the beginning and then slowly recap it’, and that distance learning enabled her to do this. Student 6 said study ‘helps me provide some structure in my life... Because I didn’t really have much of a routine before.’

Another aspect of curriculum design was the use of technology. This was both a barrier and an enabler. AL5 told a story of a student who did not have a computer and was writing assignments on a tablet; causing ‘loads of issues with the writing. I didn’t understand until I realised that there was predictive text going on.’ Student 2 talked about assistive technology; ‘that can take it out of you. Because you’ve got to concentrate on all typing or you’re talking to Dragon, which is brilliant in assessments, but it slows you down.’ Student 14 talked about how the need to zip a file for an assignment ‘cost me a couple of days’ hysterics trying to work out’. But technology could also act as an enabler. Students 1 and 2 talked about the impact on their mental health of using the checkbox tool on the VLE; ‘I loved ticking them off, I’ve done them all, I feel good!’ (student 1). Students 10, 11 and 13 told how social media bridged distances for them, helping them connect with people, and student 5 said using remote labs helped him connect with peers on a project, as he was unable to travel to a physical location due to mental health issues. Student 9 wished technology could help her feel more connected; her module only had face to face tutorials, which she couldn’t attend due to anxiety and agoraphobia. She wanted ‘some kind of a Skype call, and I think some modules do it actually, but mine never has.’ Student 6 felt
assistive technology would help her with her studies: ‘text to speech software. And maybe a digital recorder that would help me take notes.’

### 4.3.1.2 Tuition

Tuition focused primarily on the role of the tutor and tutorials. Ten participants discussed barriers within tuition and 13 discussed enablers.

Tutors were mentioned both positively and negatively. They were enablers if ‘they genuine, genuinely care’ (student 10), they were ‘full of enthusiasm’ (student 1), if ‘I knew I had her support’ (student 1), if they had ‘enthusiasm and commitment’ (student 13), or if they were ‘very kind and not patronizing’ (student 14). Student 2 talked about how a tutor’s timely intervention had an important impact on her studies and mental health, saying ‘the fact that she noticed something, if that hadn't happened… Best tutor I've ever had. And I ended up with a distinction.’

Student 13 summed it up:

> ‘So the tutors make a massive difference, and the enthusiasm and the commitment of the tutors and the face to face tutorials and the kind of free flow dialogue, a discussion that you get in a face to face environment that you don’t get in the online environment.’

However, tutors were seen as a barrier if they were ‘Really not helpful’, if they ‘told off’ the student (student 14), if they were ‘stern’ (student 15) or if students were given ‘different advice from your tutor and the moderators’ (student 14). This might not be intentional; AL1 talked about a tutor he supported who had not offered a student the support they needed:

> ‘And I had a long chat with the tutor and he was mortified he'd caused offence. The tutor was coming from the perspective, this should be a motivational thing, in terms of, this isn't a barrier to your progression. But the student saw it as the tutor telling me I'm not as good as these people.’

Tutorials, interestingly, were seen as a potential barrier by ALs. AL2 gave an example of miscommunication, combined with disability-related issues:

> ‘he went to a tutorial and there was a big problem and it resulted in a sort of semiformal complaint by another student. But the minute I said to the other student, look, he’s autistic, the student withdrew the complaint and said, “I've got, I understand completely now. They weren't being rude, they weren't being racist, they weren't doing the things I thought they were doing. They were just being autistic.” So I think the co-occurrence, it sort of disadvantages the student even more cause they’re already struggling because of some other mental health conditions.’

AL4 talked about poor attendance, saying:

> ‘Tutorials tend to be poorly attended by anyone with mental health problems. Um, again, the few that I've had that have turned up to things are very much what I call lurking in the background and then maybe will just drop out of the session. Obviously, we don’t put them in a position where we’re targeting [them with] questions, but they still seem to be a bit hesitant to come forward.’

However, student 1 said ‘only three of us would turn up most of the time but we’d have these fantastic conversations’, and student 2 said:
'I love face to face tutorials. Because you can read body language. You can ask questions. I like listening to other people asking questions... It's different to online. I do like online, I like everything really. My best is the tutorials because you can, you know you're the same as everybody else, doing the same thing at the same time.'

Support, flexibility and a positive relationship were seen as vital. AL3 gave an example of creating that relationship through coaching:

‘And then I asked them, which paper are you reading that you find hard? Let's read it together. So read it together, basically coaching, then read the introduction, read the summary, what do you think they've said?’

4.3.1.3 Assessment
Assessment was discussed by 16 of the 21 participants as a barrier, and 11 of the participants as an enabler.

Types of assessment were a theme, with exams as a frequently mentioned barrier. Students mentioned how both the exam itself and the preparation for the exam could act as a trigger for mental health issues; student 9 recounted her experiences of ‘panic attacks’ in ‘these massive exam halls’ and student 2 talked about how being ‘worried’ and not feeling ‘prepared’ for the exam led her to feel ‘I can't do this’, triggering her depression and leading her to defer her module. Presentations were also a trigger, student 4 said ‘one of the modules we had to give presentations on the internet. Um, and that just like freaked me out.’

There was a desired enabler related to exams; student 2 expressed the desire for an exam ‘boot camp, if it was revision-based and exam-based’, focusing on skills like ‘pulling out the right information’, ‘style of writing’ and ‘practicing writing for hours’.

Deadlines could be both a barrier and an enabler. Student 12 talked about the driving force and the fear of deadlines:

‘when I was in work deadlines drove me… Now it's almost like there's something inside me that took hold and it's now become the opposite. Deadlines really become things I'd rather not get to.’

Assessment design could be a barrier; unclear assessment instructions or criteria were extremely triggering for students. AL5 recounted an experience with a student who ‘if she didn't understand the instructions… she would get in touch in an incredible panic. And she disclosed that she was feeling suicidal on a number of occasions.’ Student 14 talked about how assessment wording could trigger attacks of panic or anxiety for her:

‘Assessments being kind of clearly worded is important… Each time you look at a question, I just go into a complete panic because it doesn't make sense to me.’

She said her response to this would be to send ‘hysterical emails’ and ‘posting things on the forum in a complete state’, which led to her being ‘told off’ by Student Support, which further triggered her mental health difficulties. Student 15 also recounted a time when unclear assessment led to low marks, denting his confidence and triggering a bipolar low. He had been required to use a tool for the assessment and the instructions on how to use it were unclear ‘I just don't understand it. You know and I've played with it loads and I still don't understand it’. It led to the ‘lowest mark this year… and it was awful’, which triggered mental health difficulties, 'I'm all over the place I'll be crying and go I can't do this.'
Low scores and negative feedback were clear barriers. Students talked about the impact of low scores, that it made them ‘freak out’ (student 15), caused ‘guilt’ (student 16) or made them feel ‘That’s it! I’ve lost it!’ (student 2.)

Student 15 recounted how it took time to understand how to take feedback.

‘I’d say in the first six months I didn’t really understand the feedback process. You know, I can struggle a lot with what I can see as criticism depending on my mood, particularly, I can feel that maybe people are actually attacking me personally.’

AL5 recounted an experience with a student about fear of negative feedback:

‘He said, “if I were going through particularly difficult week and there was something there that has the potential to perhaps derail me, always having to be really careful with myself, I might not open it because what am I going to do if I discover that is really, really critical? Yeah, like what do I do after that? It’s a terrifying idea.”’

Her response to this was to develop a relationship based on trust: ‘you can trust me not to uh, cut it to ribbons.’

Feedback could also be a barrier if it was too positive. Student 4 said:

‘I didn’t have much confidence in myself. And so this needed somebody, you know, to sort of give me some advice, constructive advice, not to just say, Oh no, that’s wonderful.’

She wanted a ‘50-50’ mix, ‘half, how you can improve and half, your strengths, showing how you can develop them more’ before ‘finishing on a positive, one last positive comment.’

4.3.2 Skills-related barriers and enablers

Barriers and enablers relating to skills were broken down into three sub-categories: social skills, self-management skills and study skills.

4.3.2.1 Social skills

Social skills referred to how students related to other people in their courses. Barriers were primarily in terms of communication, not asking for help, and fear of participating in forums and tutorials.

Fear of participation was related to anxiety; student 3 said ‘I was never really able to fully participate because of my anxiety issues and panic attacks and things like that’, and student 15 said ‘I’ve never attended a tutorial. The thought of being in a room full of strangers for me is massive, it’s really anxiety inducing.’

Tutors discussed barriers to help-seeking; AL4 said ‘they also don’t ask for help. I’ve noticed that a lot’, and AL1 said:

‘you’ll get massive amounts of engagement, and the feeling they’re really getting it, and then it’ll just go quiet. Like they’ve vanished. To the point where they’ll miss a deadline, they won’t respond to reminders and stuff.’

This was corroborated by students; student 15 said ‘It takes a lot for me to ask for help’, and student 7 said ‘it is hard to reach out to your tutor.’ This was not felt by everyone, though; student 10 said ‘I don’t like keeping things in, that’s really harmful for me. I need to share everything.’
4.3.2.2 Self-management skills

Self-management skills related to positive behaviours, students’ confidence and sense of identity, and how they managed their mental health.

Students’ sense of identity, either as OU students or in other educational contexts, could be a barrier or enabler. Student 10 talked about a feeling of not belonging when he was in a different institution: ‘I felt very out of place, I felt very alone.’ Student 3 talked about having no hope after she left school but before she discovered the OU: ‘I was really suicidal because I thought, you know, there’s just no hope, you know?’ However, AL3 recounted the ‘tremendous sense of achievement’ students can feel at the end of a module, and AL4 talked about the ‘small triumphs and the small things’ that can mean so much. Student 14 said ‘you’ve got to celebrate achievements, every distinction, you’ve got to take that minute to go, oh my God, look at me, I did that!’ When asked what helped their mental wellbeing most in study, student 6 said ‘the sense of achievement I get when I’ve got a good score’, and student 3 said ‘I feel like you keep evolving and you know that literally every year you’re gonna evolve. Yeah. That’s how it feels. So amazing.’

They also talked about how the identity of being a student helped their mental health, with comments like: ‘It actually makes you say, I’m a student. I’m loving this.’ (student 3) and ‘The OU has been eye opening and making me understand more about who I am, as a person.’ (student 2). Student 14 said:

‘It has increased my confidence, doing this. And it’s given me so much self-respect. It's been tough, the last module was really tough, but I got through it. That was me, someone who can’t, I can't face people in the street sometimes. Getting through it.’

Confidence was a both key barrier and enabler, impacting directly on students’ mental wellbeing and their study success. Student 6 commented on how her lack of confidence led her to avoid certain aspects of the course:

‘I felt like everyone else was so far ahead of me and was understanding the material so much better. So I felt inadequate. So since then, I've never gone on forums or I don't do tutorials or anything neither.’

Student 2 commented on how gaining confidence in her studies changed her study habits following assessments: ‘I had the confidence to ask for extra feedback; I don't understand this, where else have I lost marks, how else could I improve this.’

Another part of identity related to managing expectations of themselves. Six students experienced high expectations and perfectionism as a barrier. Student 10 talked about how high expectations of himself triggered anxiety before leading to a breakdown and his withdrawal from the course:

‘I've been very, very motivated and I think part of it is, is the anxiety. I just felt that I had to do it and I had to be proving to myself that I was good enough…. But then everything got worse in the second year and eventually it was like, I can't, I can't do this.’

Student 2 talked about how expectations of herself impacted on her depression:

‘I have to tell myself it's okay, you cannot always get high marks. But to me, as an achiever… I self-analysed myself, I over-thought, there could have been tipping points where I made my, my depression worse.’
Students talked about skills by which they were able to manage their mental health, such as running (student 1), watching box sets (student 2), and having ‘a system’ (student 15). However, they also mentioned not having mental health under control, with barriers to wellbeing in study presented by depression (Students 2, 11, 12 and 7, AL5), anxiety (Students 10, 14, and 3, AL3) mood swings (Students 2, 15, and 16, AL1), psychosis (Students 4 and 6) and other mental health issues (Students 13, 11, 15 and 5).

Positive behaviours, such as hobbies, volunteering or raising awareness of causes emerged as key enablers of mental health. Taking part in positive activities provided ‘escapism’, ‘made me feel like a real person’ (student 10) and had a substantial impact on wellbeing. Souvenirs, reminders and outputs from positive activities were also mentioned as beneficial for sustaining mental wellbeing; ‘it was just like I can remember exactly those feelings and that is something that I can, I can use.’ (student 10) These included photo albums (‘to sort of treasure’ – student 10) and social media pages. Student 11 said ‘I'm currently producing a Facebook page, and it's being rolled out. Which makes me feel whole again, because I feel like I'm helping people.’

4.3.2.3 Study skills

Study skills and strategies are a vital part of development in study, and were both a key enabler when present, and a clear barrier when not. AL1 told the story of a student where ‘it wasn’t a problem with the material, it was needing help learning how to study effectively... Once we’d addressed those, that student flew.’ Student 1 agreed; ‘in the early days people were trying to work out how to study. That's my experience of it.’ Student 2 gave specific examples of learning how to take notes, and how to revise, student 3 talked about learning to concentrate for longer, and student 7 talked about learning time management skills. All three students talked about the barrier it created for them until they learned these skills.

Other students talked about study skills they had learned that were also useful to manage their mental health. Student 1 said she had learned, before a study session, to ‘just go for a walk, take that time out every day, just go and look at the trees’, and that had a significant impact on her wellbeing in study. Student 2 talked about how she breaks ‘activities down into tasks.’ She said:

One is it helps motivation, two is I pace myself so I don't overwork.... Studying helps my mental health... And I will break it down. I'll remind myself where I'm going to be.... I'm learning my skills as it's going on.'

Student 10 talked about ‘using your research skills to pick apart your self-criticality’, i.e. to critically analyse his own negative thought patterns. Student 11 talked about applying mental health-related skills to help her succeed in education; ‘It's good to have a plan. Very structured, I like a structure. I suppose it actually helps. It's a strength. And I've learned to channel that into my education.’ Students 12 and 3 used music to ‘keep me feeling human’ and motivate them to study. Student 13 talked about learning how to detach; ‘you need to get to a point where you need to go, right. Stop. Walk away.’ Student 15 talked about learning to prioritise:

‘What I've learned to do is on those times, and you know they're not as often as they used to be, is I kind of go, what do I need to know right now?... Do I need to know that right now? Because if I don't, what I will do is I'll then skip that.'
He also talked about starting to use a diary to organise himself, having ‘*never used the diary in my life*’ and the difference it made to his studies and his wellbeing. Student 3 shared some study organisation worksheets she had found on social media and talked about the difference it made to her studies and her wellbeing, as they made her stay hydrated, ‘*you can like, um, colour in how many cups of water you drink*’ and accept when she hadn’t finished everything, ‘*there’s an area for procrastination.*** These skills were learned through studying, but all had a sustained positive impact on their lives and their wellbeing.

4.3.3 **Environmental barriers and enablers**

This section explores barriers that exist within spaces (both physical and virtual) and systems (i.e university systems and administrative processes), or relate to people or general life.

4.3.3.1 **Spaces**

There was an interesting interplay in the themes around spaces, in that there was a fine line between the distance environment being a barrier or an enabler. ‘*Isolation*’ was a clear barrier for students, with 12 references from 6 students; student 2 said she dropped out of study because ‘*I didn't know anybody else that was studying. It was all done remotely and you didn't have that link.*’ and student 10 said it had a clear impact on his wellbeing, ‘*it just sort of increased a sort of sense that I was alone, couldn't have friends because I didn’t know how to interact with people.*’

However, in-person learning environments were also a barrier, with 13 references from 4 students. Some talked about feeling alone or isolated while in a crowd: ‘*I went there and it was basically just unbearable. I felt very out of place, I felt very alone.*’ (student 10), while student 3 talked about the effect on her anxiety and her learning, saying:

‘*I couldn't be in those massive rooms. Yeah. And it wasn't to do with the amount of people in the room or whatever it was. It was just being in a big room was horrible… I couldn’t sit in class without getting like a panic attack… I couldn't learn in the classroom. I couldn't concentrate or actually, um, stay calm and be receptive to learning things.*’

The distance learning environment was only explicitly mentioned as an enabler by two students, yet was implicit in many others. Student 10 said: ‘*the decision I came to is, right, studying from home would be beneficial to me because I could like cope with that*’, and student 9 said ‘*Oh, it's great. I don't have to attend lectures. No one's going to make me turn up to anything.*’ Furthermore, several students talked about having a sense of community in a distance learning environment; student 12 said:

‘*To say I am a student and to feel that like I am a university student. Some people take pride in the community of people they've met. Particularly the people who do like the volunteering and stuff with the Students’ Association, who said that they talk about how they've made friends and the communities and the people they've met through this. Has been really amazing for them.*’

Social media was generally seen as a positive space. Students acknowledged there were issues, student 9 said ‘*The Facebook groups are a good source of support, but I suppose that you can compare yourself to the people on that as well, can't you?*’ but they were generally seen by the students as a positive place to be. For example, student 10 said ‘*the two closest friends I have, I've met on social media*,’ student 11 was ‘*currently producing a
Facebook page’, and student 13 said ‘Don’t shut yourself away, go on the computer. This is the thing I do, get involved with things, you know, get a study buddy, which is great.’

Inaccessibility of learning spaces for students with disabilities was a barrier. Student 16 talked about the inaccessibility of an exam environment having an impact on his stress levels and mental health:

‘I have dyspraxia as well which really quite made it quite difficult to write with a pen and paper, hand-eye coordination stuff. All my exams when I was a kid or a teenager, I would use a laptop. But I because I’m kind of quite disorganised so I didn’t manage to see there was a deadline for letting them know. So in May I emailed them and said can I use a laptop for an exam I have in June. And I can’t. So, I’m trying to get this discretionary postponement.’

Student 2 talked about the impact of her physical disability on her study and her mental health, saying:

‘I get quite down about the fact I can’t just do hand [written] notes. And then typing notes, that can take it out of you. Because you’ve got to concentrate on all typing or you’re talking to Dragon, which is brilliant in assessments, but it slows you down. Things that are there to help you slow you down.’

Drawing on the social model of disability, inaccessibility can also relate to barriers in other people’s understanding of disability. Student 10 talked about the impact of other people’s perceptions of his medical condition on his mental health:

‘having the seizures makes you feel isolated because I feel so different to everyone else. It feels like I’m the only, only person. I don’t know anyone else has epilepsy and I don’t really know anyone else that has any sort of physical conditions. So it makes me feel very, very isolated when, when one happens.’

4.3.3.2 Systems
University systems, structures and administrative processes were strongly felt as both barriers and enablers, and could have a substantial impact on a student’s mental health and study success.

Administrative processes were a barrier, with examples given around disability disclosure (student 16: ‘Maybe I was stubborn, I thought I don’t have to sign up for that’), reasonable adjustments (student 16: ‘I didn’t manage to see there was a deadline’) and other support (AL5 ‘they’ve sent her the forms and she hasn’t sent them back. That’d be entirely typical.’)

University rules and evidence requirements were also a barrier, especially around deferral processes. Student 11 and student 1 both had deferrals declined; Student 11 said:

‘so I asked to defer, and unfortunately they declined the deferral. So I will have to sit the exam. I have three weeks, two weeks, two weeks now, to get all the revision done.’

Student 1 talked about the intense effect this had on her in a time of grief. She said ‘And they said you’d need a death certificate. And I said “how can I turn round to my [family member] who’s just lost his child and say, I need a death certificate?”

The ALs also talked about university systems creating barriers for students. AL1 talked about disclosure information, saying:
‘The actual information we get is really quite limited from the university. It's very rare we get anything that is accurate, and pertinent to the students. Even if I know students may have declared something, the information I have can be vague, inaccurate, out of date.’

AL2 talked about slow OU processes being a problem with a student who was ‘in and out of a secure hospital’ and was not receiving their materials, saying ‘he's moving in and out too quickly for us to be able to cope with it.’

Policies and systems could be enablers, however. Enablers included credit transfer (student 10: ‘Made things a bit less stressful, that time in [other institution] wasn’t wasted), the OU’s open entry system (student 3: ‘They didn't actually judge you like based on prior grades or anything! Like they actually just gave you a chance!’) and reasonable adjustments made by the university (student 4: ‘they actually printed out the whole of the course syllabus on PDF for me!’)

Communication was a barrier for many. Student 2 talked about the need for signposting what support students could get, saying:

‘They do not know what support people can give them with mental health on studies. It's not a stigma so much it's just like there's a loophole there to connect.’

Student 15 wished the university would tell the tutors more, ‘I guess I would actually like our tutors to know if we have a mental health problem.’ Students also expressed desire for perceived enablers in terms of university communications, with ideas for learning analytics systems (student 2: ‘There should be something that flags up that there might be some issues there for students’) or regular contact from the university:

‘if every three months or every two months the university could be aware of students that have mental health problems, or like they could maybe just give like a, a checkup or maybe just an email just to see if everything’s going okay.’ (Student 3)

4.3.3.3 People

People could have a positive or negative influence on wellbeing in study. Peers were generally an enabler; student 13 had a ‘sort of study buddy’, student 1 said ‘it's about the interaction’, student 2 said ‘connection and knowing that what you're doing is what everybody else is’ and student 9 said ‘I do really, really enjoy engaging with students... That's always really helpful.’ Forums were a part of this; student 14 said ‘the student forums are fantastic’ and student 3 said ‘one of the great moments is when you're in a forum and talking to other students and, like, seeing people agree with you.’ However, peers were felt to be a barrier if students felt they were ‘being really judged and disliked’ (student 10); this could have a long-lasting impression, student 11 said ‘one person on there being horrible, and it still sticks with me’. Student 10 talked explicitly about the impact of this on his wellbeing, saying:

‘One of the things that makes you feel very anxious and very low about myself is worrying that people either think that I'm just making it all up or that I'm incredibly weak.’

Family could be similarly positive or negative; three students commented on how they felt lucky to have family support, but student 1 contrasted this with an earlier position, saying ‘I can remember my [family member] saying in the early days “why are you doing this? Why are you doing this, you get so stressed.”'
4.3.3.4 Life
General life circumstances had enormous potential to be barriers. Barriers included current circumstances, such as work, bereavement, family or relationship issues, illness, pregnancy and maternity, and also background issues such as economic status and coming to terms with sexuality. The only life-related enablers were time and support; student 1 talked about having time to study, saying ‘I was very lucky because for the last module I was able not to work, so that made a massive difference’ and student 2 talked about being supported through difficult life circumstances by the Student Support team: ‘I did talk through my options with the OU. I had some support there and I just decided to go for the next presentation.’

4.4 Discussion
The analysis of these findings drew on the literature explored in chapter 2 in a number of ways. The division between skills-related, study-related and environmental barriers draws on the capabilities approach, while the concept of barriers residing in different aspects of the environment comes from the social model of disability. Furthermore, the enablers can be viewed through the lens of the WHO model, as they include supporting interventions (e.g. tutor support, support with life-related barriers), preventative interventions (e.g. coaching, reasonable adjustments) and mental health promotion interventions (e.g. self-management skills, inclusive design.)

4.4.1 Towards a taxonomy of barriers and enablers
Barriers and enablers were frequently coded to the same category, with the majority of categories, themes and sub-themes appearing as both potential barriers and enablers. This implies that most aspects of study can be experienced as either barriers or enablers for mental wellbeing in study, depending who is experiencing them and how.

In the analysis, individual sub-themes tended to be related to adjacent themes, thus creating a spectrum. For example, ‘community’ within the ‘spaces’ theme was related to ‘peers’ in the ‘people’ theme; ‘reasonable adjustments’ in the ‘systems’ theme was related to ‘support’ in the life theme; ‘confidence and competence’ in the ‘self-management theme was related to ‘understanding learning’ in the ‘study skills’ theme; and ‘creating and evaluating learning’ in the ‘study skills’ theme was related to ‘deadlines and extensions’ in the ‘assessment’ theme. For these reasons, the data lends itself to representation as a taxonomy, which forms the main ontological output for this stage of the study. This is shown in figure 6.
It can be seen from this taxonomy that barriers and enablers to mental wellbeing reside within and throughout distance learning environments and aspects of study, as well as within the skillsets and internal capabilities of the students. This supports and builds on Tinklin et al’s work about barriers inherent within higher education (2005), and work by Markoulakis and Kirsh identifying barriers in learning environment, studies, structures and academic outcomes (2013).

As previously mentioned, the majority of themes appeared as both barriers and enablers; very few themes appeared solely as a barrier or enabler to wellbeing in study. This
suggests that an implication for practice is to critically examine practices that represent barriers and identify how they can be adapted into enablers. This presents an interesting contrast with literature that aims to address barriers in practice (e.g. exam stress) by focusing on individualistic, therapeutic interventions such as mindfulness (Galante et al., 2018) or meditation (Crowley and Munk, 2017). While management of mental health is essential, a key implication of these findings is that other areas of practice, such as curriculum, assessment and tuition, also impact wellbeing, and inclusive design practices should be explored (Miller and Lang, 2016; Griful-Freixenet et al., 2017).

Additionally, these findings highlight a link between mental wellbeing and students’ confidence in their skills and identity, as well as the close relationship between study skills and managing their mental health. This links back to the capabilities approach, focusing on internal capabilities as well as environmental ones (Shinn, 2015); it also relates to psychological concepts around identity and self-management, as well as educational classifications of study-related skills. This supports literature contending that the explicit teaching and practicing of study skills can have a positive impact on mental health (Barrable et al., 2018).

University systems and administrative processes are also shown to present barriers to wellbeing in study. The literature identifies a relationship between university administrative processes and student stress in distance learning (Coughlan and Lister, 2018), highlighting that students’ difficulties can be exacerbated when they are required to tackle onerous paperwork in order to access support (Jones et al., 2020). This implies a need for universities to review administrative processes and systems with a view to student wellbeing.

A final implication for practice relates to the distance learning environment, particularly the intersection between isolation and distance. Isolation was invariably seen as a barrier, while distance and community were enablers to mental wellbeing. Studies outside of higher education support the relationship between online communities and mental health, finding, for example, benefits such as ‘greater social connectedness, feelings of group belonging… personal empowerment and providing hope’ (Naslund et al., 2016, p.119). A recommendation for designers of online spaces, therefore, is to consider how these spaces can avoid isolation and become communities that support student wellbeing.

4.4.2 Reflection on research aims and limitations

Stage 1 aimed to answer the following research question:

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

This objective was clearly met; barriers and enablers were identified and represented as a taxonomy.

In addition to this, I had three critical pedagogy aims. The first was to locate these barriers within the systems and structures of higher education distance learning; this was clearly met, as the barriers and enablers I identified were located across the students’ OU experience. The second aim was to encourage critical consciousness in participants about the nature of these barriers; as stated in chapter 3, I chose not to measure this, but I held to my goal of asking in every interview reflective questions designed to encourage critical consciousness (e.g. knowing what they know now, what advice they would give their former selves, and what advice would they give OU module teams and other
stakeholders.) These questions prompted critical reflection on systematic failings or injustices (e.g., student 5: ‘they should be taught how to teach!’, and student 1, talking about administrative processes ‘surely there must be another way’), as well as self-awareness of study habits (e.g. student 16: ‘I used to do that, I established it when [situation], but I haven’t done it in like 6 months. So, thinking about it, I think I’ll start doing it again.’). Also, several students commented on the benefit of the interviews to them (e.g., student 5: ‘I found it useful to discuss my experiences, so our discussion may have also helped me in the long run.’). I therefore believe I met this aim, but I acknowledge that it is not possible in this study to know the extent to which this encouraged long-term critical consciousness.

The third critical pedagogy aim was to make participants feel their voices had been heard. To achieve this, I emailed the interview participants a year after the interviews with an update on what had happened since their interview and information about the praxis projects in place. This was well received; email responses included comments such as:

‘Thank you for listening to each and every one of us. Congratulations are in order! The results from your hard work and dedication have paid off. These changes are truly incredible!’ (Student 8)

Finally, there were three factors to my participatory research strategy for this stage:

- openly identifying as a member of the participant communities
- creating a safe space in which we could co-create knowledge
- valuing participants’ lived-experience expertise

I adhered to these values. In each interview, I gave the context for the study and openly identified as a student who had experienced mental health issues. I designed the interviews to be a safe space in an attractive room with biscuits and refreshments, or to take place online if students preferred. Finally, I respected and valued participants’ lived experience expertise throughout, and aimed to ensure these values and students’ authentic voices were reflected in the vignettes.

There were several limitations to this work. The relatively small number of participants, combined with over-representation of female students and Psychology students, means the barriers and enablers may not be representative of the student cohort. This is addressed by the larger-scale approach in stage 4. Another limitation is that the study took place within one distance learning institution, and there is the danger that findings may not be generalisable to other universities. This is being partially addressed in a follow-up project with three partner institutions (described in chapter 9), but further work is needed to investigate this more fully.

4.5 Conclusions

Stage 1 of this study interviewed 21 participants using a narrative inquiry approach. This elicited rich narratives, detailing a wide range of barriers and enablers to mental wellbeing in distance learning.

The analysis of these narratives drew inspiration from the social model and the capabilities approach to identify barriers; this resulted in a taxonomy that clearly demonstrates that both barriers and enablers reside throughout different aspects of higher education,
including systems and environments, curriculum, tuition and assessment, and within the skills and capabilities of the learners themselves.

In the next stage of the study, participatory analysis took place using vignettes of these narratives, with a view to collaboratively identifying solutions to barriers. The methodology and findings for stage 2 are discussed in the next chapter.
Chapter 5 Co-creating solutions to barriers (Stage 2)

5.1 Introduction

This stage of the study aimed to inspire collaboration between practitioners and students, to identify and explore solutions to the barriers. This took place through three facilitated focus groups with OU staff and students who generously gave their time, enthusiasm and expertise to support this project.

Findings from this chapter are published in two peer-reviewed journals (Lister and McFarlane, 2021; Lister, in press).

5.2 Methodology

Stage 2 aimed 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?

As mentioned in chapter 3, the aims for stage 2 were for participants to:

- Collaboratively analyse representations of data from stage 1
- Identify barriers and enablers
- Construct solutions, interventions or practices to counteract barriers

My critical pedagogy and participatory research aims were to:

- Facilitate dialogue between students and staff in diverse roles
- Encourage critical consciousness in both communities
- Practice democracy and public critical questioning
- Identify action needed for change
- Manage the power dynamics between communities, ensuring equitable participation

5.2.1 Method

Three focus groups took place in total: two face-to-face and one online. They followed a ‘problem-posing’ approach (Freire, 1970; Kincheloe, 2004; Cavanagh et al., 2019) with 6 core steps:

1. Welcome, introductions and icebreaker (small group discussion activity)
2. Posing the problem: student mental health in society, higher education and the OU (presentation with plenary Q&A)
3. Identifying barriers: participatory analysis (small group activities with vignettes and worksheets, followed by plenary discussion)
4. Co-creating solutions (small group discussion with worksheet, followed by plenary discussion)
5. Co-designing praxis projects, based on solutions (small group discussion with worksheet, followed by plenary discussion)
6. Identifying actions and next steps (plenary)
Informed consent was sought in the email sign-up process, and was reiterated in the ‘Welcome’ step.

To identify barriers, participants were asked to read and analyse a series of student personas and vignettes (appendix 3). These were created from the stage 1 data analysis, and illustrated the barriers and enablers identified without compromising the anonymity of the participants. The next section describes the process of creating these vignettes.

5.2.2 Vignette creation
The vignettes created aimed to anonymously, yet authentically, represent narratives and themes from stage 1 in a way that was engaging for stage 2 participants. I used a disguise approach, with stories woven together from different student sources, to ensure no one could be identified via jigsaw identification (Saunders et al., 2015). Names were pseudonyms and photos were stock pictures or AI-generated portraits.

To maintain the authenticity of the vignettes, I used the participants’ own words as far as possible to illustrate the themes and barriers identified (Barter and Renold, 1999, 2000; Hughes and Huby, 2012). This raised a tension; I did not want to mediate their voices (Seale, 2006), but editing was necessary in order to make the vignettes readable and to clearly communicate the barriers within the format of the vignette. Table 3 shows examples of themes, corresponding interview quotes and vignette text. The vignettes themselves can be found in appendix 3.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Participant quote</th>
<th>Vignette text</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environments</td>
<td>I couldn’t sit in class without getting like a panic attack, um, or like walking in hallways</td>
<td>I just got so anxious in classes, walking in the halls, etc.</td>
</tr>
<tr>
<td>Identity, comparing self to others</td>
<td>I’m 20, so that a lot of my friends, they go to university…. I was never able to attain anything in college. That in itself made me even more anxious, like I’m never gonna amount to anything</td>
<td>Some of my friends went off to uni but I started thinking I’d never amount to anything</td>
</tr>
<tr>
<td>Confidence</td>
<td>I just suddenly, that one day I was sort of sitting down and thinking I know what to do here, and... I just can’t do it. It just wasn’t happening. I couldn’t understand why, suddenly the back of the mind there was all this, was a thought. Thinking I can just easily snap out of this, and just do it you know, what’s stopping me? It seemed like it was like an unseen hand on the back of your shoulder saying don’t do it.</td>
<td>Suddenly I couldn’t do it. I can’t explain, it felt like an unseen hand on the back of your shoulder saying you can’t do it, don’t try. I had to defer.</td>
</tr>
<tr>
<td>Study skills</td>
<td>It was my first time like learning how to reference and you know, all these things that I never knew about, learning how to reference, you know. Um, but I did like the first TMA, I was like I’m so great and all that, I’m going to get a hundred. And then I got it back and I’ve got like 49!</td>
<td>I’d never heard of referencing! But I passed with 49%</td>
</tr>
<tr>
<td>Isolation</td>
<td>And with mental health is like, you feel so isolated…. And they don’t actually like check in on you. You know, hi, just wondering, you know, what’s going on? Maybe you’re on a new medication, is it changing? You know, just stuff like that, just to see every few months, you know, are you coping okay</td>
<td>I feel very isolated sometimes. I wish someone would check in from time to time.</td>
</tr>
<tr>
<td>Collaboration, groupwork</td>
<td>And I just found that really that, that, well, I love working as a team, but then that over the internet, um, I'd know, I just found that quite hard to manage my anxieties and my confidence and stuff. Um, what was it, the fact that I couldn’t really see people. Um, let me think. I think I felt quite threatened, um, but very scared.</td>
<td>Then there was a big groupwork project. It was very stressful doing it online because I couldn’t see the people, it made my anxiety really spiral and made me feel quite threatened.</td>
</tr>
<tr>
<td>Assessment</td>
<td>The one I really struggled with was, um, one of the modules we had to sort of do presentations on over, on, on, the internet. Um, and that just like freaked me out.... Um, and I'd asked my teacher a question she said she can’t help me. Um, and I'm assuming that's because she couldn’t like tell me the answers and I had to work it out myself, but I just felt. Um, I don’t know, like a burden. I just feel so, um, like I didn’t have a lot support given.</td>
<td>The final presentation made me very anxious. I didn’t feel I could ask for help, this tutor was less helpful and I felt like a burden.</td>
</tr>
</tbody>
</table>

Table 3. Examples of themes, interview quotes and vignette text

To make the vignette design engaging, I used an online tool called Our Journey, designed to create succinct, visually engaging student journeys (Coughlan et al., 2019).

The next section describes the design of the focus group activities.
5.2.3 Activity design

As mentioned in chapter 3, I drew on elements of workshop design in the focus groups, such as interplay between small group and larger group discussions, and focused activities in order to generate discussion (Lunt and Livingstone, 1996; Kamberelis and Dimitriadis, 2005; Zuckerman-Parker and Shank, 2008; Caretta and Vacchelli, 2015). After the introductions, consent reiteration and an icebreaker, participants were first given an overview of mental health in higher education in order to ‘pose the problem’ (Kincheloe, 2004). This was followed by a plenary discussion.

To identify barriers, participants were given the eight vignettes and invited to choose three or four of them with the aim of analysing the barriers and enablers to mental wellbeing the student experienced. They were given a worksheet to record their findings (appendix 4.) This activity was carried out in small groups in the face-to-face sessions, followed by plenary discussion; in the online session participants did the analysis individually and then discussed themes on the forum.

To co-create solutions, participants were asked to choose one or two of the barriers they identified and brainstorm possible solutions or interventions that could have helped the students. This was a group activity in the face-to-face sessions and was a group discussion in the online session. Again, participants were given a worksheet to record their thoughts, which can be found in appendix 5. After this, they were invited to speak to other groups, sharing thoughts, and this was followed by plenary discussion.

To co-design praxis projects, participants were invited to choose one of their possible solutions, or another one they had discussed, and to turn it into a praxis project. As before, participants were given a worksheet to guide their discussion and record their plans; this can be found in appendix 6. In the face-to-face sessions, this was done in groups and followed by short presentations from each table and constructive discussion from other tables. In the online session this was carried out as a forum discussion.

Finally, participants were asked to form working groups to further plan their praxis projects. The final worksheet was a project form which they were asked to complete electronically and upload to the project forum, so other groups and participants from other events could access it.

This approach was piloted before the main study, as described in the next section.

5.2.4 Pilot

I piloted the focus group methodology in a trial session in the OU's Manchester office. This session ran for 90 minutes and had 35 participants, 27 in the room and 8 online, all of whom were OU staff.

I trialled two different styles of vignettes in this pilot in order to seek feedback on the most suitable design. Style 1 only contained the student story, while style 2 also included a summary of key themes on the back. At the end of the session, I asked staff to complete a form giving feedback on the method and suggestions for changes for the main study. I received 10 completed forms in total (shown in tables 4-6.)
Table 4. Pilot staff responses to vignette activities

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Reasonably</th>
<th>Neutral</th>
<th>Not very</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How useful has this exercise been?</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. How usable did you find the vignettes?</td>
<td>4</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 5. Pilot staff responses on usability of vignettes

<table>
<thead>
<tr>
<th>Comment theme</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liked the exercise/vignettes</td>
<td>6</td>
</tr>
<tr>
<td>More space on worksheets</td>
<td>5</td>
</tr>
<tr>
<td>More time for activity</td>
<td>5</td>
</tr>
<tr>
<td>More info on student background/processes</td>
<td>3</td>
</tr>
<tr>
<td>Didn’t like extra info on back of some vignettes (style 2)</td>
<td>2</td>
</tr>
<tr>
<td>Didn’t like emojis</td>
<td>2</td>
</tr>
<tr>
<td>Format too busy</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 6. Pilot staff feedback on vignettes

Staff were clearly positive about the activity and felt they were able to identify barriers, solutions, and praxis projects.

I also asked an open question about changes they would make to the activity or the vignettes. The response themes are summarised in the table below.

Overall, staff responded positively. Five staff requested more space on the activity forms and five requested more time for the activities, so I made these changes in the design of the main study. Three staff felt they wanted to know more about what had happened to the student from an OU-process perspective, i.e. whether students had been in touch with Student Support or their tutor. I did not make this change because that information was already included when a student had given it to me; if it was not there, it meant they had not volunteered it, and adding invented information would compromise the authenticity of the narratives. Two staff queried the design of vignette style 2, so I adopted style 1 for the main study. Two staff found the vignette format too busy and did not like the use of emojis; this feedback was considered but changes were not made to the vignette aesthetic.

As with stage 1, I kept a reflective log to document my reflections from a facilitator perspective. In this I logged that there was not enough time for activities, so I adjusted this for the main study.

The data from the pilot is not included in stage 2 findings, due to the changes made following feedback from pilot participants.

5.2.5 Recruitment

I aimed to recruit representatives from the following stakeholder groups:

- Students (including undergraduate, taught postgraduate and research students)
- Representatives of the OU Students Association (OUSA)
• Module teams (staff engaged in pedagogical creation of learning material, including academics and curriculum managers)
• Tuition staff (including tutors, cluster managers and staff tutors)
• Learning technologists (staff involved in supporting creation and delivery of module content, including editors, learning designers and learning technology staff)
• Student support staff (including disability support, general student support and management staff)
• Staff from other areas (including Access & Participation, Careers, and the Library)

Staff and OUSA representatives were self-selecting volunteers responding to internal calls for participants, both via email and a news item on the OU intranet. Other students were recruited via an OUSA call for participants and by an email to stage 1 respondents who had expressed an interest.

Voluntary self-selection was appropriate for the participatory methodology, as practitioners were to engage in the study as collaborative participants, sharing responsibility for project ideas (Cohen, 2007), rather than as objective research subjects.

### 5.2.6 Settings and participants

In the main study, I originally hoped to engage approximately 24-48 participants. In fact, I had a much greater response than expected, and for the main study 116 participants (107 staff and 9 students) took part in three focus groups; one in Milton Keynes, one in Edinburgh and one online. A breakdown of participant roles is shown in table 7.

<table>
<thead>
<tr>
<th>Module creation (lecturers/curriculum managers)</th>
<th>Tuition (tutors &amp; staff tutors)</th>
<th>Learning technology</th>
<th>Student support</th>
<th>Students</th>
<th>Strategy/leadership</th>
<th>Others (Library, Careers, EDI, AP)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MK</td>
<td>13</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>1</td>
<td>48</td>
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<tr>
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<td>4</td>
<td>6</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Online</td>
<td>10</td>
<td>11</td>
<td>6</td>
<td>11</td>
<td>1</td>
<td>5</td>
<td>59</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>20</td>
<td>12</td>
<td>18</td>
<td>9</td>
<td>7</td>
<td>116</td>
</tr>
</tbody>
</table>

Table 7. Number of focus group participants by role

The Milton Keynes event took place on the OU campus; it was a whole-day event with 48 participants. Due to the size, I designed it as a town hall focus group event (Zuckerman-Parker and Shank, 2008), ensuring a mix of small group activities interspersed with plenary discussions. I enlisted a co-facilitator to help manage and support the groups.
The second event was more like a traditional focus group in size, it was held in the OU’s Edinburgh office, was three hours long and had 9 participants.

The third event was an asynchronous online focus group event, which ran via a series of activities and forum posts. It was originally planned to take place over four weeks, 3-28 February 2020, but as it coincided with industrial action and increasing concern about Covid-19, it was extended to run until 31 March. This followed the same structure as the face-to-face focus groups, with the same vignettes, activities and worksheets, but with participants taking part in the activities individually and discussing them in forums (figure 8).
Two other events were scheduled; one in Wales and one in Manchester. Both were unfortunately cancelled due to industrial action in November and December 2019, were rearranged for February 2020 and were then cancelled again in January 2020 due to a second round of industrial action. I made the decision to merge them with the online session that was currently in progress rather than delay the study by rearranging them.
again. In light of the Covid-19 lockdown occurring from March 2020, this was a good decision.

5.2.7 Analysis approach

The focus groups resulted in a large amount of data for both research questions. This consisted of a mix of group data (activity worksheets completed by groups), individual data (posts from individuals in the online session) and group interaction data (transcripts of audio from plenary and summary discussions) (Duggleby, 2005; Onwuegbuzie et al., 2009).

The primary data for analysis in this stage is the combined group data and individual data (referred to as group/individual data from here on.) This data consists of groups’ and individuals’ text responses to the tasks set in the focus group. In face-to-face settings, these tasks were carried out in groups and recorded on worksheets, while in the online focus groups the tasks were carried out by individuals and posted on forums. References tended to be brief and to the point; this means they provide a useful overview of the themes identified and some quantitative insight into the number of references participants made to different themes.

The secondary data for analysis is the group discussion data. In face-to-face events, this consisted of transcripts of plenary discussions following each activity. In the online event, this consisted of comments and discussion of participants’ posts. This data differed from the group/individual data in that it was not representative of the range of themes identified; tables tended to focus on one or two themes identified in the group data and explore those, and the concepts surrounding them, in more depth. The data provides useful qualitative insight and adds nuance and depth to the group/individual data.

These data sources were analysed in NVivo using thematic analysis (Braun and Clarke, 2006). When analysing barriers and enablers, the initial codes (Braun and Clarke’s ‘phase two’) were generated inductively, without a coding model. However, it became clear when seeking for themes (Braun and Clarke’s ‘phase three’) that the codes and themes were very similar to those from stage 1; therefore, the stage 1 taxonomy was applied as a coding model. However, this was not the case when analysing ideas for solutions; the inductive analysis led to slightly different themes, so the taxonomy was not applied to ‘solutions’ data.

5.3 Findings

This section explores results from the three focus group events in terms of barriers and enablers; solutions identified, and praxis project ideas created.

The data arising from the focus groups was anonymous; speakers in group discussions did not identify themselves, and participants were not asked to put their names on worksheets. Therefore, participants are not allocated a number, but are referred to as ‘MK participant’, ‘Scotland participant’, or ‘online participant’. Quotes are italicised for clarity.

5.3.1 Barriers and enablers to mental wellbeing (RQ1)

The aim of this stage of the focus groups was to carry out participatory analysis of the data captured in stage 1, represented by vignettes, with input from staff and students. It sought to generate a collaborative answer to RQ1: What barriers and enablers to mental wellbeing do students experience in distance learning?
To identify barriers and enablers, participants analysed vignettes and recorded the barriers and enablers identified. This was followed by discussion that also drew on their own experiences as staff and students.

5.3.1.1 Barriers
The group/individual data (i.e. the worksheets completed in face-to-face sessions and the forum posts in the online session) 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); ‘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’ (MK 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’ (MK participant).
- Curriculum content (N=13), e.g. ‘Difficult emotive issues in module material’ (MK participant)
- Lack of tutor support (N=13), e.g. ‘Lack of pastoral care from the tutor’ (MK participant)
- Study skills (N=12), e.g. ‘Problems with note-taking’ (MK participant)

5.3.1.2 Enablers
The group/individual data revealed 211 references to enablers across 27 themes. The themes with the most references were:

- Curriculum content (N=23), e.g. ‘positive feelings about content’ (MK participant), or ‘Enjoyment of content’ (MK participant.)
- Tutor (N=19), e.g. ‘The tutor interaction, support and encouragement’ (Online participant), or ‘Tutor helped after bad TMA’ (MK participant.)
- Social media (N=16), e.g. ‘Study skills via Facebook’ (Scotland participant), or ‘Social media contact to build support network’ (MK 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 (MK 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’ (MK participant)

• Peers (N=12), e.g. ‘Study buddy - talking things through’ (MK participant.)

5.3.1.3 Taxonomic classification
The themes were extremely similar to the taxonomy from stage 1. This was expected, as the vignettes were created to represent and exemplify the themes in the taxonomy. However, there were minor differences; for example, focus group participants did not identify two barriers (tutorials and administrative processes) and two enablers (support for life events and tutorials) that interview participants had identified in stage 1.

Focus group participants also identified two additional barriers. The first was ‘lack of disability disclosure’ as a systems and support barrier; interview participants had only identified this as a side-effect of an administrative processes barrier. The second was ‘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 9, with number of group/individual references per theme.
As can be seen, the themes of the coded references map well to the taxonomy categories, and this is therefore applied to categorise barriers and enablers for stage 2 data, as well as stage 1.

Using the ten clustered themes in the taxonomy classifications, the group/individual data was analysed to identify whether themes were predominantly referred to as barriers or enablers. Figure 10 shows an overview of coded references per theme, contrasting barriers and enablers.
Clearly, many of the themes were perceived to be both barriers and enablers. For example, the themes with the most references as enablers, ‘Curriculum,’ ‘Tuition’ and ‘Systems,’ also received high numbers of references as barriers. ‘Curriculum’ and ‘Tuition’ both received higher numbers of references as an enabler, while ‘Systems, 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’ 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’ and ‘Life’ only received four references as enablers, and a much higher number of references as barriers.

Another notable exception is ‘Self-management skills’ which had 66 references as a barrier, more than double the number of any other barrier. This is driven by 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.

5.3.2 Solutions to reduce these barriers (RQ2)
This section aims to answer RQ2: What solutions do students and staff perceive would reduce these barriers?
5.3.2.1 Overview of solutions
The group/individual data revealed 51 references to solutions and the group interaction (i.e. discussion) data revealed 43 references to solutions, resulting in 94 references to solutions in total.

As the group interaction data revealed solutions that were quite different to those resulting from group/individual data, the two datasets have been combined for the rest of this section.

The 94 references were coded to 33 sub-themes and clustered into 11 themes under four overarching categories, using Braun and Clarke’s Thematic Analysis as a methodology (2006). A visualisation of these is shown in figure 11.

![Thematic Analysis Diagram]

Figure 11. Suggestions for solutions to address barriers to wellbeing (focus group data)

Of the four categories identified, three broadly align with the categories of barriers and enablers in the taxonomy. A new category was added called 'changes or improvements to support.'

5.3.2.2 Study-related solutions
The solution with the largest number of references, by far, was OU training and support for tutors (N=16). Examples of support included:

‘Example emails with wording for discussing disability, uploaded to SeGA [Securing Greater Accessibility, see chapter 2] 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’ (MK participant)

‘We definitely need to put more support in place for our ALs to better understand some of the challenges our students face and what actions the AL can proactively take to help the student succeed. This includes building rapport and challenges with relationships with students’ (Online participant)

Examples of training included:

‘Trying to bring all ALs up to the same level (training)’ (Scotland participant)

‘Better tutor induction process, and tutors should be paid’ (MK participant)

‘More consistency in tutor training’ (MK participant)

There were also 5 suggestions for a single named point of contact for students, named as a ‘tutor counsellor’ (Scotland participant), ‘pathway counsellor’ or ‘qualification tutor’ (MK participants). This role existed in the OU prior to 2001 and is missed by many longer-serving staff members.

The final tuition related reference related to tutorials:

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

Under the ‘curriculum’ theme, there were 7 suggestions for changes to OU 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.’ (MK 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.’ (MK participant)

‘[Student] felt she was too stupid to do a degree. But the AL really built her confidence…’ ‘This AL was great, but with the spectrum of personalities, you’re not going to get that with everyone. So how do we build that in?’ (Online participant)

Of the five solutions relating to assessment and feedback, four focused on feedback and one on alternative assessments. No one suggested making changes to assessment design. The references included:

‘Alternative assignments for collaborative work’ (Scotland participant)

‘Wording on feedback’ (Scotland participant)

‘Audio or video feedback’ (Scotland participant)

5.3.2.3 Skills building
Twenty suggestions for solutions related to skills-building interventions. Of these, 13 related to study skills, suggesting:
• Events that could be run (e.g. ‘Study skills: regular online tutorials throughout year (maybe in Facebook Live?)’ – MK participant)

• Resources that could be offered (e.g. ‘A specific skills training on the VLE would have helped’ – Online participant)

• Specific skills for which training or resources could be offered (e.g. ‘how to take feedback’ or ‘Orientation for using forums included in module’ - Scotland participants)

There were 6 suggestions for teaching mental wellbeing skills, all from online participants. These included:

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

‘there are often good examples of activities within modules which demonstrate self-management’

‘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)

5.3.2.4 Environmental changes
The majority of the suggestions for changes to the environment related to improved communications (N=15). These related to:

• Proactive contact (e.g. ‘proactive contact from tutor and disability advisor’ – Scotland participant)

• Comms about what support is available (e.g. ‘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 (e.g. ‘Webchat offer of support for students’ - Scotland participant)

• Regular check ins (e.g. ‘Check-ins from student support every third of the module’ – Scotland participant)

The other 3 suggestions related to systems and processes:

• Disclosure processes (e.g. ‘Students writing their own profiles about their needs, life experiences and barriers, similar to disability profiles but not just for disabled students’ – MK participant)

• Transitions support (e.g. ‘[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

5.3.2.5 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 (e.g. ‘OUSA student meet-ups’ – Scotland participant)
- Study buddies (e.g. ‘Peer support, study buddies. Psychology champions’ – Scotland participant)
- OU staff and student community (e.g. ‘[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 three times from Scotland participants, and the idea of ‘personal identification of needs via a personal needs analysis’ was referenced three times from MK participants. Two MK participants referenced the idea of personalised guidance:

‘Pre-populated information in Student Home, tailored to student needs following a conversation with [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.’ (MK participant)

Additionally, one MK participant suggested a system to address 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’ (MK participant)

Finally, there were three 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’ (MK participant)

5.3.2.6 Mapping of solutions to barriers
Solutions were coded both in terms of the barriers they aimed to address, and the aspect of education in which the perceived solution resided. For example, the following reference aimed to reduce a barrier in student self-management skills, but the solution was coded as peer support.

‘We talked about the barrier of having these internal negative thoughts. We talked about how peer support could help with that.’ (MK participant)
Fifty of the 94 ideas for solutions mapped to the same area as the barrier they aimed to address (or the corresponding enabler in the taxonomy, e.g. ‘isolation’ and ‘community’), and 44 mapped to different areas. Mapping is shown in Table 8.

<table>
<thead>
<tr>
<th>Solution theme</th>
<th>No.</th>
<th>Barrier category</th>
<th>Barrier theme</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OU support</td>
<td>9</td>
<td>Environmental</td>
<td>Life</td>
<td>1</td>
</tr>
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<td>Environmental</td>
<td>Systems</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skills-related</td>
<td>Self-management</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skills-related</td>
<td>Study</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Study related</td>
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<tr>
<td>Peer support</td>
<td>10</td>
<td>Environmental</td>
<td>People</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environmental</td>
<td>Spaces</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Systems</td>
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<tr>
<td></td>
<td></td>
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<td>Self-management</td>
<td>2</td>
</tr>
<tr>
<td>Wellbeing resources</td>
<td>3</td>
<td>Skills-related</td>
<td>Self-management</td>
<td>3</td>
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<td>Systems</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>Self-management</td>
<td>1</td>
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<tr>
<td></td>
<td></td>
<td>Study related</td>
<td>Assessment</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Study related</td>
<td>Tuition</td>
<td>6</td>
</tr>
<tr>
<td>Systems &amp; Processes</td>
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<td>Environmental</td>
<td>Spaces</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environmental</td>
<td>Systems</td>
<td>2</td>
</tr>
<tr>
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<td>14</td>
<td>Skills-related</td>
<td>Study</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environmental</td>
<td>Spaces</td>
<td>2</td>
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<td>Assessment</td>
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<tr>
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<td>2</td>
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</tr>
<tr>
<td>Study-related Changes</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td>Study related</td>
<td>Curriculum</td>
<td>1</td>
</tr>
<tr>
<td>Curriculum and module design</td>
<td>7</td>
<td>Study related</td>
<td>Curriculum</td>
<td>4</td>
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<tr>
<td></td>
<td></td>
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<td>Self-management</td>
<td>2</td>
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<td></td>
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<td>Systems</td>
<td>1</td>
</tr>
<tr>
<td>Tuition</td>
<td>22</td>
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<td>Tuition</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Environmental</td>
<td>Systems</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skills-related</td>
<td>Self-management</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 8. Barriers to mental wellbeing mapped to suggested solutions

### 5.3.3 Praxis projects (RQ2)

The ideas for solutions were developed into 16 ideas for praxis projects (see Table 9). Of these, 6 aimed to address environmental barriers, 5 aimed to address skills-related barriers and 5 aimed to address study-related barriers.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Description</th>
<th>Barrier addressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My Wellbeing pages</td>
<td>Wellbeing web pages with discipline specific guidance for subject sites.</td>
<td>Skills-related: all</td>
</tr>
<tr>
<td>2</td>
<td>Wellbeing in learning design</td>
<td>To build mental wellbeing into the Learning Design offer</td>
<td>Study-related: Curriculum, assessment</td>
</tr>
<tr>
<td>3</td>
<td>DSA Needs Assessor short course</td>
<td>A course for DSA [Disabled Students Allowance] - Needs Assessors on how they can support OU and distance learning students</td>
<td>Environmental: systems</td>
</tr>
<tr>
<td>4</td>
<td>Emotional resilience guides</td>
<td>Teaching emotional resilience as a skill, via guidance for students</td>
<td>Skills-related: study skills, self-management</td>
</tr>
<tr>
<td>5</td>
<td>Careers strategy</td>
<td>A Careers mental health strategy and suite of wellbeing activities that the Careers team can offer</td>
<td>Skills-related: study skills, self-management</td>
</tr>
<tr>
<td>6</td>
<td>Resources for tutors on inclusivity</td>
<td>Resources for TutorHome, so tutors know how they can be inclusive</td>
<td>Study-related: tuition</td>
</tr>
<tr>
<td>7</td>
<td>Training and guidance for tutors and module staff</td>
<td>Training for academics and tutors on inclusivity in practice for mental wellbeing</td>
<td>Study-related: tuition</td>
</tr>
<tr>
<td>8</td>
<td>Student Home signposting to guidance</td>
<td>Clearer guidance on StudentHome about how to access support</td>
<td>Environmental: systems</td>
</tr>
<tr>
<td>9</td>
<td>Resources on StudentHome and TutorHome</td>
<td>Resources on Student Home and Tutor Home to normalise the idea of mental health issues.</td>
<td>Environmental: systems</td>
</tr>
<tr>
<td>10</td>
<td>Tutor counsellor role</td>
<td>Single point of contact for students, e.g. tutor counsellor</td>
<td>Study-related: tuition</td>
</tr>
<tr>
<td>11</td>
<td>‘How to participate in forums’ guidance for students</td>
<td>Sharing best practice on forum orientation and participation</td>
<td>Study-related: curriculum</td>
</tr>
<tr>
<td>12</td>
<td>MH counsellor in Scotland funding</td>
<td>Scot Gov funding for a qualified mental counsellor - run weekly Adobe sessions, set up referral service, talk to ALs</td>
<td>Skills-related: self-management</td>
</tr>
<tr>
<td>13</td>
<td>Mental health educational advisor role</td>
<td>A mental health educational advisor role, to support students with mental health difficulties.</td>
<td>Skills-related: self-management</td>
</tr>
<tr>
<td>14</td>
<td>This is me</td>
<td>‘This is me’ - students writing their own profiles, identifying their own life experience, goals for study and how the OU can enable them to achieve</td>
<td>Environmental: systems</td>
</tr>
<tr>
<td>15</td>
<td>Student profile update button</td>
<td>A free text box for students on 'Things I would like my tutors to know about me'</td>
<td>Environmental: systems, Skills-related: all</td>
</tr>
<tr>
<td>16</td>
<td>Realtime feedback</td>
<td>Using realtime feedback to get input on students' mental wellbeing</td>
<td>Environmental: systems</td>
</tr>
</tbody>
</table>

Table 9. Praxis projects suggestions, mapped to themes of barriers to mental wellbeing
5.4 Discussion

The findings from staff and students revealed that participants were able to identify a wide variety of barriers and enablers from the vignettes. This supports the literature advocating for the use of vignettes in qualitative research (Barter and Renold, 1999, 2000; Darvin, 2011; Hughes and Huby, 2012) and as a method of participatory analysis. Participants were also able to co-construct solutions to mitigate barriers, and to generate 16 ideas for praxis projects. This supports the literature positioning a problem-posing approach as an effective way to generate discussion and encourage critical consciousness (Freire, 1970; Kincheloe, 2004; Cavanagh, Vanstone and Ritz, 2019).

5.4.1 Barriers and enablers

Overall, the barriers and enablers identified by participants broadly aligned to the barriers and enablers identified in stage 1, with both barriers and enablers identified across all 10 themes in the taxonomy and distributed across the three overarching taxonomic categories. This was expected, as the vignettes were created to exemplify the themes in the taxonomy. There were, however, minor differences in sub-themes.

When comparing the focus group perceptions of barriers to the stage 1 taxonomy, an interesting variation occurs under the ‘systems’ theme, where staff added two additional sub-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, compared to the student participants from stage 1 who were drawing on an experiential view of the university. This could be seen as staff 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 created a new theme through their analysis, where the lack of a student engaging with a system (e.g. 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 being a barrier. This compares interestingly with the literature around administrative burden placed upon disabled students (Coughlan and Lister, 2018) and with Tinklin et al’s contention that people were often unaware that university systems and structures could present barriers to students (2005). This could also be seen as a sign of attempting to shift the ‘burden of change’ (Allen and Smith, 1992), by perceiving that the fault lies with students not participating with an administrative process rather than the process itself being an issue.

Another variance in sub-theme was that 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 and 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 (Saeri et al., 2018; McLoughlin et al., 2019) 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 strong barrier in stage 1 and was well 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 (Markoulakis and Kirsh, 2013; Galante et al., 2018; Jones et al., 2018; Jones et al., 2020). However, very little of the literature aims to change the way assessment is designed or delivered, focusing instead on building student resilience or skills. 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 in this study.

In general, the themes and categories that arose in stage 1 were also identified in stage 2 participants. This suggests that the taxonomy from stage 1 is a valid classification of barriers and enablers.

5.4.2 Solutions

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 calls for research ‘on which solutions effectively transform each barrier into an enabler’ (Walsh et al., 2019,p.8).

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. Similar to the findings on barriers, this high number of references to tutor support may imply a shifting of the burden of change (Allen and 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 (Bettis et al., 2017; Hewitt and Stubbs, 2017; Barrable et al., 2018; Galante et al., 2018). However, there were more 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, albeit in a support capacity rather than in systemic changes to assessment design.

Participants successfully managed to identify ideas for praxis projects from the discussion. The ideas for praxis projects aimed to address barriers across all three categories in the taxonomy, with fairly even distribution. They did not systematically address the barriers and themes identified within those categories; but this was perhaps inevitable as ideas for praxis projects depended heavily on participants’ sphere of influence, areas of practice and availability (in terms of workload.) The ideas for solutions that were not developed into praxis projects form part of the wider agenda for change explored in chapter 8 (Habermas, 1972; Grant, 2012).

5.4.3 Reflection on research aims and limitations
Stage 2 aimed 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?

The research aims for stage 2 were for participants to collaboratively analyse representations of data from stage 1, to identify the barriers, and construct solutions, interventions or practices to counteract these, resulting in collaboratively identified barriers and ideas for solutions to address these. This aim was met; participants were able to identify barriers, enablers and ideas for solutions, and 16 ideas for praxis projects arose from the events.

There were four critical pedagogy aims for this stage of the study. Two of these related to facilitating dialogue between students and staff in diverse roles, and practicing democracy and public critical questioning. These were met to an extent, as conversation took place between students and staff in diverse roles, and all groups were given a platform to share their opinions. However, the percentage of student participants was lower than originally hoped, partly due to the high level of interest from staff participants, partly due to students dropping out on the day, and partly due to the cancellation of two of the face-to-face events, both of which would have had student participants who were not able to attend the online replacement session. This meant that out of 116 stage 2 participants, only 9 (8%) were students. If I were to replicate this stage of the study, I would aim to involve more students.

The other two critical pedagogy aims related to encouraging critical consciousness in staff and student communities, and identifying action needed for change. These were met; the discussions that took place displayed critical consciousness of systemic barriers, and
areas for change were identified. As with stage 1, it was not possible or suitable in this study to measure the extent to which long-term critical consciousness in participants was facilitated. However, stage 3 of the study involved interviews with project leads in which I asked about ongoing critical consciousness; these are reported in chapter 6.

My participatory research strategy for this stage was to manage the power dynamics between communities, ensuring equitable participation and input from different student and staff communities. As an experienced facilitator and discussion moderator, I was keenly aware of the challenges involved with managing large-group discussion and managing group dynamic. In both face-to-face sessions there were several occasions where I had to intervene; sometimes to stop one person dominating, sometimes to move a discussion on from a less relevant topic, and sometimes to re-establish the dynamic of a positive, creative environment. I had a range of techniques prepared in order to do this and I am content that the discussions were kept reasonably to time, were productive, equitable and positive in nature. I also received several emails from staff participants thanking me for the events and complimenting me on the delivery, e.g:

‘Thank you – you ran a great event. It was one of the noisiest seminars I have ever been in which showed the energy and passion. You delivered fabulously too!’ (MK participant)

‘A really great day, well organised and led event, thank so much for organising it.’ (MK participant)

‘Thanks so much for coming up to Edinburgh and for delivering such a lovely session.’ (Scotland participant)

5.5 Conclusions

Stage 2 of this study involved 116 staff and student participants collaborating to identify barriers and enablers to wellbeing in study, and create solutions to these barriers that could be trialled in practice. Participants were able to identify barriers and enablers from the vignettes, and these broadly mapped to the taxonomy identified in stage 1, with a small number of variants in terms of administrative processes, disability disclosure and tutorials. Participants were also able to co-construct solutions through dialogue; this resulted in 16 praxis project ideas, described in the next chapter.
Chapter 6 Piloting praxis solutions (Stage 3)

6.1 Introduction

This chapter explores the praxis projects created in the stage 2 focus group events. These projects were funded internally and led by practitioners, in line with my participatory research strategy, while I made myself available in a supporting role as required. Asking the participants to lead the projects in this way meant relinquishing control, as the researcher, of this stage of the study, which means the projects were not of my design. However, the aim of this stage was not to identify and implement my ideal solutions, it was to catalyse people across the university to posit and work towards their ideas for solutions. I am extremely grateful to all the practitioners for the time, energy and passion they spent in leading their praxis projects.

Findings from this chapter are published online in an invited essay (Lister, 2021).

6.2 Methodology

This stage of the study aimed to answer the following research question:

RQ3: How can solutions be embedded in distance learning?

My research aim was to support participants to take the first steps towards embedding solutions in distance learning, by piloting their praxis project ideas from stage 2. This aimed to result in a set of case studies of interventions with a reflective evaluation from participants on the efficacy of the method.

As described in chapter 3, the critical pedagogy and participatory research aims were to:

- Begin to identify an agenda for change and start to take action on this
- Facilitate praxis
- Encourage critical consciousness in participants
- Facilitate authentic collaboration

In this stage, the working groups identified in the focus group events led on piloting their identified interventions. Sixteen project ideas were identified in the focus groups. Of these:

- Seven went ahead as praxis projects connected to this study (described in section 6.3)
- Two were merged into other projects
- Three went ahead as initiatives independently of this study, with different working groups (described in section 6.3.8)
- One was not pursued because of overlap with a separate initiative
- Three did not go ahead

These projects and their status are detailed in table 10.
<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My Wellbeing pages</td>
<td>Wellbeing web pages with discipline specific guidance for subject sites.</td>
<td>Praxis project</td>
</tr>
<tr>
<td>2</td>
<td>Mental wellbeing in learning design</td>
<td>To build mental wellbeing into the Learning Design offer</td>
<td>Praxis project</td>
</tr>
<tr>
<td>3</td>
<td>DSA needs assessor short course</td>
<td>A course for DSA needs assessors on how they can support OU and distance learning students</td>
<td>Praxis project</td>
</tr>
<tr>
<td>4</td>
<td>Emotional resilience guides</td>
<td>Teaching emotional resilience as a skill, via guidance for students</td>
<td>Praxis project</td>
</tr>
<tr>
<td>5</td>
<td>Careers strategy</td>
<td>A Careers mental health strategy and suite of wellbeing activities that the Careers team can offer</td>
<td>Praxis project</td>
</tr>
<tr>
<td>6</td>
<td>Resources for tutors (inclusivity audit)</td>
<td>Resources for TutorHome, so tutors know how they can be inclusive</td>
<td>Praxis project</td>
</tr>
<tr>
<td>7</td>
<td>Training and guidance for tutors and module staff</td>
<td>Training for academics and tutors on inclusivity in practice for mental wellbeing</td>
<td>Praxis project</td>
</tr>
<tr>
<td>8</td>
<td>Student Home signposting to guidance</td>
<td>Clearer guidance on StudentHome about how to access support</td>
<td>Combined with My Wellbeing pages project</td>
</tr>
<tr>
<td>9</td>
<td>Resources on StudentHome and TutorHome</td>
<td>Resources on Student Home and Tutor Home to normalise the idea of mental health issues.</td>
<td>Combined with Inclusivity audit project</td>
</tr>
<tr>
<td>10</td>
<td>Tutor counsellor role</td>
<td>Single point of contact for students, e.g. tutor counsellor</td>
<td>Went ahead as a different initiative</td>
</tr>
<tr>
<td>11</td>
<td>'How to participate in forums' guidance for students</td>
<td>Sharing best practice on forum orientation and participation</td>
<td>Went ahead as a different initiative</td>
</tr>
<tr>
<td>12</td>
<td>MH counsellor in Scotland funding</td>
<td>Scot Gov funding for a qualified mental counsellor - run weekly Adobe sessions, set up referral service, talk to ALs</td>
<td>Went ahead as a different initiative</td>
</tr>
<tr>
<td>13</td>
<td>Mental health educational advisor role</td>
<td>A mental health educational advisor role, to support students with mental health difficulties.</td>
<td>Did not go ahead because of overlap with tutor counsellor initiative</td>
</tr>
<tr>
<td>14</td>
<td>This is me</td>
<td>‘This is me’ - students writing their own profiles, identifying their own life experience, goals for study and how the OU can enable them to achieve</td>
<td>Did not go ahead</td>
</tr>
<tr>
<td>15</td>
<td>Student profile update button</td>
<td>A free text box for students on 'Things I would like my tutors to know about me'</td>
<td>Did not go ahead</td>
</tr>
<tr>
<td>16</td>
<td>(Idea) Realtime feedback</td>
<td>Using real-time feedback to get input on students' mental wellbeing</td>
<td>Did not go ahead</td>
</tr>
</tbody>
</table>

Table 10. Status of praxis projects aiming to address barriers to wellbeing

This chapter focuses on praxis projects 1-7, the ones that went ahead in connection with this study and were led by study participants.

### 6.2.1 Method

The method adopted for this stage of the research was facilitated practitioner research (Groundwater-Smith et al., 2012). The projects themselves were positioned as praxis
projects (Freire, 1970), which meant that my role in this stage of the study was praxis facilitator.

Following Yuan and Lee’s approach, I coordinated the general ‘scaffolding’ for how the projects aligned, and offered support for action researchers (2015). However, in line with my participatory research strategy, the practitioners set the pace of their projects and determined the level of involvement they wanted from me. This varied between projects: with the My Wellbeing, Teacher Training and DSA Needs Assessor projects, I was a core member of the project team. With the Learning Design and Inclusivity Audit projects, I had a steering role, contributed to content and had regular meetings with the project leads. With the Emotional Resilience project, I led on one aspect of the project and had tangential involvement in the wider project. The Careers project did not require involvement from me, but I maintained regular contact with the project lead.

6.2.2 Practitioner-led reflective evaluation

In designing an evaluation approach, I drew inspiration from many different areas of research. These included Hardy et al’s ‘PRAXIS evaluation framework’ (2011), Baumfield et al’s suggested reflective questions for practitioner inquiry (2013), Kusher’s models of democratic, deliberative democratic and equity-oriented evaluation (2014) and Scharmer’s model of self-transcending knowledge and practice (2001), as well as seminal literature such as Kolb’s experiential learning cycle (1984) and Freire’s theory of praxis (Freire, 1970, 1974, 1994; Gadotti et al., 1996).

A clear message from the literature was that it was not my place to evaluate the projects or the practitioners. Drawing on Markless and Streatfield’s work (2006), I decided I should support the practitioners to evaluate their own projects using a practitioner-led reflective evaluation approach. This took the form of reflective interviews with guiding questions, drawing on Hardy et al’s framework and Baumfield et al’s question prompts (Hardy et al., 2011; Baumfield et al., 2013) to facilitate shared reflection (Scharmer, 2001).

Due to project timescales and Covid-19-related delays, the projects were all still in progress in August 2020, when the reflective interviews took place. I decided not to view this as a negative; my participatory research values meant that I wanted the reflective interviews to be of benefit to the practitioners, and in the circumstances, it was likely a timely mid-project reflection would be of at least as much value to practitioners as an end-of-project reflection, possibly more. I was also confident that the projects were sufficiently advanced for the interviews to yield interesting reflective data to answer the research question about how solutions could be embedded in distance learning.

The interview protocol was therefore designed with the intention that I was not in any way evaluating the projects or the practitioners themselves, but was supporting them to reflect on their projects and explore what the next steps were for implementation and evaluation. For my own research purposes, I also asked practitioners for feedback on the level of support I had given them as praxis facilitator and asked about development of critical consciousness as a result of these projects.

6.2.3 Interview protocol

Interviews took place using Microsoft Teams (as staff were working from home due to Covid-19) and each lasted 30-45 minutes. In designing the interview protocol, I deconstructed RQ3 into three themes:
Theme 1 sought reflection on participants’ experience of facilitated practitioner research as a method for how solutions can be actioned. This included their perceptions of being part of the wider project, the level of support they had received from me as praxis facilitator (Markless and Streatfield, 2006) and whether they had experienced development of critical consciousness (Freire, 1970).

Theme 2 analysed the nature of the solutions identified. This included the aims of the project, the barriers it aimed to address, and any change or development in the project since it was created.

Theme 3 explored the extent to which the solution would be embedded in distance learning. As explained in chapter 2, embeddedness is defined as ‘anchored’ (Johannisson et al., 2002) or ‘situated’ (Green and Meyer, 1991) in distance learning; ‘ubiquitous’ (Moody and White, 2003) across faculties or contexts; and ‘ongoing’ (Laud et al., 2015), business-as-usual practice.

Each theme had associated questions in the interview protocol, although as this was a semi-structured interview, actual questions varied according to the context. Examples of questions are given in table 11, and the full protocol can be found in appendix 7.

<table>
<thead>
<tr>
<th>Qu</th>
<th>Area</th>
<th>Example questions</th>
<th>Theme for analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project overview</td>
<td>Can you give me a quick overview of your project?</td>
<td>Theme 2: solutions</td>
</tr>
<tr>
<td>3</td>
<td>Barriers</td>
<td>What barriers is your project aiming to address?</td>
<td>Theme 2: solutions</td>
</tr>
<tr>
<td>5</td>
<td>Scope of project</td>
<td>How broad is the scope, or potential scope of the project? Will it be accessible to students throughout the OU?</td>
<td>Theme 3: embeddedness</td>
</tr>
<tr>
<td>8</td>
<td>Experience of the project</td>
<td>How has it been for you so far, running this project as part of the wider action coming from the focus groups?</td>
<td>Theme 1: method ('how')</td>
</tr>
<tr>
<td>9</td>
<td>Support from me</td>
<td>What support have you had from me? Has this been enough, too much or not enough? Would you want a different type/amount of support if you were doing this again?</td>
<td>Theme 1: method ('how')</td>
</tr>
<tr>
<td>11</td>
<td>Implementation, BAU</td>
<td>How would you like to see it embedded within the OU as business as usual?</td>
<td>Theme 3: embeddedness</td>
</tr>
<tr>
<td>17</td>
<td>Critical consciousness</td>
<td>For you, personally or professionally, do you feel you’ve developed critical consciousness through this? Has it changed your perception of student mental wellbeing in any way?</td>
<td>Theme 1: method ('how')</td>
</tr>
</tbody>
</table>

Table 11. Reflective interview protocol questions

6.2.4 Reflective evaluation interview pilot

I piloted the interview protocol with the project leader of the My Wellbeing project before undertaking the other interviews. This enabled me to reflect on the interview protocol design and resulted in some small refinements being made to the interview protocol. The changes consisted of tweaks to wording and did not change the structure or the questions in the protocol. The pilot interview data is therefore included in the analysis of this stage.
6.2.5 Participants
The interview participants were the project leaders from six of the seven projects, practitioners from three different faculties and two non-academic units across the OU. One project leader, the Careers Strategy project, was not available for interview, so an overview of the project is given without interview findings.

6.3 Findings
This section presents the seven praxis projects as case studies of embedding solutions in distance learning. Each case study explores:

- The proposed solution and the barriers it aimed to address (RQ3 theme 2)
- The level of embeddedness the solution affords (RQ3 theme 3)
- Participants’ experience of facilitated practitioner research as a method for how solutions can be actioned (RQ3 theme 1)

6.3.1 ‘My wellbeing’ pages on Study Home websites
The My Wellbeing project was led by a Senior Student Experience Manager referred to as ‘T’. A reflective interview took place with T on 12 August 2020, when the project was approximately mid-way through development.

6.3.1.1 Solution
‘My Wellbeing’ (later changed to ‘Your Wellbeing’) aimed to create hubs of wellbeing resources for students that were curated for the specific programme and discipline they were studying. These would be hosted on students’ ‘Study Home’ websites, which were managed by the programme team and shared by all students on a programme.

The ‘Your Wellbeing’ sites aimed to provide:

- Links to mental health and study support for students who need it (e.g. Student Support contacts and links)
- Opportunities for students to explore how to manage their wellbeing (e.g. links to open access therapy or meditation apps, as well as guidance on nutrition and study habits
- Discipline-specific guidance (e.g. on maths anxiety, performance anxiety for foreign language courses and other guidance specific to disciplines)
- Guidance on study skills relevant to the qualification (e.g. exam skills and anxiety guidance for courses with exams, guidance on giving presentations for courses that had this in the assessment strategy, etc.)

This linked to stage 2 solution ideas around ‘wellbeing resources’ under ‘changes or improvements to support, and ‘wellbeing skills training’, under ‘skills building’. It particularly aimed to address barriers in identity and confidence, the barrier with the largest number of references in stage 2. It aimed to do this by creating subject-specific web pages that would give students relevant support resources to support them with mastery, competence and confidence in mental wellbeing in study, using an approach drawing on the theory of self-efficacy (Bandura, 1997).
The outputs of the project were webpages with course-specific and discipline-specific guidance on skills building and mental wellbeing (see figure 13.) These went live to students on 34 ‘Study Home’ websites in March 2021.

6.3.1.2 Embeddedness
My Wellbeing (now ‘Your Wellbeing’) is a university-wide, ubiquitous approach; 34 of the 37 Study Home websites have a page and all students are able to access them.

Care was taken in the project design to ensure the project would be ongoing; T was able to secure agreement for the web pages to be centrally managed and maintained.

The extent to which the pages are situated or anchored within learning is more questionable. The content is not embedded in module curricula, and students are not frequently directed to the Study Home sites, so it cannot be said to be truly embedded. However, their situation within Study Home does position the guidance closer to the learning experience than other mental wellbeing guidance, which currently sits on the OU’s Help Centre, where students are only directed if they have a problem.

6.3.1.3 Experience of method
In the interview, T said her experience had been largely positive. She talked about how effective the Milton Keynes focus group had been: ‘It was very easy to all agree what would be a good idea. We actually got a lot done on the day.’ One of the greatest benefits
for her was the way the project connected her to different stakeholders: ‘There are people I wouldn’t have been working with if it weren’t for that day.’

T reflected that this cross-section of stakeholders had been a key factor in the success of the project. She said: ‘I’m very pleased with the group of people we’ve got working on it, it’s a wide cross-section. We knew we had to be very flexible, we needed to cast the net as wide as possible.’ Members of the team included faculty members, learning technologists, Students Association representatives, Student Support teams, mental health experts and website owners.

T spoke about how Covid-19 had affected her experience. ‘The pandemic has hit us a bit, we weren’t able to meet in the same way.’ This resulted in a delay to the intended project launch, pushing it back from October 2020 until March 2021.

When asked about whether the level of support from me had been sufficient, T responded ‘I know if I’m stuck, I can ask you. You came up with a huge list of content with [name], and I know you’ve had conversations about it. Your drive and expertise have been great.’

T commented on how the project had increased her critical consciousness around mental wellbeing. She said, ‘I think awareness is growing and it’s very important right now.’ She talked about how that had impacted on her practice: ‘With the current situation, I’ve become more comfortable with uncertainty and not always being sure what the next step is. I think I’ve learned the benefits of being able to step back and think about things.’

### 6.3.2 Wellbeing in Learning Design

The Mental Wellbeing in Learning Design project was led by a Senior Learning Designer, referred to as ‘G’, in collaboration with members of the Learning Design (LD) team. A reflective interview took place with G on 17 August 2020.

#### 6.3.2.1 Solution

The aims of the LD project were to ‘Pilot embedding well-being into the design of module structure’ via the learning design infrastructure in place at the OU. G aimed to create tangible recommendations that could be made to module teams in production, to create a ‘gradual and confidence-building module start’ and build in ‘signposting at crunch points.’

The aims of the LD project evolved as the project developed. Originally, the project focused on the start of the module, but G was able to align with an existing project that focused on the module as a whole. G said this ‘expanded how I saw the project’, and meant the project was able to provide pedagogical recommendations for barriers experienced in curriculum and assessment throughout modules. In doing this, it built on the stage 2 ideas for solutions that related to changes in curriculum and assessment practice.

The project focused on adding mental wellbeing design considerations to the LD methodology already in place within the OU, described in chapter 2. Work was already in progress to bring new research findings into the LD approach, LD workshops and LD support offered to module teams, to operationalise recommendations into the different elements of module design. G’s project sought to include mental wellbeing design considerations within this.

First, the project team synthesised recommendations from various research projects aiming to enhance accessibility, student engagement, retention, wellbeing and outcomes into 49 grouped recommendations. They then sought input on these from a panel of
students; the panel ranked the ones they felt would have most impact on them, and these were adopted into the LD method.

The output of the project was a model of integrated and synthesized recommendations for learning design. These recommendations are currently being piloted by LD team with six modules in production.

**6.3.2.2 Embeddedness**  
Similar to My Wellbeing, the LD project is a university-wide approach; all new modules go through the LD process (described in chapter 2), and module teams are supported to embed LD recommendations in practice. However, module teams have freedom of choice in the recommendations they take forward in design, and decisions may be changed at a later point in production, so the level of ubiquity remains to be seen.

Currently, the LD wellbeing project is positioned as a pilot, and LD recommendations are continually evolving. Therefore, whether it is ongoing or not will depend on a number of factors, including LD team expertise in supporting the recommendations and the reactions of module teams to the approach.

Recommendations are certainly situated within distance learning, but the extent to which they are ‘anchored’ within it is more questionable. As mentioned, the LD approach relies on expert recommendation, and module teams are free to choose which principles they take forward in design and which they reject. There may be conflicts between recommendations and accrediting body requirements or other priorities which may result in recommendations not being taken forward in practice.

**6.3.2.3 Experience of method**  
In the interview, G said she was pleased with ‘how things are coming together’ in the project, although she acknowledged that ‘lockdown and Covid has meant I haven’t had as much time, and I haven’t had the original team involved as much.’

When asked about whether the level of involvement from me was sufficient, G said ‘I’ve known you’re always there to help. It’s incredibly useful to have your input.’

G commented on how the project had increased her critical consciousness around mental wellbeing. She said, ‘I think wellbeing is something I hadn’t thought of before. It feels as if it’s risen to the surface in lots of different contexts.’ She reflected that working on this project had made her realise that wellbeing is actually crucial to other metrics more commonly used in universities. ‘Normally, a lot of the focus is on retention, outcomes, hard targets. But so much of that is affected by students’ wellbeing. The emotional aspect of study is often overlooked, but can have a real effect on how well they do.’

**6.3.3 DSA Needs Assessor course**  
The DSA (Disabled Students Allowance) project was led by a senior manager in ‘PVC Students’ portfolio, called ‘J’. A reflective interview took place with J on 21 August 2020.

**6.3.3.1 Solution**  
The idea for the DSA project arose from discussions with a student participant in the Milton Keynes event, who talked about the stress and anxiety caused in her assessment for Disabled Students Allowance, and how the needs assessor did not understand what distance learning entailed, limiting their ability to make recommendations to support her.

The project objective was to produce a short course for DSA needs assessors that would explain the OU distance learning environment, how it differed from face-to-face learning
environments, and how assessors could support students’ mental wellbeing, both in their recommendations and in the assessment itself.

The barrier this project aimed to address was ‘DSA assessors not fully understanding an OU Student’s study experience.’ This barrier was identified in the MK stage 2 event and was mapped to the ‘systems’ theme under the ‘environmental’ category. It built on stage 2 ideas for solutions to improve the disability disclosure process.

The output of the project is an OpenLearn CPD course, currently in the final stages of production and due to go live in 2022.

6.3.3.2 Embeddedness
This is probably the least embedded of the seven case studies. It is not ubiquitous, as any impact on learners depends on DSA needs assessors taking the course and applying the learning to practice. OpenLearn courses are ongoing but require updating periodically, and no provision has been put in place for this to happen. Finally, the DSA application and needs assessment process is outside of students’ learning experience and there is no clear way to situate or anchor this within practice.

6.3.3.3 Experience of method
J said that the method was positive at first; the contact with other key stakeholders in the focus group event was pivotal to the project, the momentum of being part of a larger project helped move things along and they had a project team and course overview fairly quickly. ‘Then Covid hit’, and that slowed the project down a lot. ‘We were all at home, we all picked up a lot more work.’ She talked about the challenges of working collaboratively when ‘We’re all working asynchronously – a 5-minute conversation takes 3 weeks in emails.’ She acknowledged that the timescales had slipped, ‘we’re all stretched, it’s hard for passion projects that take place on the edges of our time.’

When asked about whether the level of support from me had been sufficient, J said she had struggled but had been reluctant to call on me for more help. ‘I could have called on you more in mid-lockdown when I was faffing, but I knew you had a lot on. I don’t think it would have moved it along.’

J talked about the impact the project had had on her critical consciousness. She said, ‘I have used the learning from this project in other places. I’m on an EDI project steering group, they asked what we’re doing in our areas and I told them about this.’ She talked about the impact on her, how it felt like she was doing something small but that was of value for students, ‘like carrying their bags for them, in a way.’ She said it could have an incremental effect, ‘if they can have a really positive DSA, it will give them a lovely start to their studies. There’s an awful lot of self-advocacy disabled people need to do, and we’re helping with that. Some students won’t have the knowledge, energy or experience to do that.’

6.3.4 Emotional resilience guides
This project was led by a lecturer in criminology, called D. A reflective interview took place with D on 17 August 2020.

6.3.4.1 Solution
This project aimed to create an ‘emotional resilience framework to support student learning of sensitive and emotive content.’
Awareness of the need for this project had arisen through D’s practice before she took part in the events through this study. As a social sciences lecturer with a research interest in trauma, she was keenly aware how little the OU prepared or supported students when it came to studying distressing subjects. In her project description, she stated:

‘This project will focus on improving current support and understanding of how students learn sensitive and emotive topics in distance education learning materials. In particular, the project takes an innovative ‘emotional resilience’ approach that positions emotional skills as a protective factor for study and deep learning as well as improving students’ mental health and wellbeing.’

This project aims to address barriers to wellbeing students experience in curriculum content, and the mental health management skills they need to study distressing content without being overly affected. It builds on stage 2 ideas for solutions relating to skills building, particularly wellbeing and resilience training.

The outputs of this project were:

- guidance for students on emotional resilience
- training for tutors on supporting students to study sensitive topics
- a formal model for module teams to follow regarding content warnings, approved by university leadership and accompanied by exemplar text they can adapt

These were operationalised through the SeGA (Securing Greater Accessibility) team and network in the OU, described in chapter 2. Some examples of these are shown in figure 14.
6.3.4.2 Embeddedness

The Emotional Resilience project is probably the most embedded of the projects. It was originally conceived as a pilot for one school; however, my involvement and the link with the wider project enabled it to become a university-wide, ubiquitous approach, with input, buy-in and approval from all faculties. I was also able to link it with a university-wide Quality Enhancement objective, meaning it was centrally approved and will be both ongoing and monitored.

This project is well-anchored in learning. The SeGA accessibility coordinators in schools across the university (Pearson et al., 2019) input into the model and guidance, and the OU editing team ensure the guidance is consistently implemented across all OU modules as part of module maintenance.

6.3.4.3 Experience of method

D and her team were already discussing a project on supporting students’ emotional resilience before the focus group events; D said the three team members attended two
different events and found this helped them shape the project. As the project progressed, my involvement facilitated connectivity with the broader university community, and additional stakeholders and buy-in.

D commented that Covid-19 ‘pushed the timescales back.’ However, as her project was internally funded and she was accountable to the scholarship centre for its success, she was able to justify prioritising her project over other work. This meant it was less impacted by Covid-19 than other projects.

In terms of critical consciousness, D commented that she had a ‘growing awareness of how resilience is framed.’ She was happy with the level of support she had received from me, and commented that she valued my input.

6.3.5 Careers student wellbeing strategy
This project was led by a careers and employability consultant who specialises in supporting vulnerable students. She was not available for interview, so insights on embeddedness or her experience of the method are not available.

6.3.5.1 Solution
The Careers project aimed to support students to build confidence and a positive identity, both as a learner and in terms of their value in the workplace. This project aimed to address barriers in ‘identity and confidence’ identified in stage 2, and built on solution ideas around ‘skills building’.

This project aimed to create a strategy for mental wellbeing in the Careers team, accompanied by a suite of resources and opportunities for students to engage with them. In the stage 2 event, the project lead listed some ideas for focal points for the strategy as:

- A Careers wellbeing week
- Emotional resilience as an employability skill
- Promoting careers webinars and 1-1 careers counselling and support
- Input to the peer support programme from the Careers team

The aims of the project changed over time. In an email in December 2020, the lead said ‘We are working on a series of resources focussing on self-belief, so students don’t deselect themselves from opportunities and can present themselves effectively to employers.’

6.3.6 Inclusivity audit for tutorial materials
This project was led by a Head of Student Experience in the OU Business School, referred to as ‘M’. A reflective interview took place with M on 20 August 2020, when the project was in pilot.

6.3.6.1 Solution
The Inclusivity Audit project aimed to provide training for tutors and a tool for them to audit their tutorial materials to see how well represented mental wellbeing was in their materials. It trialled and evaluated an approach to tutor training in the Faculty of Business and Law, with the idea that it could later be scaled up and adopted in different faculties.

Firstly, the project co-created an audit tool that tutors could use to identify how well represented mental wellbeing was in their tuition materials. Secondly, it rolled this tool out to a wide range of tutors in the Faculty of Business and Law, accompanied by specialist
training on student mental wellbeing, the challenges students can face, and the impact tutorial materials can have.

This project aimed to address barriers students experience in ‘tuition’, under the ‘study-related’ category in the taxonomy. It builds on stage 2 solution ideas around OU training and support for tutors.

The outputs of this project were:

- The inclusivity audit tool
- Training for tutors in the Faculty of Business and Law
- A set of completed audits that could be used to evaluate, reflect on or share practice (see figure 15)

### Wellbeing Audit to Enhance Student Outcomes

<table>
<thead>
<tr>
<th>Module</th>
<th>[Anon]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutorial</td>
<td>Online Tutorial 1</td>
</tr>
<tr>
<td>Auditor</td>
<td>[Anon]</td>
</tr>
<tr>
<td>Date</td>
<td>7 June 2020</td>
</tr>
</tbody>
</table>

**Promoting wellbeing in tutorials good practice**

Please complete this section last after you have finished the audit of the tutorial materials for the tutorial identified above. Please identify up to three areas of particularly good practice in the tutorial you have audited that you feel should be shared more widely. Please leave blank if there are not any.

<table>
<thead>
<tr>
<th>Good practice to be shared</th>
<th>Location in material</th>
<th>How this could be used more widely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitivity to different levels of confidence with options as to whether to conduct an exercise in breakout or plenary session</td>
<td>References to tutor guidance notes: <strong>Slide 21: Breakout</strong> 1. Depending on the confidence of your group you could either do this activity as a general group discussion or if your students are comfortable using Adobe Connect you could place them in break out rooms to discuss this in small groups.</td>
<td>Tutors should always consider whether group work is appropriate for their group rather than deliver assigned breakout content by default.</td>
</tr>
<tr>
<td>Inclusive approach to group work which allows for multiple spokespersons depending on the issue</td>
<td><strong>Slide 21: Breakout</strong> 1. Students should be reminded to write down their points and to allocate a spokesperson for each statement.</td>
<td>Breakout sessions could be designed to allow for multiple roles to be taken on by students which would suit different learning styles and levels of confidence (i.e. no overall spokesperson for the entire session).</td>
</tr>
<tr>
<td>Opportunity for reflection after the recording has ended</td>
<td><strong>Slide 27: Review slide</strong> 1. Invite students to reflect on the tutorial and what they have learned. This slide is to allow students to review what they have learned. It is after the recording has stopped to encourage students to speak / share their thoughts.</td>
<td>Include review slide at end of all online tutorials as standard. The version in the slides could be enhanced by soliciting specific feedback on group and plenary activities.</td>
</tr>
</tbody>
</table>

Figure 15. Example of the first page of a completed inclusivity audit

**6.3.6.2 Embeddedness**

This project was not ubiquitous; it took place only in the Faculty of Business and Law, but work is currently in place to expand it to other faculties. It was a pilot and therefore any extension to being adopted as business as usual depends on evaluation, continuity of staff and senior leadership support. However, the project was firmly situated and anchored in distance learning practice, as the tutors not only undertook training but immediately applied it to practice by auditing their own teaching materials. Staff tutors (tutors’ line managers) also took the training and are therefore in a good position to support continued practice.

**6.3.6.3 Experience of method**

M was passionate about her project, saying that it had had a greater impact than she had hoped and that being part of the wider project had been an important factor in this. For example, in the tutor training she used the vignettes created from student experiences in stage 1, and she reported the enthusiasm with which they were received.
When asked whether the level of support from me had been sufficient, M said ‘Knowing that you are there is a huge help. A knowledgeable, experienced resource I can turn to. I feel I could ask you any question, whether it was stupid or not, you have a non-judgmental approach.’ She also commented on how useful the vignettes had been, saying I was ‘incredibly resource generous.’

When asked about whether the project had helped her develop critical consciousness, M said ‘Absolutely. It’s multi layered, like an onion. I’m at the centre of the onion, I have developed my own practice, changed my own language and approaches. From there, that has led onto the ALs who are undertaking the audit, and you can see that reflected in the feedback from them.’

6.3.7 Teacher training: embedding wellbeing in the curriculum micro-credential

This project was led by a Lecturer in Educational Technology, called ‘L’. A reflective interview was carried out with L on 21 August 2020.

6.3.7.1 Solution

This project was conceived in the stage 2 focus groups as ‘Training and [a] resource bank for tutors for mental health and wellbeing.’ The project worksheet stated it ‘would also be relevant for module team chairs, SEMs [student experience managers], Directors of teaching’, and shortly after the event it was realised that there was a need for training in the education sector more broadly. It was decided that my stage 1 research findings could be turned into a micro-credential professional training course for educators, both in the OU and in other contexts.

The aim of the project was to create an online professional training course for educators on embedding mental wellbeing in curricula and practice. It was decided that the course would be a 10-credit undergraduate micro-credential, hosted on the FutureLearn platform. It was named ‘Teacher Training: Embedding mental health in the curriculum’ (although ‘teacher training’ was changed to ‘teacher development’ and the course was adapted to be a 15-credit postgraduate level for subsequent presentations.)

The course aimed to communicate all the barriers and enablers identified in this study, therefore the project aims to address all the themes in the taxonomy. It builds on the stage 2 solution ideas around training for tutors.

The output of this project was a micro-credential for educators on embedding mental wellbeing in the curriculum (see figure 16.) It ran for the first time in March 2020, and has run five times since then. At the time of writing, it had been taken by 364 practitioners in different educational contexts and had received very positive feedback. Comments from practitioners included:

‘Thank you for the course which will prove to be very helpful in the planning of a new curriculum around health and wellbeing’

‘A REAL EYE OPENER!!!!!!!!!!!!!!!!!!!!!!! I've learned so much. I discovered so many new ideas and concepts. Thank you so much.’
6.3.7.2 Embeddedness

Although valuable and impactful, this project is not embedded in distance learning. It is not ubiquitous throughout the institution; the majority of learners have been from other educational contexts. However, it has been approved to be part of a new academic development qualification (free of charge for OU staff), which will increase its internal impact.

The outcomes are not particularly anchored in the distance learning environment, as the project depends on educators taking the course and applying their learning to their practice. Finally, as a fee-charging course, it will only be ongoing as long as learners sign up for it and will need updating periodically. However, there is provision in place for this and the course has consistently received a good number of registrations to date.

6.3.7.3 Experience of the method

L was passionate about the course and the gap it was filling, saying ‘There’s this real hunger for knowing what to do, I’ve experienced it as an AL, over decades.’ She said that being part of the wider project was essential to the creation of the course; it used the vignettes and the taxonomy from stage 1 of the project, and included video interviews with students involved in stages 1 and 2. I was lead author on the course, and worked closely with L, as course director, to ground the course in empirical research. Because of this, we secured endorsement from the Mental Health Foundation and they participated in the course design as critical readers.

When asked about whether the level of support I had provided was sufficient, L said ‘I always want more involvement because you have so much knowledge! I would have wanted more of your time, but I’m happy with what I had.’

In the interview, we reflected on how involvement in the micro-credential had awakened critical consciousness for us both. L said:

‘It has changed the way in which I think about things. It prompted me to reflect a lot of my own teaching past and present, brought a level of self-awareness. Combined with a reflection on my own experiences as a learner, it’s been, maybe not cathartic,
but it has helped me to make sense of some of my own experiences. It’s been transformative for me as an individual.’

6.3.8 Other initiatives

Three of the praxis project ideas identified in stage 2 went ahead as separate initiatives, unrelated to this study. The outcomes are listed below.

Project 10, which identified the need for a single point of contact for students throughout their studies, went ahead in February 2021 as part of the OU’s Access and Participation Plan activity. ‘Personal learning advisors’ were recruited and allocated a caseload of students. This ensured that students categorised as ‘widening access’ students (which included a mental health declaration) were allocated a personal learning advisor as a point of contact for non-specialist wellbeing support.

Project 11, which identified the need for guidance for students on how to participate in forums, was launched as a free OpenLearn course in August 2020 (see figure 17.)

![OpenLearn course, ‘Building confidence in using online learning forums’ (OpenLearn, 2020)](image)

Project 12, which focused on mental health interventions in Scotland as part of the additional governmental funding, went ahead via a working group in Scotland. The project manager reported that they ‘partnered with Togetherall to provide Live Therapy sessions (online, by phone and chat).’

6.4 Discussion

This section discusses themes arising from the interviews in relation to RQ3; specifically, whether solutions addressed barriers, whether they were ‘embedded’ in distance learning, and practitioners’ experiences of facilitated practitioner research as a method.
6.4.1 Solutions for barriers?
Stage 3 of this study led to seven diverse praxis projects, building on the barriers and solutions identified in stage 2. Broadly speaking, the piloted solutions aimed to address four of the five barrier themes with the highest numbers of references in stage 2. The barrier themes and piloted solutions are shown in table 12.

<table>
<thead>
<tr>
<th>Barrier theme</th>
<th>No. of Stage 2 references</th>
<th>Projects addressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-management</td>
<td>66</td>
<td>My Wellbeing, Careers, Emotional Resilience</td>
</tr>
<tr>
<td>Systems</td>
<td>32</td>
<td>DSA needs assessor short course</td>
</tr>
<tr>
<td>Curriculum</td>
<td>31</td>
<td>Learning Design, Emotional resilience, Teacher Training course</td>
</tr>
<tr>
<td>Spaces</td>
<td>28</td>
<td>-</td>
</tr>
<tr>
<td>Tuition</td>
<td>27</td>
<td>Inclusivity audit</td>
</tr>
</tbody>
</table>

Table 12. Barriers to wellbeing mapped to piloted solutions

There was one inconsistency within this. The DSA needs assessor short course was loosely linked to the barrier of disability disclosure within the systems theme, but this barrier only received three references, and the most populated barrier within this theme, OU communications (with 20 references), was not addressed. However, the other piloted solutions generally addressed more than one barrier within a theme (for example, the Learning Design project addressed all of the barriers within the curriculum theme), so generally speaking the piloted solutions were well aligned to the barriers identified.

Some of the projects did adapt or deviate from the original barrier or solution idea that inspired them. For example, the Learning Design project was originally inspired by the vignettes of students who struggled at the start of their modules, so its original focus was confidence building at the beginning of modules. However, as the project developed and G identified the opportunity to align with a wider project, the project adapted to encompass the whole module span. Another example of deviation from the original solution idea was the Teacher Training micro-credential; this was originally conceived as training for tutors and module teams in response to vignettes where students struggled with curriculum or tuition. However, it ended up as a fee-charging professional development course, mainly taken by practitioners outside of the institution. While this may have wider potential for social change (Freire, 1970; Olson, 1992), it is not addressing the barrier identified from the vignettes.

Ultimately, the identification and piloting of solutions followed an approach of convenience; practitioners piloted projects that they were interested in and which fell within their professional or academic area of scope or expertise, rather than the areas which were systematically identified as highest priority. Projects were situated, context-specific, and adapted according to circumstances; as Heikkinen et al say, ‘Reality is always on the move’ (2016). However, all the projects had tangible implications for practice (Heikkinen et al. 2016) and potential for social change (Freire, 1970; Olson, 1992).

6.4.2 Embeddedness
The projects varied in their level of embeddedness, as shown in table 13. (Please note, the Careers project is excluded from this analysis due to lack of data.)
Four of the six projects analysed met the criteria for at least one of the properties of embeddedness. Three of the projects met or partially met all of the criteria, meaning that if their pilots continue, or if there is strong uptake from the target groups (students in the case of My Wellbeing, module teams in the Learning Design project) they can be said to meet the criteria for embeddedness.

There is clearly much more work to be done before mental wellbeing can, in a holistic sense, be said to be embedded in distance learning in the OU. In relation to the taxonomy, only three of the ten taxonomy categories are addressed with projects that meet or partially meet the criteria, and the only project to fully meet all criteria (the Emotional Resilience project) addresses only one specific sub-theme in the curriculum; distressing content. This contrasts sharply with Pearson et al’s model for accessibility embeddedness, in which university systems and processes facilitate inclusive practice, and faculty accessibility coordinators are situated across the university to support this (2019).

However, ‘embeddedness is an ongoing process’ that both shapes and is shaped by the people and factors involved (Dayasindhu, 2002,p.552). The solutions need to evolve, but they are noticeably more ‘embedded’ than many of the interventions described in chapter 2. Catalysing activity in this area and supporting diverse stakeholders to develop critical consciousness in relation to student mental wellbeing are certainly key steps that have now been taken in beginning this journey.

### 6.4.3 Facilitated Practitioner Research

The general reaction to the facilitated practitioner research approach was positive. Project leads appreciated the connection with diverse stakeholders or buy-in that the project afforded, and the impact these ‘transformational partnerships’ (Groundwater-Smith et al., 2012) had on their projects. Some practitioners also incorporated outputs from stage 1 of the study into their projects.

A tension with facilitated practitioner research is the level of support that should be offered from the praxis facilitator (Markless and Streatfield, 2006). In this study, the project leads were generally happy with the level of support; although one person said she would have had more of my time if possible, and another felt reluctant to call on me for support, no one felt unsupported. This contrasts with the findings from Markless and Streatfield, who found their participants wanted a greater level of direction than the researchers felt comfortable giving (2006). However, both my study and Markless and Streatfield’s study were small-
scale and context-specific, so more research is needed in order to draw conclusions about facilitated practitioner research.

Another tension associated with the method is the relinquishing of control to practitioners; the ‘democratic nature’ (Reason, 2001) of the research meant the projects were not my design. However, the aim of this stage was not to identify and implement solutions designed by me. Participatory research has a ‘double objective’; both to create meaningful knowledge and action, and to ‘empower people at a second and deeper level through the process of constructing and using their knowledge’ (Smith, 2007,p.171-172). This catalysed people across the university to posit and work towards their ideas for solutions, and developed a community of people with awareness of student mental wellbeing who may continue to promote this agenda following the projects.

Development of critical consciousness (Freire, 1970) was experienced by all six project leads interviewed. The nature of this varied; some reflected on a growing critical awareness of wellbeing, how it was framed or how it related to other aspects of student experience, while others reflected on a growth in skills or confidence through the experience. This was the first clear evidence of development of critical consciousness in practitioners through this study.

**6.4.4 Reflection on research aims and limitations**

This stage of the study aimed to answer the following research question:

**RQ3: How can solutions be embedded in distance learning?**

In answer to this, this chapter has discussed seven case studies of practitioner research projects piloted as a result of the stage 2 focus groups. The method of facilitated practitioner research was found to provide a good experience for practitioners, and can therefore be considered a suitable method for embedding solutions in distance learning practice.

My research aim was to support participants to pilot the interventions they identified in stage 2, with the ontological outputs being a set of case studies of interventions, combined with a self-reflective evaluation from participants. This aim was met; the project leads felt supported, and this stage of the study resulted in six case studies with reflective evaluations.

The critical pedagogy aim was to identify an agenda for change (Habermas, 1972) and begin to take action on this (Grant, 2012) by facilitating praxis and encouraging critical consciousness in participants (Freire, 1970). This aim was also met; participants engaged in praxis and reflected on the awakening of critical consciousness through working on their projects. Their projects also laid foundations for institution-wide change and broader sector impact.

My participatory research strategy for this stage was ‘authentic collaboration’ (Heron and Reason, 2016); to turn over control to the participants and support them to lead the projects while I acted as coordinator, facilitator and on-call subject matter expert. This aim was also met; project leads had autonomy over their projects and drew on me for support or subject matter expertise, as necessary.

There were several limitations to this stage of the study. Changes to funding meant I was not able to seek wider engagement from students or tutors, as I was not able to compensate them for their time and had to rely on individual project budgets. Furthermore,
Covid-19 meant that projects were affected, both in the amount of time staff could contribute and in that face-to-face meetings were not possible from March 2020.

6.5 Conclusion

Stage 3 of this study facilitated seven praxis projects, aiming to mitigate barriers to wellbeing across different areas in the taxonomy. Reflective interviews with project leads revealed that the praxis projects took place in a variety of contexts, experienced varying challenges and successes, and drew on stakeholder engagement and participatory approaches. This provides valuable small-scale data about embedding mental wellbeing in distance learning. Stage 4 of the study investigates this at wider scale.
Chapter 7 Wider inquiry (Stage 4)

7.1 Introduction

This stage of the study sought to gather larger-scale data on the research questions, in order to quantify and substantiate the qualitative data from stages 1, 2 and 3 with larger groups of staff and student participants. This chapter explores survey findings and reflects on the participatory design and analysis of the research.

Findings from this chapter are under review in a peer-reviewed journal.

7.2 Methodology

Stage 4 aimed to answer all three 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?
- **RQ3**: How can solutions be embedded in distance learning?

The research aims for stage 4 were to gather quantitative data from students and staff on barriers and enablers; explore demographic differences in responses; seek ideas for solutions and ways to embed these, and seek opinions on the praxis solutions being piloted.

The critical pedagogy and participatory research aims for this stage were to:

- Encourage critical consciousness in student participants about barriers they had experienced
- Raise awareness of support solutions that already existed and may help them
- Engage the voices of broader staff and student communities
- Ensure the survey instruments were collaboratively designed and the data collaboratively analysed with students

To align to the study’s participatory research ideology, it was important for participants to contribute to the survey design and data analysis (Parrado et al., 2005). I adopted a participatory design approach, in which students worked with me to co-design the questions used in both surveys, and to analyse the data (Parrado et al., 2005).

Surveys are an economical way to gather standardized data from a wide target population (Cohen et al., 2013). However, survey efficacy depends on careful instrument and question design (Bickman and Rog, 2009), and there were ethical considerations that must be taken in designing the survey to avoid causing distress. These are detailed in the next section.

7.2.1 Instrument design

The survey questions were co-designed by myself and two students who had been involved in all three prior stages of the study.

I led on the design and completed first drafts of the instruments before involving the students, as I needed to satisfy EdD requirements that the empirical work was mine.
However, both students had iterative and meaningful input into the design, making 21 changes to the first draft. We piloted a second draft with 12 students to test the approach, and sought feedback from these participants on question wording and design. This input, combined with insight from the two student co-designers, led to an additional 15 changes being made to second drafts of the survey instruments.

The surveys were designed to map to the research questions and the three areas in the taxonomy, drawing on a capabilities approach to identify barriers in environmental and internal capabilities. The research questions were addressed with both quantitative (categorical and Likert scale) and qualitative (open comment) survey questions.

RQ1 was addressed with questions asking about barriers and enablers in aspects of study, environment, and skills development. Students were asked about barriers and enablers they had experienced, while staff were asked where they believed barriers and enablers lay.

RQ2 was addressed with questions about how effectual participants believed the piloted solutions would be, and any other ideas they had for other solutions. Students were also asked about the existing solutions they had found to address barriers in their context.

RQ3 was addressed in the staff survey with a multiple-choice question on their perceptions of what ‘embeddedness’ means (with options drawing from the literature review), and an open question about how solutions could be embedded in distance learning. It was addressed in the student survey with a question on priority areas for embedding solutions.

The wording and question order were designed to avoid causing distress, particularly for student participants. The student survey opened and closed with light-touch questions to provide a positive onboarding and offboarding experience. After onboarding, the next section of the survey focused on positive effects of distance learning on mental wellbeing, encouraging critical consciousness about positive impacts study might have on mental health. Students were advised that the next section would ask about negative impacts of study on mental wellbeing, so were forewarned, and the section following this focused on support and guidance that was available to students, encouraging them to reflect on support they had received and aiming to raise awareness of further support. The text introducing this section advised that links to all the guidance and support could be found at the end of the survey, aiming to provide practical support to students while balancing this against the risk of distracting students from completing the survey. The offboarding section then focused on broader impacts of distance learning on mental wellbeing, to provide distraction and a sense of perspective for any students who may have found it distressing to reflect on negative mental health experiences. Care was taken to support students; they were advised that the anonymous nature of the survey meant staff would not be able to respond to queries raised in the open comments, but they were given links to internal and external mental health support pages in case they needed assistance.

The survey instruments (appendices 8-9) were approved by the OU’s Student Research Project Panel and Staff Survey Project Panel.

7.2.2 Pilot
The student survey was piloted with a small group in order to check validity, particularly in terms of checking that the language was understandable, the questions were framed correctly and that there were no omissions in questions or multiple choice options (Johanson and Brooks, 2010). Literature suggests that the minimum size for a pilot survey
should be 10-30 participants (Hill, 1998; Hertzog, 2008; Johanson and Brooks, 2010; Whitehead et al., 2016), depending on the nature of the study. The sample for the pilot consisted of 12 students (eight female, four male.)

Pilot participants were asked to complete the survey and to feedback comments or suggestions about wording. Their suggestions and the resulting data led to changes being made to the survey instrument, including tweaks to wording and additional multiple-choice options being included. For this reason, the pilot data was not amalgamated into the final survey results.

### 7.2.3 Recruitment

#### 7.2.3.1 Students

Recognising that many students who experience mental health difficulties do not formally disclose a mental health condition, this stage of the study sought the voices of students both with and without a mental health disclosure. Two stratified random samples of students were obtained; 2500 students who had disclosed a mental health condition to the university; and 2500 students who had not disclosed a mental health condition. The samples were stratified to be representative of the broader cohort in terms of gender, ethnicity, faculty and geographic location, with under 1.4% variance.

I considered offering participants an incentive to complete the survey, namely the chance to win a voucher. After deliberation, I decided not to do this because it would, by necessity, involve asking for participants’ email addresses. As the OU’s Surveys team did not have resource to manage email addresses and vouchers for me, this would compromise respondent anonymity. I had received a good level of response in stages 1 and 2 in the study without offering an incentive, and in October 2020 mental wellbeing was high on the general media agenda, so I was confident I would get a good response rate without offering an incentive.

An invitation email and two follow-up emails were sent over a period of 23 days, inviting students to take part in the survey.

#### 7.2.3.2 Staff

Staff were recruited as part of a biennial accessibility and inclusion survey (Lister et al., 2020). An invitation was sent to staff samples consisting of:

- Academic/faculty staff (N=800)
- Associate lecturers (tutors) (N=800)
- Student support staff (N=300)
- Learning technologists (N=200)
- Library staff (N=70)

An invitation email and two follow-up emails were sent to the samples over a period of 26 days.

### 7.2.4 Participants

#### 7.2.4.1 Students

In total, 584 students responded to the survey, resulting in a disappointing overall response rate of 11.68%. The response rate was higher for students disclosing a mental
health difficulty, with 340 responses (13.6%) compared to 244 responses (9.76%) from students who did not disclose a mental health condition.

Participant demographics are shown in Table 14. Due to small numbers, some classifications were later grouped for analysis (e.g. in ‘previous educational qualification,’ the ‘no formal qualification’ group was combined with ‘less than A-levels.’)

<table>
<thead>
<tr>
<th>Participant characteristic</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health disclosure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>244</td>
<td>41.7%</td>
</tr>
<tr>
<td>Yes</td>
<td>340</td>
<td>58.2%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 25</td>
<td>120</td>
<td>20.5%</td>
</tr>
<tr>
<td>26-35</td>
<td>155</td>
<td>26.5%</td>
</tr>
<tr>
<td>36-45</td>
<td>115</td>
<td>19.7%</td>
</tr>
<tr>
<td>46-55</td>
<td>121</td>
<td>20.7%</td>
</tr>
<tr>
<td>56 and over</td>
<td>73</td>
<td>12.5%</td>
</tr>
<tr>
<td>Previous educational qualification (PEQ)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No formal qualifications</td>
<td>14</td>
<td>2.4%</td>
</tr>
<tr>
<td>Less than A Levels</td>
<td>163</td>
<td>27.9%</td>
</tr>
<tr>
<td>A Levels or equivalent</td>
<td>142</td>
<td>24.3%</td>
</tr>
<tr>
<td>HE Qualification</td>
<td>135</td>
<td>23.1%</td>
</tr>
<tr>
<td>PG Qualification</td>
<td>35</td>
<td>5.9%</td>
</tr>
<tr>
<td>Not known</td>
<td>95</td>
<td>16.2%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>432</td>
<td>73.9%</td>
</tr>
<tr>
<td>Male</td>
<td>152</td>
<td>26.0%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>13</td>
<td>2.2%</td>
</tr>
<tr>
<td>Black</td>
<td>15</td>
<td>2.5%</td>
</tr>
<tr>
<td>Mixed</td>
<td>20</td>
<td>3.4%</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>1.5%</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
<td>1.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>9</td>
<td>1.5%</td>
</tr>
<tr>
<td>White</td>
<td>511</td>
<td>87.5%</td>
</tr>
<tr>
<td>Socio-economic status (IMD, by postcode)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-20%</td>
<td>121</td>
<td>21%</td>
</tr>
<tr>
<td>20-40%</td>
<td>116</td>
<td>20%</td>
</tr>
<tr>
<td>40-60%</td>
<td>106</td>
<td>18%</td>
</tr>
<tr>
<td>60-80%</td>
<td>100</td>
<td>17%</td>
</tr>
<tr>
<td>80-100%</td>
<td>103</td>
<td>18%</td>
</tr>
<tr>
<td>Non-UK or unknown</td>
<td>38</td>
<td>6%</td>
</tr>
<tr>
<td>Disability (other than mental health)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>500</td>
<td>85.6%</td>
</tr>
<tr>
<td>Yes</td>
<td>84</td>
<td>14.4%</td>
</tr>
</tbody>
</table>

Table 14. Student survey respondents’ characteristics

7.2.4.2 Staff

In total, 666 staff completed the survey, a 30.7% response rate. Demographic details about staff were not captured, but Table 15 shows a breakdown of response rates by staff groups.

<table>
<thead>
<tr>
<th>Role</th>
<th>Respondents</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic/faculty</td>
<td>196</td>
<td>24.5%</td>
</tr>
<tr>
<td>Tutors</td>
<td>274</td>
<td>34.3%</td>
</tr>
<tr>
<td>Learning technologists</td>
<td>54</td>
<td>27.0%</td>
</tr>
<tr>
<td>Student support</td>
<td>116</td>
<td>38.7%</td>
</tr>
<tr>
<td>Library</td>
<td>26</td>
<td>37.1%</td>
</tr>
</tbody>
</table>

Table 15. Staff survey respondents’ characteristics
7.2.5 Analysis approach
Survey data was analysed using SPSS (version 26) and NVivo 11. Frequency data was analysed using descriptive statistics to identify barriers, enablers, solution ideas and perceived effectuality of piloted solutions. Crosstab analysis of frequency data was used to contrast findings from different student and staff groups. Pearson’s chi-squared was used to determine statistical significance, with an alpha level of .05 for all statistical tests. Open comment data was analysed in NVivo using Thematic Analysis.

The analysis approach was participatory; two students who had been involved in different stages of the study worked with me to analyse the data in SPSS and NVivo. Between us, we agreed qualitative and quantitative analysis approaches, ran a standardisation session and acted as inter-raters for each other’s open comment coding. I took care throughout to maintain the balance between participation and ensuring I owned and led on the overall work, and took care not to accidentally exploit the students (I gave students gift vouchers and wrote a professional reference for one student based on the work.) Both students collaborated on (and are co-authors on) an academic paper publishing these findings (currently under review.)

7.3 Student findings
This section presents the findings from the student surveys, structured by research question.

7.3.1 Barriers and enablers (RQ1)
87.7% (N=477) of students stated that their mental health had an impact on their studies; only 4.1% (N=24) reported a positive effect, while 38.9% (N=227) reported a negative effect and 38.7% (N=226) reported that their mental health had had both positive and negative effects on their studies. Figure 18 shows that students disclosing a mental condition reported significantly more negative and mixed effects than students without a disclosed condition ($X^2 (3, N=584) =83.304, p<.001$).

![Figure 18.](image-url)

Has your mental health had an effect on your OU studies at all?

<table>
<thead>
<tr>
<th></th>
<th>Yes, a positive effect</th>
<th>Yes, a negative effect</th>
<th>Yes, both positive and negative effects</th>
<th>No, it hasn't affected my studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>No MH issues disclosed</td>
<td>13</td>
<td>65</td>
<td>81</td>
<td>85</td>
</tr>
<tr>
<td>Mental health issues disclosed</td>
<td>11</td>
<td>162</td>
<td>145</td>
<td>22</td>
</tr>
</tbody>
</table>
Students experienced barriers and enablers to mental wellbeing in all of the ten areas identified in stage 1. An overview of barriers and enablers reported is shown in figure 19.

7.3.1.1 Barriers
The survey results indicated that ‘assessment’ and ‘life circumstances’ represented the greatest barriers for students; 62.4% (N=333) of students found ‘assessment, deadlines or feedback’ had caused problems for their mental wellbeing, and 60.1% (N=318) of students stated that their life circumstances while studying had been a barrier for them. In contrast, only 18.1% (N=96) of students found that ‘OU systems, policies, rules and processes; had been a barrier for them, and only 15.7% (N=84) found that building their study skills had been a barrier. The results are shown in figure 20.
Figure 20. Barriers to mental wellbeing experienced by students (survey findings)

The responses were analysed for statistically significant variations according to the following criteria:

- Socio-economic status (SES)
- Gender
- Ethnicity
- Age
- Mental health disclosure
- Other disability
- Previous educational qualifications (PEQ)

There were statistically significant differences in nine of the ten areas for students who disclosed a mental health condition. These are shown in table 16.
<table>
<thead>
<tr>
<th>Category</th>
<th>% barrier all students</th>
<th>% barrier, with MH declaration</th>
<th>% barrier without MH declaration</th>
<th>Chi²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment on modules</td>
<td>62.40%</td>
<td>71.90%</td>
<td>48.90%</td>
<td>X²(2, N=534) =36.452, p&lt;.001</td>
</tr>
<tr>
<td>Life circumstances</td>
<td>60.10%</td>
<td>67.90%</td>
<td>49.30%</td>
<td>X²(2, N=529) =28.945, p&lt;.001</td>
</tr>
<tr>
<td>Distance learning environment,</td>
<td>33.30%</td>
<td>35.10%</td>
<td>30.80%</td>
<td>Not significant</td>
</tr>
<tr>
<td>Building communication skills</td>
<td>32.30%</td>
<td>40.60%</td>
<td>20.80%</td>
<td>X²(2, N=529) =34.652, p&lt;.001</td>
</tr>
<tr>
<td>Module content</td>
<td>28.20%</td>
<td>33.10%</td>
<td>21.30%</td>
<td>X²(2, N=529) =15.053, p=.001</td>
</tr>
<tr>
<td>The people in your life</td>
<td>27.90%</td>
<td>31.60%</td>
<td>22.60%</td>
<td>X²(2, N=534) =18.1, p&lt;.001</td>
</tr>
<tr>
<td>Tutor or tutorials</td>
<td>26.40%</td>
<td>31.00%</td>
<td>19.90%</td>
<td>X²(2, N=534) =19.362, p&lt;.001</td>
</tr>
<tr>
<td>Confidence and identity</td>
<td>19.50%</td>
<td>23.00%</td>
<td>14.50%</td>
<td>X²(2, N=534) =13.393, p=.001</td>
</tr>
<tr>
<td>OU systems, policies, rules and processes</td>
<td>18.10%</td>
<td>22.70%</td>
<td>11.80%</td>
<td>X²(2, N=529) =14.529, p=.001</td>
</tr>
<tr>
<td>Building study skills</td>
<td>15.70%</td>
<td>17.60%</td>
<td>13.10%</td>
<td>X²(2, N=534) =11.535, p=.003</td>
</tr>
</tbody>
</table>

Table 16. Survey findings: barriers to wellbeing by mental health declaration

Four of the barriers revealed statistically significant differences from other student demographics.

‘Building communication skills’ was more likely to present a barrier for:

- women: 34.4% of women compared to 26.1% of men recorded this as a barrier (X² (2, N=529) =8.573, p=.014)
- students with low socio-economic status: 41.7% of low SES students recorded this as a barrier, compared to 33.2% of mid-level SES and 25.8% of high SES (X²(6, N=529) =15.350, p=.018)
- students between 26 and 45 years old: 37.9% recorded this as a barrier, compared to 34.3% of students under 25 and 23.9% of students over 46 (X²(4, N=529) =9.623, p=.047)

‘Assessment’ was more likely to be a barrier for:

- younger students: 77.9% of students under 25 years old recorded this as a barrier, compared to 68.9% of students aged 26-45 and 45.2% of students over 46 (X²(4, N=534) =39.224, p<.001)
- students with a disability other than mental health: 60.1% recorded this as a barrier, compared to 49.9% who disclosed no disability or only mental health issues alone (X²(2, N=534) =6.405, p=.041).

‘Module content’ was more likely to be a barrier for students disclosing a disability other than mental health, with 37.5% (N=30) stating it was a barrier, compared to 26.2% (N=119) without a disability or disclosing mental health issues alone (X²(2, N=534) =7.726, p=.021).
'Life circumstances' were more likely to be a barrier for younger students, with 74.5% of students under 25 recording this as a barrier, compared to 62.6% of students aged 26-45 and 48.9% of students over 46 ($X^2 (4, N=529) =22.393, p<.001$).

Students also provided free text responses about 'anything that had a negative impact on your mental health while studying at the OU.' This resulted in 301 comments, which were analysed in NVivo and led to 427 coded references. Most corresponded with findings from stage 1 of this study, mapping to the taxonomy in figure 6 and the 10 themes in the survey. The number of coded references per theme are shown in table 17, with examples of references.

<table>
<thead>
<tr>
<th>Category</th>
<th>Theme</th>
<th>Coded references</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>Life circumstances</td>
<td>139</td>
<td>‘COVID and having to shield, not having seen my family outside of my partner since February. It’s all felt very isolated’</td>
</tr>
<tr>
<td></td>
<td>OU systems</td>
<td>15</td>
<td>‘not receiving my textbooks weeks after my course has started’</td>
</tr>
<tr>
<td></td>
<td>People</td>
<td>36</td>
<td>‘My family at home have caused problems with my mental health as they have been critical and unsupportive.’</td>
</tr>
<tr>
<td></td>
<td>Spaces, isolation</td>
<td>26</td>
<td>‘It can be very lonely and isolating when distance learning.’</td>
</tr>
<tr>
<td>Confidence and identity</td>
<td></td>
<td>11</td>
<td>‘Comparing my performance to other students.’</td>
</tr>
<tr>
<td>Skills</td>
<td>Social skills</td>
<td>6</td>
<td>‘I find it almost impossible to engage with my peers through the forums or participate during tutorials. Even though I might have ideas and be able to contribute to a discussion I can’t bring myself to draw any attention to myself. It’s hard to just email my tutor if I’m struggling. This is nothing to do with them, or any aspect of the OU, it’s just my anxiety is appalling.’</td>
</tr>
<tr>
<td>Study</td>
<td>Study skills</td>
<td>13</td>
<td>‘I found using the computer system for submitting work stressful at times. This due to my lack of knowledge regarding computers’</td>
</tr>
<tr>
<td></td>
<td>Assessment, deadlines, feedback</td>
<td>70</td>
<td>‘Find assessments very stressful’ ‘deadlines had negative impact’ ‘struggle with reading assessment feedback, good or bad can be triggering’</td>
</tr>
<tr>
<td></td>
<td>Curriculum</td>
<td>59</td>
<td>‘I find that I’m not able to keep up the pace with the suggested deadlines of topics in the modules and that causes me a great deal of distress.’</td>
</tr>
<tr>
<td></td>
<td>Tuition</td>
<td>52</td>
<td>‘My last tutor for my final year was quite absent and not particularly supportive when I struggled with my project.’</td>
</tr>
</tbody>
</table>

Table 17. Student survey open comments: coded references for barriers to wellbeing

The largest number of references related to life circumstances (N=139) and assessment (N=70), which supports the quantitative data findings that these were barriers for the majority of students.
For life circumstances, most of the sub-themes corresponded with findings from Stage 1, with the addition of a new theme relating to Covid-19. A breakdown of sub-themes coded to 'life circumstances' is shown below:

- Covid-19 (47 references, e.g. 'COVID and 2020 in general')
- Work (24 references, e.g. '18 mths of a job that undermined me as a person of worth')
- Mental health (17 references, e.g. 'preexistent mental health unresolved issues')
- Disability (13 references, e.g. 'My overall bad health and pain levels at times can have a huge negative impact on my mental health')
- Bereavement (10 references, e.g. 'Bereavement over losing my mother at the start of my first year')
- Time and commitments (10 references, e.g. 'Having to juggle family, social and study life')
- Finance (8 references, e.g. 'Financial hardship')
- Pregnancy or maternity (6 references, e.g. 'Pregnancy, having a baby, post-partum depression')
- Abuse or harassment (3 references, e.g. 'Emotional abuse' and 'harassment')
- Brexit (1 reference: 'Brexit')

Similarly, comments coded to assessment, deadlines and feedback also aligned with the themes from the stage 1 interviews. A breakdown of sub-themes coded to 'assessment, deadlines and feedback' is shown below:

- Deadlines (37 references, e.g. 'I can get anxiety over deadlines' and 'Deadline pressures caused by insomnia, lack of energy etc.')
- Assessment (23 references, e.g. 'Pressure of exams and EMAs' and 'Bizarre rules about word counts and how to format links.')
- Feedback (6 references, e.g. 'On several occasions I've had panic attacks while trying to convince myself to check the results from TMAs due to fear of feeling like a failure, and I find it even harder to read feedback from tutors - I can't stop myself from feeling as though it's a personal criticism, and I obsess about it for days afterwards when I read it. I often find myself putting off reading feedback from a TMA until I'm on the verge of submitting the next assignment, because I struggle to face how bad I know it will make me feel.')
- Extensions (2 references, e.g. 'tutors who demanded lots of info and short extensions when very unwell wasn't helpful')
- Marks (2 references, e.g. 'being marked down on my final module mark. This caused some depression.')

7.3.1.2 Enablers
The numbers of positive impacts or enablers experienced were generally higher than barriers. As with barriers, certain enablers were experienced by higher numbers of
students; 63.7% \((N=355)\) of students found that building their study skills had supported their mental wellbeing, and 64.8% \((N=358)\) of students stated that the people in their lives has been a positive factor. In contrast to this, only 34.9% \((N=191)\) of students found that life circumstances had been an enabler for them, and only 24.6% \((N=135)\) found that ‘OU systems, policies, rules and processes’ had played a positive role. The results are shown in figure 21.

An interesting finding, in stark contrast to the barriers, was that having disclosed a mental health declaration did not make a statistically significant difference to students’ experience of enablers. The only area where students with mental health responded significantly differently was in assessment, as students disclosing a mental health condition were less likely to experience assessment as an enabler: 48.9% \((N=160)\) of students with mental health conditions declared it was not an enabler, compared to 39.6% \((N=93)\) of students without a disclosure \(\chi^2(2, \ N=562)=10.857, p=.004\). This implies that enablers are positively experienced in general by students, while barriers appear more keenly felt by students with diagnosed mental health difficulties.

Age, socio-economic status, gender and ethnicity had a significant impact on the responses. Age was significant in five of the ten areas, with younger students less likely to experience enablers (shown in table 18.)
Socio-economic status was significant in two areas, with students with lower socio-economic status (i.e. in the bottom 20% of the IMD) less likely to experience enablers in:

- module content: 53.4% of low SES students rated this as an enabler, compared to 64.0% mid-SES and 62.0% high SES ($X^2 (6, N=562) = 13.787, p = .032$)
- life circumstances: 28.1% of low SES students rated this as an enabler, compared to 32.0% mid-SES and 45.9% high SES ($X^2 (6, N=548) = 16.402, p = .012$).

Gender was significant in one area, building study skills. 65% of women found building study skills an enabler compared to 59.9% of men, and 27.5% of men said it was not an enabler for them compared to 16.2% of women ($X^2 (2, N=562) = 9.838, p = .007$).

Ethnicity was significant in one area; assessment. Black and minority ethnic students were less likely to find assessment an enabler, with only 30.4% stating this compared to 38.3% of white students ($X^2 (4, N=562) = 11.947, p = .018$).

Students also provided free text about ‘anything that helped your mental health while studying at the OU.’ The 321 comments received were analysed in NVivo, resulting in 384 coded references that broadly corresponded with the taxonomy and the 10 themes in the survey. The number of coded references per theme are shown in table 19, below, with examples of coded references.
The largest number of references related to confidence and identity. The sub-themes corresponded with findings from stage 1, with the addition of a new theme relating to determination. A breakdown of sub-themes is shown below:

- Identity, purpose (33 references, e.g. ‘Having a purpose to improve my life and future has had major effect on the way I look after myself, along with improving my abilities at work and skillsets’)

- Confidence (19 references, e.g. ‘Confidence gained from completing my studies has helped.’)

- Sense of achievement (16 references, e.g. ‘Sense of achievement when completing and submitting my TMAs’)

- Managing mental health (14 references, e.g. ‘Firstly, working with my therapist to create a plan for my study and dealing with my depression. Secondly, being physically active. I went to dance lessons last year and I am currently doing Yoga and meditation, which helps to regulate my stress and energy level.’)

- Determination (2 references: ‘My determination’ and ‘My perseverance of wanting to achieve my dreams’)
7.3.1.3 Impact of barriers

71% of students (N=353) stated that OU study had an overall positive impact on their mental health, implying that the impact of enablers outweighed that of the barriers. This was felt across all demographics; the only one showing a slight significant difference was age ($X^2$ (4, $N=497$) =10.530, $p=.032$). Students in the ‘under 25’ and ‘26-45’ age brackets were slightly more likely to say that OU study was neutral or bad for their mental wellbeing, but were still in the minority; 64.2% ($N=61$) of students under 25 and 67.2% ($N=154$) of students between 26 and 45 stated OU study was good for their mental wellbeing.

This was similar when looking at specific groups of barriers and enablers. For example, when asked about skills-related barriers/enablers, 50.1% ($N=249$) of students felt that their mental wellbeing had been well or very well supported as they developed study skills, communication skills and other competencies through OU study, and 39.6% ($N=197$) were neutral. There were no significant differences within demographics.

In relation to study-related barriers/enablers, 42% ($N=210$) of students stated their wellbeing had been well or very well supported by OU module curricula, assessment and the learning activities, and 44.1% ($N=219$) were neutral. However, students disclosing a mental health condition were less likely to state this, with 41.3% ($N=121$) saying ‘well’ or ‘very well’ and also 41.3% ($N=121$) being neutral ($X^2$ (2, $N=497$) =8.631, $p=.013$). This may relate to the differences in experiences of assessment for students with mental health issues.

Finally, in relation to environmental barriers/enablers, 62.2% ($N=309$) of students stated their wellbeing had been well or very well supported by Open University environment, systems and people; 28.6% ($N=142$) saying they were neutral and 9.3% ($N=46$) saying it has been badly supported in this area. Interestingly, students disclosing a mental health condition were more polarized in this area, with 67.2% ($N=182$) saying ‘well’ or ‘very well’ and 11.6% ($N=34$) saying ‘badly’ or ‘very badly’ ($X^2$ (2, $N=497$) =20.918, $p<.001$).

7.3.2 Praxis solutions (RQ2)

Students were asked whether they thought the seven praxis projects identified in stage 2 and piloted in stage 3 of this study would help their wellbeing. Overall, students thought all of the projects would be beneficial for their wellbeing, as shown in figure 22.
Overall, students were most positive about the Teacher Training micro-credential, and least positive about the Careers wellbeing strategy project. However, there were demographic differences in responses. Age and mental health disclosure made a significant difference in responses to all seven projects, with younger students and students disclosing a mental health condition consistently more likely to state that the solution would be likely to help their wellbeing. Socio-economic status (SES), previous educational qualifications (PEQ), gender and ethnicity also made a difference to some responses; these are explored in more detail in the next sub-sections. Disability did not make a statistically significant difference in responses to any of the proposed solutions.

7.3.2.1 ‘My wellbeing’ pages

Two groups of students were more likely to state that they thought web pages with ‘guidance on mental health that’s specific to your discipline’ (i.e. ‘My Wellbeing’ guidance sites) would help their mental health:

- Students with disclosed mental health difficulties: 77.8% (N=228) of students with a declaration responded positively to this question, compared to 64.6% (N=133) of students without a declaration ($X^2 (2, N=499) =11.383, p=.003$).

- Younger students: 86.3% (N=82) of students under 25 and 77.0% (N=177) of students aged 26-44 responded positively, compared to 58.6% (N=102) of students over 46 ($X^2 (4, N=499) =32.401, p>.001$).
7.3.2.2 Wellbeing in Learning Design
Three groups of students were more likely to state that they thought ‘changing the way OU modules and assessments are designed so they are more supportive of mental health’ (i.e. via the Learning Design process) would help their mental health:

- Students with disclosed mental health difficulties: 71.7% (N=210) of students with a declaration responded positively to this question, compared to 47.1% (N=98) of students without a declaration ($X^2 (2, N=501) =36.763, p >.001$).
- Younger students: 73.6% (N=69) of students under 25 and 68.3% (N=157) of students aged 26-44 responded positively, compared to 46.6% (N=82) of students over 46 ($X^2 (4, N=501) =27.773, p >.001$).
- Students with lower PEQ: 62.4% (N=93) of students with less than A-levels and 70.8% (N=92) with A-levels or equivalent responded positively, compared to 51.0% (N=75) of students with a higher education qualification ($X^2 (6, N=501) =22.684, p =.001$).

7.3.2.3 DSA Needs assessor course
Three groups of students were more likely to state that they thought ‘training DSA assessors’ through the DSA needs assessor short course would help their mental health:

- Students with disclosed mental health difficulties: 71.7% (N=210) of students with a declaration responded positively, compared to 43.2% (N=89) of students without a declaration ($X^2 (2, N=499) =43.688, p >.001$).
- Younger students: 71.6% (N=68) of students under 25 and 61.3% (N=141) of students aged 26-44 responded positively, compared to 51.7% (N=90) of students over 46 ($X^2 (4, N=499) =10.604, p =.031$).
- Students with low SES: 64.0% (N=64) of students in the lowest 20% of the IMD responded positively, compared to 46.2% (N=42) of students in the highest 20% of the IMD ($X^2 (6, N=499) =14.620, p =.023$).

7.3.2.4 Emotional resilience
Four groups of students were more likely to state that they thought ‘tips for maintaining mental health while studying distressing topics’ (i.e. via emotional resilience guidance) would help their mental health:

- Students with disclosed mental health difficulties: 66.6.7% (N=195) of students with a declaration responded positively, compared to 54.8% (N=114) of students without a declaration ($X^2 (2, N=501) =11.234, p =.004$).
- Younger students: 71.6% (N=68) of students under 25 and 66.1% (N=152) of students aged 26-44 responded positively, compared to 50.6% (N=89) of students over 46 ($X^2 (4, N=501) =25.115, p >.001$).
- Black and ethnic minority students: 75.6% (N=31) of BAME students responded positively, compared to 61.9%(N=270) of white students ($X^2 (4, N=501) =16.455, p =.002$).
- Students with low SES: 75.2% (N=76) of students in the bottom 20% of the IMD responded positively, compared to 58.7% (N=54) of high-SES students (in the top
20% of the IMD) and 58.8% (N=163) of the mid-range SES ($X^2(6, N=501) =13.218, p=.04$).

### 7.3.2.5 Careers and wellbeing

Three groups of students were more likely to state that they thought 'events and activities from the Careers team' would help their mental health:

- Students with disclosed mental health difficulties: 62.8% (N=184) of students with a declaration responded positively, compared to 46.2% (N=96) of students without a declaration ($X^2(2, N=501) =15.756, p>.001$).
- Younger students: 69.5% (N=66) of students under 25 and 64.3% (N=148) of students aged 26-44 responded positively, compared to 37.5% (N=66) of students over 46 ($X^2(4, N=501) =37.986, p>.001$).
- Students with lower PEQ: 60.4% (N=90) of students with less than A-levels and 58.5% (N=76) with A-levels or equivalent responded positively, compared to 44.2% (N=65) of students with a higher education qualification ($X^2(6, N=501) =13.146, p=.041$).

### 7.3.2.6 Inclusivity audit for tutorial materials

Three groups of students were more likely to state that they thought 'training tutors to check their module materials' via the inclusivity audit tool would help their mental health:

- Students with disclosed mental health difficulties: 77.5% (N=227) of students with a declaration responded positively, compared to 57.3% (N=118) of students without a declaration ($X^2(2, N=499) =23.175, p<.001$).
- Younger students: 82.1% (N=78) of students under 25 and 71.7% (N=165) of students aged 26-44 responded positively, compared to 58.6% (N=102) of students over 46 ($X^2(4, N=499) =19.046, p=.001$).
- Women: 72.2% (N=268) of female students responded positively, compared to 60.2% (N=77) of male students ($X^2(2, N=499) =6.540, p=.038$).

### 7.3.2.7 Teacher training: embedding wellbeing in the curriculum micro-credential

Two groups of students were more likely to state that they thought 'training tutors, module teams and other educators to consider and support mental health (via the teacher training micro-credential) would help their mental health:

- Students with disclosed mental health difficulties: 89.7% (N=257) of students with a declaration responded positively, compared to 67.8% (N=141) of students without a declaration ($X^2(2, N=501) =30.527, p<.001$).
- Younger students: 89.5% (N=85) of students under 25 and 85.2% (N=196) of students aged 26-44 responded positively to this question, compared to 66.5% (N=117) of students over 46 ($X^2(4, N=501) =30.040, p<.001$).

### 7.3.3 Ideas for solutions (RQ2)

Students were also asked an open question about 'things you would like the OU to do to support students' mental wellbeing in studying.' 162 students (28%) responded to this question. These were coded in NVivo, resulting in 264 references coded to 77 different
codes, clustered into 13 themes under five overarching categories. A visualisation of these is shown in figure 23.

<table>
<thead>
<tr>
<th>Changes or improvements to support</th>
<th>Environmental changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>OU support (28)</td>
<td>Communication (62)</td>
</tr>
<tr>
<td>Disability support (7)</td>
<td>Comms about what support is available (5)</td>
</tr>
<tr>
<td>Counselling (6)</td>
<td>Proactive contact (14)</td>
</tr>
<tr>
<td>Seeking help (4)</td>
<td>A mental health forum (3)</td>
</tr>
<tr>
<td>Student profiles (3)</td>
<td>Online communication (9)</td>
</tr>
<tr>
<td>Support there when needed (5)</td>
<td>Mental health comms (2)</td>
</tr>
<tr>
<td>DSA support (1)</td>
<td>Compassionate communication (1)</td>
</tr>
<tr>
<td>Group support (1)</td>
<td>Anonymous communication (2)</td>
</tr>
<tr>
<td>Helpline (1)</td>
<td>Webchat (1)</td>
</tr>
<tr>
<td>Life circumstances (1)</td>
<td></td>
</tr>
<tr>
<td>Support for international students (1)</td>
<td></td>
</tr>
<tr>
<td>Wellbeing resources (15)</td>
<td>Staff attitudes (18)</td>
</tr>
<tr>
<td>Online guidance (4)</td>
<td>Flexibility (6)</td>
</tr>
<tr>
<td>Mental health forum (4)</td>
<td>Compassion (4)</td>
</tr>
<tr>
<td>Wellbeing package (3)</td>
<td>Reduce stigma (3)</td>
</tr>
<tr>
<td>Meditation (1)</td>
<td>Systems &amp; processes (15)</td>
</tr>
<tr>
<td>Mental health literacy (1)</td>
<td>Transitions (4)</td>
</tr>
<tr>
<td>Positive space (1)</td>
<td>Technology (3)</td>
</tr>
<tr>
<td>Study buddy (4)</td>
<td>Finance (3)</td>
</tr>
<tr>
<td>Support group (3)</td>
<td>Systems working well (2)</td>
</tr>
<tr>
<td></td>
<td>Alert system (1)</td>
</tr>
<tr>
<td></td>
<td>Reprimands (1)</td>
</tr>
<tr>
<td></td>
<td>Learning analytics (1)</td>
</tr>
</tbody>
</table>

**Figure 23. Students’ suggestions for solutions to address barriers to wellbeing (survey data)**

Of the five categories identified, four align closely with solutions identified in stage two. The five categories are explored in more detail below.

### 7.3.3.1 Study-related changes (87 references)

‘Study-related changes’ contained themes relating to assessment and feedback, curriculum and module design, and tuition and tutor support, many of which are similar to the solutions identified in the focus groups in stage 2.

The most populated theme was ‘tuition’, with 47 coded references. These included 20 suggestions to improve tutor support, such as:

‘A system of tutors reading student profiles or acknowledging difficulties early in the course and how to seek help, even if this was automated to alert the tutor to someone’s difficulties.’

‘Have a unified approach from tutors. In my last module I had a fantastic, supportive tutor but some of my peers had tutors who were very unhelpful and it caused them a lot of stress’

There were also 9 suggestions for tutor training, such as:
'Educate tutors in empathy and what not to say and how to positively adapt to a mental health student.'

'Emphasis on educating tutors to notice signs and account for mental health during stressful periods.'

There were also requests for specific solutions, such as recording tutorials, the ability to opt out of breakout rooms in tutorials and more tutor presence in forums.

In the ‘Curriculum and module design’ theme, there were four suggestions for supporting students to manage distressing content, including:

‘Offering trigger warning on potentially upsetting videos or resources.’

‘The occasional contact by the tutor, ideally by phone, to the student, may pre-empt difficulties and the opportunity to discuss topics that may have, unexpectedly, distressed the student.’

There were also suggestions around enabling early access to module materials, reducing workload and adopting a more inclusive pedagogical approach, e.g.:

‘More easy and creative teaching methods rather than shipping some thick textbooks to DIY’

In the ‘Assessment and feedback’ theme, three students made suggestions related to marks. These included:

‘A fair and just marking system. If i get the same marks as another student I should not get a lower score.’

Students also asked for changes to:

• Feedback (e.g. ‘More helpful feedback and more consistent feedback’)
• Flexible deadlines (e.g. ‘Be more flexible with final deadlines and EMAs’)
• Support for failing and retaking (e.g. ‘When I failed an exam I had no support or contact of any kind from tutor or the OU. Better support is needed if we fail an exam.’)
• Exams (e.g. ‘Consider making exams easier to manage for those with mental health issues.’)

Overall, these aligned to the solutions identified in stage 2 and mapped to the taxonomy of barriers and enablers identified in stage 1.

7.3.3.2 Environmental changes (95 references)
The most populated theme under ‘environmental changes’ was ‘communication.’ Many of these themes were similar to solutions that had arisen in the stage 2 focus groups, with suggestions around:

• Regular check ins (e.g. ‘Just check once in a while if students are coping or need more support’)
• Proactive contact (e.g. ‘Having people to reach out and actively engage with students who are clearly not engaging, not attending, are falling behind or
performing poorly so ask them, non-judgementally and without threatening them with expulsion, whether there is any support that they need.')

- Online communication (e.g. ‘Have one to one support by webchat for any extreme cases where all else fails’ or ‘Have an anonymous help forum for people to share their issues without everyone being able to identify them’)

- Better comms systems (e.g. ‘Better communication’ or ‘Return calls where promised’)

- Comms around what support is available (e.g. ‘It would be good if there was a package at the outset to make clear what is on offer’)

- ‘Live’ communication (e.g. ‘Educational counsellor or support peer to help every week 1-1 zoom or teams call’)

The ‘Systems and processes’ theme had 15 suggestions for changes relating to:

- Transitions (e.g. ‘It would help if pre course reading material was available to allow you to ease into the course’ and ‘Not scaring students when they step up from level 1 to level 2 with a whole list of things which they are supposed to already know - which then later come up in the course. This made me very anxious.’)

- Technology (e.g. ‘Improve the online tutorials IT system’ and ‘Maybe redesign the website so it’s less convoluted and confusing’)

- Finance (e.g. ‘I would suggest that they should make more clarification on the Study finances that are available for students.’)

- Systems working well (e.g. ‘It would be helpful if the tutorial system had stayed the same i.e. being able to access any tutorials.’)

A theme that had not previously arisen was ‘Staff attitudes.’ This theme included 11 comments suggesting changes to attitudes in terms of:

- Flexibility (e.g. ‘Possibly telling the tutors that they have to give a little leeway on students that has mental health issues’)

- Compassion (e.g. ‘My experience of using a support system mostly is not speaking with someone trained in mental support as being the be all to helping people like me, it is actually someone who dare to say something like ‘I don’t know what it is like, tell me...’, with compassion in their voice.’)

- Reducing stigma (e.g. ‘Ensure that tutors recognise that mental health is a real thing with a real impact and to bear that in mind when they interact with students. It’s not just something you hear about on the news. Mental health issues affect real people in your ordinary, everyday life and this should be taken seriously.’)

There were four suggestions relating to Covid-19. These included:

- ‘The course content should have been revised during the COVID period to reflect that time management is more crucial and not setting so many utterly pointless and unrealistic tasks.’

- ‘Help the student to keep focus I think the lockdown have been really difficult for all.’
There was one final suggestion that was classified as ‘change.’ This suggestion simply said ‘Evolve.’ It is difficult to know what the comment referred to, but assuming it was referring to the need for higher education to change, ‘Environment’ appeared the most suitable option.

7.3.3.3 Changes or improvements to support (61 references)
This category consisted of three themes, relating to OU support, peer support and wellbeing resources.

OU support was the most populated theme, with suggestions around:

- Disability support (e.g. ‘Proactively seek out dyslexic students before their studies begin’ and ‘some students have physical issues that affect their mental well being such as pain. Ensuring that materials and other items they need are in place before their course starts would be very helpful. Awareness of pain issues and illness flare ups would help too’)
- Counselling (e.g. ‘Like place-based universities I feel a Counselling service and other talking therapies would be a good idea given how inaccessible they are via the NHS and Public provision.’)
- Seeking help (e.g. ‘acknowledging difficulties early in the course and how to seek help.’)
- Student profiles (e.g. ‘Ensuring that tutors read and engage with the student’s profile that details any mental difficulties they may have.’)
- Support there when you need it (e.g. ‘Knowing that help is available may be enough as a reassurance.’)
- DSA support (‘More support for DSA applications’)

The second theme was ‘peer support’, with 18 references across four categories:

- Student community (e.g. ‘More student community’ or ‘One thing I think would be great is to have a YouTube channel (or a similar type of internal OU web page) for OU students who are studying at a given time (not module-specific), where they can go and chat with other students who are also studying at that specific moment, and listen to some music at the same time (if they want) - would help build community spirit I think and help students feel less alone.’)
- Student mental health peer support (e.g. ‘perhaps a module forum for students who are going through difficult times are affecting their mental well-being.’)
- Study buddy (e.g. ‘introduce study buddies to help feel less isolated and connections to others - to improve mental health not for learning/improving study outcomes’)
- Disabled students’ association (‘I have tried to join the disabled student association and never heard back.’)

The third theme was ‘Wellbeing resources’, with 15 references across seven themes.

- Mental health forum (e.g. ‘Perhaps students having a forum where they could discuss the impact of both other students and tutors would be helpful.’)
• Online guidance (e.g. ‘I support having mental wellbeing resources that students can explore on the website if needed and tutors can refer students there if needed.’)

• Wellbeing package (e.g. ‘Well-being packages for students and staff’ and ‘I’d suggest during the start of every year sending every student a pack of advice on mental support and activities etc for support and keep motivation’)

• Journaling (‘journaling prompts on OU website’)

• Meditation (‘Guided meditation materials’)

• Mental health literacy (‘Mental health awareness webinars’)

• Positive space (‘TogetherAll. Students mainly post negative thoughts and feelings. That’s ok because it’s how they feel. A positive wall would be great to show things can get better’)

7.3.3.4 Skills-related changes (1 reference)
There was one request for support developing time management skills, which was mapped to ‘skills-related changes’:

‘More guidance on how to organise a study timetable for students with jobs that are not a standard 9am-5pm - i.e. how to balance it out but not overload oneself, and give examples of this. It took me years to learn this myself through trial and error, so more guidance would have helped (but the guidance is a lot better now than when I first started anyway).’

7.3.3.5 No suggestions (20 references)
Twenty students responded to the question but did not offer a suggestion (e.g. ‘Nothing that has not been covered so far’).

7.3.3.6 Existing solutions
Students were also asked whether they had experienced a selection of 14 existing support options identified in stage 2. If they had experienced them, they were asked if they had had a positive or negative effect on their wellbeing; if they had not experienced them, they were asked if they were interested in trying them or not. The aim was to identify which existing support solutions students felt most positively about; which ones were having a positive impact on student wellbeing, and which ones students felt had potential to help. This also aligned to my critical pedagogy aim, to raise students’ awareness of support solutions that already existed and may help them in future.

An overview of the responses to the 14 existing support options is shown in figure 24. Overall, students were most positive about OpenLearn free resources to improve their study skills, OpenLearn courses with information about students’ study areas, and Library resources and events to help with referencing skills. Students were least positive about ‘OU Students Association groups or student-run Facebook groups.’ There was no significant variation between demographics
### 7.3.4 Priority areas for embedding solutions (RQ3)

In order to identify priority areas for embedding solutions, students were asked how well they felt their wellbeing was supported in the three overarching areas of the taxonomy:

- **OU environments, systems, and people**
- **OU module curricula, assessment and learning activities**
- **Developing study skills, communication skills and other competencies through OU study**

The results are shown in figure 25.

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#### Figure 24. Students' perceptions of existing solutions to address barriers to wellbeing (survey data)

<table>
<thead>
<tr>
<th>Solution Description</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>OU Students Association groups or student-run Facebook groups</td>
<td>107</td>
<td>58</td>
<td>78</td>
<td>163</td>
<td>101</td>
<td></td>
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<tr>
<td>TogetherAll, an online mental health platform</td>
<td>26</td>
<td>12</td>
<td>226</td>
<td>124</td>
<td>101</td>
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<tr>
<td>DSA mentoring, software or other support</td>
<td>92</td>
<td>44</td>
<td>84</td>
<td>113</td>
<td>174</td>
<td></td>
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<td>OU advice/support with low scores, failing or retaking an assignment</td>
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<td>11</td>
<td>137</td>
<td>108</td>
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<td>Free courses on finances or other life skills</td>
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<td>216</td>
<td>206</td>
<td>77</td>
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<td>The OU Students Association peer support programme</td>
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<td>167</td>
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<tr>
<td>Advice from Student Support on choosing/changing degree pathway</td>
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<td>19</td>
<td>97</td>
<td>147</td>
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<td>OU help with computing and technology</td>
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<td>OU advice for friends and family on how they can support your studies</td>
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<td>Student Hub Live sessions on study skills</td>
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<td>Careers guidance and support</td>
<td>39</td>
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<td>Library resources/ events to help with referencing skills</td>
<td>255</td>
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<td>115</td>
<td>53</td>
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<tr>
<td>Free OpenLearn courses with information about my study area</td>
<td>203</td>
<td>7</td>
<td>143</td>
<td>66</td>
<td>96</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Free courses/resources on improving study skills</td>
<td>151</td>
<td>10</td>
<td>198</td>
<td>71</td>
<td>85</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **Tried, positive**
- **Tried, negative**
- **Not tried and interested**
- **Not tried, not interested**
- **Mixed feelings or not sure**
Happily, very few students felt badly supported. However, the area where students generally felt less well supported was OU module curricula, assessment and learning activities. This implies that action should be prioritised in this area, presenting an interesting contrast to the results from stage 2.

### 7.4 Staff findings

This section presents the findings from the staff surveys, structured by research question.

#### 7.4.1 Barriers and enablers (RQ1)

Staff identified barriers and enablers across all ten areas of the taxonomy. Their responses are shown in figure 26.
Overall, staff felt life circumstances were the strongest barrier and tuition was the strongest enabler. This perception was common across different staff groups; there were no statistically significant differences between groups’ perceptions of enablers, and only two barriers (Tuition and Systems) revealed significantly different responses from different staff groups. These are shown in figure 27; tutors were less likely to believe tuition and systems represented barriers; student support staff were more likely to believe tuition presented barriers, and library staff were more likely to believe systems presented barriers.
7.4.2 Praxis solutions (RQ2)

In contrast to the general consistency shown in staff perceptions of barriers and enablers, there were significant differences between staff groups' perceptions of which solutions would reduce barriers to wellbeing in distance learning. The most popular solution with all groups was the micro-credential, with 77.9% (N=519) of respondents stating they believed this would reduce barriers to student wellbeing. However, staff were not in agreement over the other solutions. The different responses are shown in figure 28.

7.4.3 Ideas for solutions (RQ2)

Staff were also asked an open question about how to ‘best reduce barriers to student mental wellbeing in distance learning.’ 355 staff (53%) responded to this question; responses were coded in NVivo, resulting in 448 references coded to 25 themes under five overarching categories. A visualisation of these is shown in figure 29.
Figure 29. Staff suggestions for solutions to address barriers to student wellbeing (survey data)

The five categories align closely with solutions identified in stage two and with the stage 4 student survey suggestions for solutions. However, suggestions in the staff survey tended to lack specificity, which meant it was not possible to identify the number of sub-themes or granularity of coding achieved in stage 2 or with the student stage 4 survey.

The five categories are explored in more detail below.

7.4.3.1 Study-related changes (162 references)

'Study-related changes' contained themes relating to assessment, curriculum, module design, and tuition and tutor support, many of which are similar to solutions identified in stage 2.

The most populated theme was ‘tuition’, with 94 coded references. These included 71 suggestions relating to tutors (e.g. ‘Ensuring a strong tutor-student relationship’), 21 references to tutorials (e.g. ‘make it obligatory to attend the first face-to-face tutorial’) and two references to tutor group forums (e.g. ‘Set up forums where issues can be discussed within a module/tutor group’).

‘Assessment’ had 26 coded references relating to support and flexibility in assessment. Examples include:

- ‘students being able to opt to submit assessments in the format they are most comfortable with eg in writing or orally’
- ‘Clear expectations of what’s required to succeed with assessment. Flexibility to adapt to individual circumstances.’
- ‘Alternatives to exams & group work’

‘Pre-module preparation’ had 17 references relating to support for students before modules start, such as ‘Better preparation pre-module’ and ‘Induction programme, introductory welcome tutorials, signposting to support’

The 15 references to ‘Curriculum’ included:
‘adopt a Universal Design for Learning (UDL) approach’

‘provide potential triggers in topics for students’

‘Build mental wellbeing practice into the modules via website and even the syllabus itself.’

‘Reduce the overwhelming amount of content on VLEs that is generally non-assessed.’

The five ‘Pedagogy’ references focused on scaffolding and cohesion between curriculum and tuition, e.g. ‘properly scaffolded teaching, achievable assessment tasks and space to accommodate life events’

Finally, the five ‘Technology’ references identified study-related technology that could help, e.g. ‘give anyone who needs it a cheap laptop’ and ‘Move to MS teams and encourage AL to work with cameras on.’ One academic said:

‘Reduce the barriers to student mental wellbeing by (a) ensuring that all students have access to printed materials and that online never becomes the only means to study any module; (b) that students can obtain print materials in good time for the start of the module and that they do not need to provide medical certificates for their specific learning style and learning needs; (c) that The OU recognises the barriers to study caused by poor internet access, cost of equipment, lack of access to public computers etc.’

7.4.3.2 Environment and culture (167 references)
The ‘Environment and culture’ category had the largest number of references and was the broadest in scope.

There were 64 references to ‘Communications’, including ‘establishing good continuous communication’, ‘Clear communication about support’ and ‘Encouraging, supportive and responsive communication.’

‘Systems and processes’ had 34 coded references, including ‘Trying to remove barriers caused by OU process and procedures’, ‘Make the bureaucratic processes much simpler’, ‘Clarity of processes’ and ‘Consider diverse ways of encouraging students to disclose mental health issues, streamline our disclosure process.’

There were 19 references coded as ‘Attitudes’; these included ‘understanding/empathy’, ‘Encouraging feelings of inclusivity’ and ‘remove social and educational stigma.’ One person in the Student Support Team (SST) said:

‘I think we could do more to show the compassion and empathy we have as an institution. It takes a great deal of courage for a student to call the SST the first time and hopefully, after the first time, they realise we enjoy speaking to them and we genuinely want to help, and that they are not annoying us at all. What can we do before then to invite them to call us, to ensure they feel welcomed by us, and that we have a genuine interest in their circumstances, experience, and barriers to learning.’

Fifteen references related to ‘Student voice’, including ‘Listen to students,’ ‘Talking with students’ and ‘Ask them - don’t assume we know what’s best.’
The 15 references to ‘Training for staff’ included ‘training staff in accessibility and inclusion’ and ‘Keep increasing the knowledge around mental health for all as much as possible.’

Eight comments referred to a ‘Holistic, proactive approach’, including references such as ‘Embedding wellbeing throughout the institution, so it is not just seen as a student support issue,’ ‘a more proactive approach’, ‘think holistically and make space for individual differences’ and ‘making mental wellbeing an integral part of what we do.’

There were 7 references to ‘Community’, such as ‘supporting the creation of a learning community’ and ‘Helping to build support communities.’

Finally, there were five references coded as ‘Spaces’, which expressed concerns about ‘unofficial WhatsApp and FaceTime Forums’ and advocated for the OU to ‘encourage OU based online peer support environments with student moderators rather than having students make their own away from the OU.’

7.4.3.3 Support (82 references)
References classified as ‘support’ category aligned broadly to the student survey suggestions.

There were 32 references to ‘One-to-one support’, e.g. ‘a personal tutor’, ‘dedicated support staff’ or ‘Personal learning advisor, tutor counsellor.’

There were 23 references to ‘peer support’, such as ‘Formal study buddy schemes’ and ‘Some kind of peer mentoring system.’

There were 19 references to ‘Support for needs’, e.g. ‘Focus on the student and their individual issues, make sure they feel supported’ and ‘Have more conversations with disabled students about their needs and be realistic about what support we can offer them.’

Finally, there were 8 references to ‘Counselling’, e.g. ‘Provide a counselling service as support.’

7.4.3.4 Skills-related changes (26 references)
Suggestions for ‘Skills-related changes’ aligned closely with the taxonomy.

There were 18 suggestions relating to ‘Study skills’, e.g.

‘Build on study skills so they can reach the standards’

‘Reducing the stress created by not having the study skills in place before embarking on module content explorations, analysis and TMAs. Time should be spent on study skills as part of the induction process.’

There were six references to building student ‘Confidence’, e.g. ‘give them the skills and confidence to be less dependent on our processes.’

Finally, the two references categorised as ‘Social skills’ both related to communication, e.g.

‘embed communication skills training at the start of core modules, so students know how to interact with their tutor and build a good relationship’

‘More help with… communication skills’
7.4.3.5 Continue (11 references)
Finally, there were 11 references about continuing current practice, e.g. ‘Continue to be encouraging, find something to praise, and to grant TMA extensions. I think we already do this well.’

7.4.4 Embedding solutions (RQ3)
Staff were asked to select what ‘embeddedness’ meant to them. The most popular aspects of embeddedness for all staff were:

- Situated or anchored in practice (N=457, 68.6%)
- Inherent in the OU’s values (N=424, 63.7%)
- Embodied or modelled in practice (N=383, 57.4%)

Staff groups were broadly consistent in views, although tutors and library staff had statistically significant differences in opinion for the two least popular aspects; tutors aligned embeddedness with being tailored to student needs and Library staff placing value on ongoing practice. A breakdown by staff group is shown in figure 30.

Staff also provided open comments on embeddedness, and the need for wellbeing to be:

- Situated or anchored in practice, e.g. ‘Consider having a section on mental wellness for studying each module embedded into the module handbook with a system of ensuring that this is actually read by every student.’
• Embodied or modelled in practice, e.g. ‘Providing learning materials in smaller chunks so that they don't feel too overwhelming and building in more flexibility in assessment deadlines.’

• Tailored to student needs, e.g. ‘Students face vastly different problems, so a one-size fits all approach seems unlikely to be successful. Support that is tailored to individual student needs that's delivered by well-trained and supported staff would seem most likely to succeed.’

• A ubiquitous, holistic approach, e.g. ‘It’s a whole system review’ and ‘this is mission critical and should be an ‘all service’ concern.’

• Inherent in values, ethos, and culture, e.g. ‘Understanding mental health and ill-health needs to become part of the culture, so that we move toward being student driven rather than systems driven’

• Built into institutional resource and strategy, e.g. ‘we need to be given time and resource’, ‘A working group (if one does not already exist) who will continually review and keep on top of this’ and ‘utilising a digital first strategy’

• Embedded through partnerships, e.g. ‘Have disability experts/disabled students and graduates present at a strategic level when constructing modules’ and ‘Encouraging AL participation in the process.’

7.5 **Discussion**

This section discusses themes arising from the findings, and reflects on the extent to which the research aims were met.

7.5.1 **Different perspectives**

There were some interesting contrasts between the staff and student survey results. Student and staff perceptions of barriers were broadly comparable, with the notable exception of ‘curriculum’, which was fifth highest barrier for students but was ranked lowest by staff. However, their perceptions of enablers revealed interesting differences. For example, students ranked curriculum and study skills as more enabling than tuition, while staff ranked curriculum and study skills much lower, placing tuition as the highest enabler by far. Students also found the distance learning environment to be a key enabler, while staff ranked this as one of the lowest, and staff placed more emphasis on social skills (including help seeking) than on study skills or self-management skills. It is interesting that the three highest-ranking enablers from staff (tuition, people, and social skills) appear to rely on human intervention, while three of students’ four highest ranking enablers focus more on autonomous study (curriculum, study skills and self-management). This appears to support links in the literature between autonomy in learning and student wellbeing (O’Shea and Salzer, 2020), and studies showing that students value autonomy, independence and resilience (Holdsworth *et al.*, 2018).

There were also interesting differences of perspective in relation to praxis solutions. Students and all staff groups found the micro-credential to be the most effective solution, but there was disagreement about the other projects, both between staff and students and between different staff groups. For example, the second highest ranking project for students was the ‘My wellbeing’ webpages; for tutors, student support teams and learning technologists it was the emotional resilience project; and for academics and Library staff it was the DSA project. Similarly, students, Library staff and learning technologists ranked
the Careers strategy as lowest, while tutors, academics and student support staff ranked the Learning Design project lowest. It is difficult to identify patterns to explain these differences, but the general lack of agreement about solutions appears indicative of the ‘lack of consensus’ about student wellbeing in the sector (Hartrey et al., 2017, p.26) and the ‘burden of change’ solutions like these imply (Allen and Smith, 1992).

7.5.2 Barriers for some, enablers for all

A clear theme emerging from the student data was that while barriers disproportionately affected students disclosing mental health difficulties (and to a lesser extent other disabilities), enablers were experienced more generally, with no significant difference between students with and without mental health and disability disclosures. This supports the contention often found in disability and inclusion literature that inclusive practice benefits all students, not just those with disabilities or particular study needs (Male, 1996; Rose and Meyer, 2002; Boyle et al., 2011; Fovet, 2018; Haynes, 2019; Lopez-Gavira et al., 2019).

Barriers generally were experienced by minority or disadvantaged groups; in particular, students with a mental health condition, students with low socio-economic status, Black or ethnic minority students, and students with disabilities. Women and younger students were also disproportionately affected. The findings about women appear to support the general literature, as multiple survey studies have found women more likely to express difficulties with mental wellbeing in study (Bernhardsdóttir and Vilhjálmsson, 2013; Mokhtari et al., 2013; Evans et al., 2018). However, literature about mental health and age in higher education tends to position more mature students as more vulnerable to mental health difficulties (Wong and Kwok, 1997; Swain and Hammond, 2011; Busher and James, 2020), so the finding in this survey that younger students appear more vulnerable was interesting. It may be that this is a particular feature of the distance learning environment; that distance learning is more challenging for younger students and that this leads to mental health-related barriers. It would be interesting to replicate this survey in a face-to-face university and identify whether the same pattern emerged.

Assessment is clearly the most critical barrier for students disclosing mental health difficulties, with 71.90% stating this had been a barrier to their wellbeing. In the open comments coded as ‘assessment’, deadlines emerged as the critical theme for many, with 37 of the 70 open comments referring to deadlines being a barrier to wellbeing. This was particularly interesting when compared with the literature, which tends to discuss the missing of deadlines as a side effect of mental health difficulties rather than viewing deadlines themselves as a trigger for poor mental health (Martin, 2010; Markoulakis and Kirsh, 2013).

It was interesting that themes around university systems were not perceived to be a barrier or an enabler; students ranked it as second lowest barrier, staff ranked it third lowest barrier and both groups ranked it as lowest enabler. This was particularly interesting when compared to the findings from the focus groups in stage 2, as staff identified systems as a key barrier and enabler for students. There were some open comments coded to this theme, both as barriers and enablers; barriers included delays or communication issues, while enablers tended to focus on the human support received through the OU Student Support Team or DSA. However, it appears that many of the OU systems were unperceived by students, and not considered to be a barrier or enabler. This contrasts with the literature, where university systems are generally seen to be a barrier to wellbeing for students (Tinklin et al., 2005; Markoulakis and Kirsh, 2013).
7.5.3 Solutions and the burden of change
There were many similarities between student and staff suggestions for solutions, but one interesting difference was students’ lack of focus on skills-based solutions, with only one reference to a skills-based solution. This contrasted with the staff open comments for solutions, which contained 26 references to skills-building, and also with the stage 2 results, where 20 of the 94 references mapped to building students’ skills and 6 of the 16 ideas for praxis projects related to skills building. It contrasts even more sharply with the literature, much of which focuses on skills building as a way to build resilience and manage mental health (Hewitt and Stubbs, 2017; AM OSSHE, 2018; Barrable et al., 2018; Holdsworth et al., 2018).

Drawing on the capabilities approach (Nussbaum, 2000), the skills-based solutions represent building internal capabilities, while the environmental, support and skills-related solutions all suggest changes that facilitate external capabilities. It appears that staff (and the broader literature in the sector) are more likely to perceive the solutions require effort from the students in building skills and resilience. However, students appear to take the view that solutions should come from staff and the university in terms of changing practice, offering additional support and supporting external capabilities. It may be that both groups are to some extent shifting the burden of change (Allen and Smith, 1992) to the other party. This concept should be explored further in a future study.

7.5.4 Effectuality of praxis solutions
Students’ demographics played an interesting role in their perceptions of the effectuality of proposed praxis solutions. Mental health disclosure and age were the most significant factors, with younger students and students disclosing mental health issues consistently more likely to believe that a solution would help their wellbeing. These two demographics create an interesting contrast to the demographic differences in experiences of barriers and enablers, as mental health was the most significant demographic in barriers and age was the most significant in enablers. Overall, students with mental health disclosure were more likely to experience barriers, equally likely to experience enablers and more likely to believe solutions would help them. Younger students were equally likely to experience barriers, less likely to experience enablers and more likely to believe solutions would help them.

Of course, being given only a brief description of a project means students do not have accurate knowledge of any potential impact on their wellbeing. However, a tentative premise can be drawn that this appears to paint an interesting picture about which students benefit from solutions in higher education; not only the students actively experiencing barriers, but also those who are simply not experiencing enablers. This requires further exploration, but has potential to impact on policy and strategy priorities in higher education, which tends to focus on students who are actively experiencing problems, barriers or gaps in outcomes (AM OSSHE, 2018; Hughes and Spanner, 2019; Office for Students, 2019).

7.5.5 Reflection on research aims and limitations
The research aims for stage 4 of the study were to gather larger-scale, quantitative data from students and staff on barriers and enablers; explore demographic differences in responses; seek ideas for solutions and ways to embed these, and seek opinions on the praxis solutions being piloted. These aims were met; students and staff contributed both quantitative and qualitative data on barriers and enablers, gave ideas for solutions and stated how effectual they believed the praxis solutions from stage 3 would be.
My critical pedagogy aims were to encourage critical consciousness in students about barriers they had experienced and to raise awareness of potential support solutions. I am confident I met these aims; students were open about the barriers and enablers they experienced, they contributed ideas for solutions, and large numbers expressed interest in support solutions they had not yet tried.

My participatory research strategy for this stage was firstly to engage the voices of the ‘broader community’ (van der Riet, 2008) of staff and students in answering the research questions, and secondly to ensure the survey instrument was collaboratively designed and the data was collaboratively analysed. These aims were met with varying degrees of success. In terms of engaging the student community, I was disappointed that the response rate was lower than my target of 15%, and I feel this was due to my decision not to offer an incentive. However, 584 students and 666 staff can definitely be counted as a ‘broader community’, so I count this objective as met, albeit not to the extent I would have liked.

The second part of this strategy, collaboration in survey design and data analysis, was more successful. The instrument was collaboratively designed with two students and received input from an additional 12 pilot participants. The analysis was also participatory; I led overall, retained the overview and held the central data, but students played leading roles in the quantitative and qualitative analysis. Both students collaborated as co-authors on a paper to publish these findings.

There were limitations to this stage of the study. As discussed, the student response rate was lower than hoped, and this resulted in very low response numbers from some demographic groups, such as Black or ethnic minority students. This made it difficult to identify statistically significant demographic differences for these groups, and it is likely their experiences are not adequately represented; their voices not sufficiently heard. If I were to do this part of the study again, I would request a larger sample and offer an incentive to complete the survey.

Another limitation was, as with any survey, the participants were self-selecting, and this resulted in a volunteer bias where a larger number of students with mental health issues responded. Furthermore, in aiming to write an instrument that could speak to a wide group of people, with and without mental health issues, it appears that the wording of survey did not resonate with all respondents. Two students, both disclosing mental health issues, commented negatively on the survey design; one said:

‘Some of these questions are patronising to someone with mental they are aimed more at people who are mentally inadequate than someone with mental health problems. Very patronising questionairre so far.’

If I were to re-do this stage of the study, I would consider whether to have differently worded versions of the survey for the students disclosing and not disclosing mental health difficulties.

7.6 Conclusion

This chapter has presented the methodology and findings from staff and student surveys in stage 4, the final stage of the study. The data from both surveys supports the taxonomy proposed in stage 1, and adds wider insight to the findings from stages 1-3.
The next chapter draws on the study as a whole, discussing overall findings and positioning these as an agenda for change.
Chapter 8 Discussion

8.1 Introduction

This chapter draws together the findings and literature from different aspects of this study and positions them as an agenda for change (Habermas, 1972; Grant, 2012). It discusses the study as a whole, drawing on relevant literature, models, and approaches to mental wellbeing to answer the research questions. It explores key themes that arose in the study, such as conflicting perceptions of barriers, tensions between enablers and solutions, and silences where stakeholder voices were not sought. Finally, it posits a framework for mental wellbeing embeddedness, building on the findings from the study.

8.2 An agenda for change

As stated in chapter 3, my interpretation of critical pedagogy for this study included the intention to begin the process of change. This study was designed to implement tangible (albeit small-scale) change, while laying the groundwork for incremental transformation. I aimed, in this study to:

1. ‘be explanatory about what is wrong with current social reality’
2. ‘identify the action to change it’
3. ‘provide both clear norms for criticism and transformation’ (Asghar, 2013 p.3123)

I adopt in this chapter ‘a language of possibility’ (Burbules and Berk, 1999). I aim to identify ‘an agenda for altering the situation’ (Habermas, 1972, cited in Cohen et al., 2013), and identify action needed (Grant, 2012). Therefore, Asghar’s approach to critical theory, which draws from literature by Horkheimer and Bohman and aligns with the model posited by Grant (2012), is used to structure this chapter and to position it as an agenda for change.

First, ‘what is wrong with current social reality’ is addressed in section 8.3. This takes a critical look at the barriers to wellbeing that the different stages of this study have uncovered, answering RQ1 and highlighting different perceptions of barriers to ensure a democratic view of barriers is taken.

Section 8.4 focuses on ‘the action to change’ the barriers (Asghar, 2013). It draws together the ideas for solutions identified by staff and students throughout the study, answering RQ2 by positing them as a single model and relating them to broader literature in the area.

Finally, ‘clear norms for criticism and transformation’ are posited in section 8.5. This section brings together findings from stage 3 and 4 on embedding wellbeing, positioning them within the literature and critiquing the range of stakeholders and voices that contributed to this study. Finally, it answers RQ3 by positing a framework by which student mental wellbeing embeddedness can be evaluated, thus providing both norms for transformation and ‘criteria for adjudication’ (Grant, 2012) for this work to be taken forward.

8.3 Barriers and enablers to wellbeing (RQ1)

This study aimed to answer:

RQ1: What barriers and enablers to mental wellbeing do students experience in distance learning?
The interviews in stage 1 of this study revealed a wide range of barriers and enablers, which were adapted into a taxonomy of barriers and enablers (figure 6) to wellbeing that guided the other stages of the study. This taxonomy has been a core ontological output of this project and forms an important first step in an agenda for change. However, in line with the study’s critical realism ontology (Fletcher, 2016), the differences between staff and student perceptions in the study imply that barriers and enablers may be deeply contextual. A first step in an agenda for change, therefore, is to identify differing perceptions of barriers and how they may be reconciled.

The stage 4 student survey revealed that the highest number of students perceived barriers to reside in assessment (62.4%), followed by life circumstances (60.1%), and that the lowest number of students perceived barriers to reside in study skills (15.7%), OU systems (18.1%) and confidence and identity (19.5%). This supports the literature, in which assessment is frequently identified as a barrier (Markoulakis and Kirsh, 2013; Galante et al., 2018; Jones et al., 2018; Jones et al., 2020). However, these results present an interesting contrast with staff perspectives from stages 2 and 4. Staff in the stage 4 surveys positioned the highest barriers as life circumstances (79.5%), assessment (61.3%) and distance learning spaces (57.1%). In stage 2, however, when staff were working with student vignettes, assessment and life circumstances ranked in the bottom three in terms of coded references, while the barriers with the highest number of participant references were students’ self-management skills (N=66), OU systems (N=32), the curriculum (N=31) and distance learning spaces (e.g. social media) and isolation (N=28).

There was also an interesting tension around ‘OU systems, communications and processes.’ Very few stage 4 students or staff rated it as either an enabler or a barrier, and it had the highest number of students saying they were unsure whether it was a barrier or an enabler to them. This may be due to a flaw in survey instrument design, that this theme was too broad or poorly defined for participants to feel confident categorizing it as a barrier or an enabler. However, ‘communications’ received the highest number of suggestions for solutions by both student and staff participants in stage 4, while in stage 2 it was both the second highest ranking barrier and received the second highest number of references to solutions. Furthermore, the need for regular and effective university communication has been identified in the literature as a particular issue for distance learning students’ wellbeing (Barr, 2014).

These findings suggest that further study of different perceptions of where barriers lie would be worthy of exploration. Literature in the field of education appears to support this; Lopez-Gavira et al found that students’ perceptions of institutional inclusivity were quite different to staff perceptions (2019), and other studies have found staff knowledge of inclusive practice and barriers to inclusion to be lower than desired or expected, despite positive staff attitudes towards inclusion (Cook et al., 2009; Gelbar et al., 2015; Carballo et al., 2019; Lister et al., 2020). It is difficult to say whose views are more valid; students have lived experience of barriers to their wellbeing, but it may be that staff have a clearer or more holistic perspectives of barriers. While student views should be prioritised, it is likely that both viewpoints are needed in order to continue work in this area.

Further study should also aim to explore gaps in these findings, such as barriers and enablers that are represented in literature but were not mentioned by participants in this study. For example, no mention was made by participants at any stage as to the importance of staff wellbeing, and the impact of this on student wellbeing, despite this
being a prevalent theme in literature (Abery and Gunson, 2016; O’Brien and Guiney, 2018). Findings around intersectionality of mental health with other EDI characteristics were limited; disability and sexuality were mentioned in stage 1, but ethnicity was notably absent from discussion, despite being a sector concern (Office for Students, 2019; Lynam et al., 2020; Proto and Quintana-Domeque, 2020). Finally, although Library staff were represented in stages 2 and 4, no mention was made of the Library as a possible enabler or solution, despite the clear potential for this (Cox and Brewster, 2020a).

Having identified a range of barriers in distance learning, the next step in an agenda for change is to apply a social model of disability approach to reduce or mitigate the barriers (Oliver, 1983).

8.4 Solutions for barriers (RQ2)

This study aimed to answer:

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

A key output of this study has been diverse suggestions for solutions from staff and students, including the praxis solutions piloted in stage 3. In figure 31, suggestions from stages 2 and 4 are combined into a single model of solutions for inclusion into this agenda for change.

![Figure 31. Solutions to address barriers to student mental wellbeing (combined data)](image)

Many of the proposed solutions are well represented in the literature, particularly in relation to campus universities. For example, Baik *et al.* identified impacts of curriculum and tuition practices on wellbeing (2019); Holdsworth *et al.* discuss teaching resilience (2018); and scholars critique lack of dialogue around assessment (Hill *et al.*, 2019) challenges in
assessment practice (Jones et al., 2020) and the benefits of dialogic feedback (or feedforward) for wellbeing (Hill et al., 2021). Byrom advocates for wellbeing peer support programmes (2018); studies recognise links between study skills and wellbeing (Barrable et al., 2018) and the need for student support (Barr, 2014), counselling (Jones et al., 2018) and supportive learning communities (Conradson, 2016). Beyond higher education environments, the importance of a valued identity (Scott and Wilson, 2011), confidence (Kosmala-Anderson et al., 2010) and sense of belonging (Hagerty et al., 1992) are clearly recognised. It is interesting that despite recognition that distance learners’ challenges may be different to campus-based students (Latanich et al., 2001; Waterhouse et al., 2020), many of the broad areas for solutions are comparable. An interesting next step for this study will be to operationalise and evaluate these solutions in a distance learning environment.

A valuable aspect of this study is the holistic approach it adopted. Many studies on student wellbeing in higher education explore solutions or interventions in relative isolation; there is limited literature positing holistic, whole-institution models or views of solutions. One exception to this is Student Minds’ Mental Wellbeing Charter, which sought views from students and staff across the sector to create a whole-university approach to wellbeing (Hughes and Spanner, 2019). There are similarities between Student Minds’ model (figure 32) and the solutions identified in this study; Student Minds’ ‘Learn’ and ‘Support’ categories are similar to the ‘Learning and study’ and ‘Support’ categories of solutions in this study, so the visualization in figure 31 was designed to align to it. However, there are certain key differences. For example, in Student Minds’ model, ‘skills’ and ‘confidence’ are represented as a sub-section within ‘Learn’, while this study draws on a capabilities approach (Nussbaum, 2000; Shinn, 2015) and positions ‘skills and confidence’ as its own category. This aims to recognise that skills, confidence, and belonging are not developed solely within the curriculum, as Libraries, Careers and other units play crucial roles in skills development, and to ensure solutions in this space do not eclipse the need for inclusive pedagogical practice. Also, as distance learning is unrepresented in Student Minds’ model, their ‘Live’ category is not directly comparable with the ‘Environment and processes’ category in this study, which is more focused on a distance learning environment.

Figure 32. Student Minds’ whole-university approach
Finally, a feature in this study has been the relationship between barriers, enablers, and solutions. Following a social model approach (Oliver, 1983), this study aimed to empirically identify the barriers that students experience, before seeking ideas for solutions to address these. Stage 1 also identified enablers that students experience, but stage 2 identified that enablers are not necessarily the same as solutions; action taken to reduce a barrier may involve scaling up an existing enabler, or may involve a different approach altogether. Additionally, seeking enablers as well as barriers led to an important conclusion in stage 4, in which it was identified that students may benefit from solutions even if they do not experience barriers, and that this may present as students passively not experiencing enablers rather than actively experiencing barriers. This agenda for change therefore recognises that solutions may reduce barriers and support enablers, even if they are quite different to current enablers in existence (Walsh et al., 2019), and that they may have a wider impact beyond reducing barriers for particular groups of students.

This section has drawn together the solution suggestions from the different stages of the project, presenting them as a single ontological output of the study. The next section discusses ways in which these solutions can be embedded in distance learning.

8.5 Embedding wellbeing in distance learning (RQ3)

This study aimed to answer the question:

RQ3: How can solutions be embedded in distance learning?

In a first attempt to answer this question, stage 3 of this study adopted a facilitated practitioner research approach to begin to catalyse change. This approach valued the ‘collective social expertise’ (Suoranta and Moisio, 2006) of participants in a way that was not abstract and tokenistic (Arnstein, 1969), but supportive, transformative and applied to practice (Groundwater-Smith et al., 2012). It empowered practitioner researchers to enact practical change in their areas via a praxis approach (Freire, 1970), supported as part of a wider community of practice (Lave and Wenger, 1991). Stage 3 findings showed that despite challenges, this led to increased critical consciousness (Freire, 1970) and active, meaningful participation in the change process (Cunningham et al., 2002). Stage 4 findings also revealed that the praxis projects met with approval from staff and student participants. Facilitated practitioner research may therefore be posited as a potential method to embed mental wellbeing in distance learning.

An interesting contrast can be drawn between the choice of projects piloted in stage 3 and the priority areas for action identified by students in stage 4. As stated, students highlighted assessment as the most critical barrier, and this was not strongly addressed in the praxis projects. The bottom-up, grassroots nature of the praxis projects meant that practitioners piloted projects that they were interested in and which fell within their professional or academic area of scope or expertise. This has left barriers unaddressed, however, and implies that for an approach to be truly embedded, strategic and resource commitment is crucial.

A clear strength of the method was the truly meaningful participation of diverse stakeholders across the university. Projects were led by a mix of academic and professional services staff, and this resulted in a creative and eclectic range of projects. However, circumstances meant that participation was not as vast or varied as I would have liked. The next section explores the voices that were missed, lost or mediated in the study.
8.5.1 Stakeholders, voices and silences

One of the strengths of this study has been the wide range of stakeholders involved. Participants included staff in a range of academic and professional roles across the university, spanning three UK nations, while students represented all levels of study, all faculties and many different contexts and backgrounds. This diversity of stakeholder voices was noticeably beneficial to the project; for example, in one of the stage 2 focus groups, there was a moment in which a group of staff and students needed to check logistics for a praxis project idea. Instead of an arduous process of finding out who the responsible people were, sending emails and awaiting responses, they were able to call across to the next table where the relevant people were sitting and talk about what they needed. Several of the stage 3 practitioner researchers commented on how pleased they were with their diversity of stakeholders, and how this study facilitated that.

The diversity of stakeholders, participants and voices was a direct result of decisions made early in the research design. These drew on principles such as knowledge sharing (Freire, 1970), participant community engagement (Bergold and Thomas, 2012) and collective social expertise (Suoranta and Moisio, 2006), as well as responding to sector body literature around student engagement (Piper and Emmanuel, 2019) and whole institution approaches (Hughes and Spanner, 2019).

Despite a wide range of stakeholders in this study, however, there were many who were not involved. Seale highlights the importance of seeking the unheard voices in research, stating that if ‘practice is to develop and transform, then practitioners and researchers need to pay attention to the mediated and silenced voices in the community’ (Seale, 2014, p.ix). I recognise that, despite my best intentions, the use of vignettes rather than authentic voices means that students’ voices were mediated in this study. Although the vignettes were undoubtedly an engaging and practical tool to draw attention to student mental wellbeing, and were suitable for the context for which they were created, students’ authentic voices need to play a larger role in future work, and students should have active involvement in creating personas and vignettes (Allen and Wiles, 2016).

Furthermore, there were stakeholders who were not involved in the study, what Seale calls ‘silenced voices’ (Seale, 2014). Professional or accrediting bodies were not represented; these are key stakeholders as they can be seen by staff as blockers to inclusive curriculum and assessment practice. There was no representation from the trade union, meaning staff participants may not have been as well supported as they could have been (Winter, 2019; UCU, 2021). Students’ families, friends and support networks, despite being mentioned as barriers and enablers, were not present, and their voices could be critical to ongoing change (Eisenberg et al., 2007; 2009). Finally, the student participants were less diverse than they could have been, with low numbers of survey responses from Black and minority ethnic students, despite sector-wide calls for mental health support for this group (Office for Students, 2019).

As highlighted in stage 4, for change to be embedded, it needs to be co-owned, with true participation and diversity of stakeholder voice (Cunningham et al., 2002), and students represented as partners in policy and the change process (Piper and Emmanuel, 2019). The next section explores a holistic framework that may support this.

8.5.2 Embeddedness framework

Grant and Asghar highlight the need for studies to develop ‘criteria for adjudication’ (Grant, 2012) and ‘norms for criticism and transformation’ (Asghar, 2013). To contribute to this,
and to gain wider insight on RQ3, input was sought in stage 4 on how staff would define ‘embeddedness’. Staff perspectives added interesting nuance to the literature on embeddedness, showing value placed on wellbeing being:

- Modelled in practice, as well as situated in it (i.e. that wellbeing is inherent in pedagogy and the design of learning, as well as present in curriculum content)
- Tailored to students' needs
- Inherent in the values, ethos and culture of the institution, as well as ubiquitous across it
- A holistic, partnership effort
- Represented in strategy and resourced appropriately, as well as being ongoing practice

Drawing on these findings around embeddedness, and aligning them with the taxonomy from stage 1, literature around embeddedness and maturity models (Schumacher et al., 2016; AbilityNet and McNaught Consultancy, 2021), and sector body priorities (Hughes and Spanner, 2019; Universities UK, 2020), I posit a mental wellbeing embeddedness framework that may represent criteria for adjudication and norms for transformation (Grant, 2012; Asghar, 2013). Drawing on findings from all four stages of the study, this framework positions different areas of practice (identified in Stages 1 and 2) as row headers, and components of embeddedness (identified in Stages 3 and 4) as column headers. This provides a framework of questions which practitioners and institutions can consider in order to measure how embedded mental wellbeing is across their practice, and identify gaps or areas for improvement. The framework is shown in figure 33.

<table>
<thead>
<tr>
<th>How is student wellbeing:</th>
<th>Situated &amp; modelled in practice</th>
<th>Tailored to students' needs</th>
<th>Inherent in values, ethos and culture</th>
<th>A holistic, partnership effort</th>
<th>Represented in strategy &amp; resource</th>
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<td>In curriculum</td>
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<td>In supporting study skills</td>
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| In promoting self-
management skills |                            |                             |                                      |                                |                                  |
| In supporting social skills |                             |                             |                                      |                                |                                  |
| In support for life circumstances |                        |                             |                                      |                                |                                  |
| In university systems    |                                 |                             |                                      |                                |                                  |
| In the people supporting students |                      |                             |                                      |                                |                                  |
| In learning spaces       |                                 |                             |                                      |                                |                                  |

Figure 33. Mental wellbeing embeddedness framework.
Embeddedness, maturity and readiness models are commonly used in industry as instruments ‘to conceptualize and measure maturity of an organization or a process regarding some specific target state’ (Schumacher et al., 2016, p.162). They provide useful frameworks both for reflection or evaluation of existing practice, as well as identifying gaps or planning future activity; an example designed for the higher education sector is AbilityNet and McNaught’s Accessibility Maturity Model (AbilityNet and McNaught Consultancy, 2021). This framework aims to challenge the critique that ‘wellbeing’ is ‘intangible, difficult to define and even harder to measure’ (ONS, cited in Davies, 2014, p.36), and provide criteria for adjudication and norms for transformation (Grant, 2012; Asghar, 2013) as part of an agenda for change.

In future research, this framework will be piloted, evaluated and refined using an iterative, participatory process with a range of stakeholders in order to check for robustness, develop it further, and to identify a set of self-evaluation questions that may accompany it (Bess et al., 2010).

8.6 Conclusion

This chapter has explored and discussed themes and findings from across the study and has positioned these as an agenda for change. The next chapter draws conclusions, explores examples of impact the study has had, discusses limitations, and lays out the next steps for the research.
Chapter 9 Conclusion

This chapter summarises the answers to the research questions, explores the contribution to knowledge and practice the study has had, and gives examples of impact. Finally, it reflects on the limitations of the study and discusses next steps for future research.

9.1 Research questions and ontological outputs

This study aimed to answer three 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?

**RQ3**: How can solutions be embedded in distance learning?

The study answered RQ1 with qualitative data on students’ lived experience of barriers and enablers (chapter 4), and quantitative data on numbers and demographics of students experiencing barriers and enablers (chapter 7.) The ontological outputs from RQ1 are a taxonomy of barriers and enablers, and eight vignettes depicting experiences of barriers and enablers.

RQ2 was answered with collaboratively created ideas for solutions (chapter 5), and with staff and students’ individual ideas for solutions (chapter 7.) The ontological output from RQ2 is a model combining suggestions for solutions (chapter 8.)

RQ3 was answered with reflective evaluation of seven case studies of projects aiming to implement solutions (chapter 6) and survey data on staff ideas about embedding solutions in distance learning (chapter 7.) The ontological outputs for RQ3 are seven project case studies (chapter 6) and a framework of mental wellbeing embeddedness (chapter 8.)

9.2 Contribution and impact

This study was partially funded by the OU as a university-wide quality enhancement project. This enabled the study to make a substantial contribution to practice within the OU, and it won a faculty award for its ‘outstanding contribution to the research environment of the university and field of research’.

Throughout this study, I also worked part-time as an associate for Advance HE, co-leading collaborative projects supporting institutions towards embedding mental wellbeing in curricula. Thirty-one universities across England, Wales and Northern Ireland were involved and my research informed their projects and approaches, thus facilitating wider impact in the sector.

The findings from this study also led to a successful bid for funding from Office for Students (OfS, 2021). The grant supports a collaborative project, ‘Positive Digital Practices’, to take this research forward, and is described in more detail in section 9.4.

Additionally, individual aspects of this study provide an original contribution to knowledge and practice.

The vignettes created from the stage 1 interviews contributed to practice internally and externally. Internally, they were used in tutor training programmes and to inform module design via Learning Design workshops. Externally, I used them in my Advance HE projects
to illustrate barriers and enablers to institutions, three of which also used the approach to create their own student vignettes, train staff, and inform practice. The methodology for creating the vignettes also contributed to knowledge, and has been published in an open source journal article (Lister and McFarlane, 2021)

The barriers and enablers identified in stage 1 also contributed to knowledge and practice. Internally, barriers and enablers were published in a practice report promoted by the OU’s Quality Enhancement team, and contributed to an external funding grant from Jisc for the ‘Linked Journeys’ project (Coughlan et al, 2020). Externally, the taxonomy was disseminated in thirteen invited speaker or keynote presentations and was published as a journal article (Lister et al, 2021). Specific findings from the stage 1 interviews relating to learners and tutors were shared in a TEDx talk that has over 1900 views on YouTube (Lister, 2019).

The stage 2 focus groups had substantial internal impact on practice, playing a key role in the institution recognising that mental wellbeing needed to be addressed within curriculum and teaching practice. This led to teaching practice being included in the subsequent University Mental Health Strategy, and to an institution-wide Quality Enhancement objective relating to student wellbeing. My role in facilitating this shift was recognised, and I was awarded Principal Fellowship of the HEA (PFHEA). Additionally, the research findings are published in a magazine article (Lister, 2020), and a journal article has been accepted for publication (Lister, in press).

The case studies from stage 3 were published on internal and external project websites and are published in an invited essay (Lister, 2021). Individual projects also contributed to practice:

- The teacher training micro-credential is ongoing; at the time of writing it had been taken by practitioners in 364 different contexts, and was named in an international OECD report (OECD, 2021)
- The emotional resilience project led to a university-wide approach to distressing content support
- The inclusivity audit tool for tutors was piloted in the Faculty of Business and Law; it was well received internally and the project lead was invited to share it in the Advancing Wellness in Law international network.
- ‘My Wellbeing’ webpages launched on 34 subject websites, reaching students across the OU with discipline-specific wellbeing advice and resources
- The Learning Design project model for embedding mental wellbeing was adopted with six modules in production.

Finally, stage 4 contributed quantitative data on barriers and enablers to wellbeing, which is under review in a peer-reviewed journal. Staff views on the principles of ‘embeddedness’ were used in a QAA-funded collaborative project with six universities, and will be published in a peer-reviewed journal.

9.3 Limitations

There were a number of limitations to this study.
The populations in stages 1 and 2 could have been more balanced between students and staff. Study circumstances led to dominant participant groups, with 76% students in stage 1 and 92% staff in stage 2. This meant the findings were dominated by one group’s perspective, but were not 100% the views of that group. I aimed for a mixed population in these stages to support a participatory approach of co-constructed knowledge, but the dominance of one group in each stage will have influenced this.

Voices were lost or mediated in the study. Industrial action and Covid-19 meant that the online workshop replaced, instead of supplemented, two face-to-face events. Many staff were able to move to the online workshop, but technical difficulties meant only doctoral students were able to access the platform, so some undergraduate student voices were lost.

Funding issues led to further voices being lost. The project was originally granted funding to pay for student and tutor involvement in the stage 3 projects, but changes in unit strategy led to this funding being unexpectedly pulled. This meant the stage 3 projects had very limited student or tutor involvement, limiting opportunities for co-creation.

The student response rate in stage 4 was lower than hoped, and I believe this is due to my decision not to offer a voucher incentive. This resulted in low response numbers from certain demographic groups, such as Black or ethnic minority students, meaning their experiences are not adequately represented. Another limitation was volunteer bias, due to the self-selecting nature of the survey, meaning that a larger number of students with disclosed mental health issues than not responded to the survey. Additionally, in hindsight, there were other questions that I should have included in the survey, such as items on severity of barriers or how frequently they are experienced by students. These would have contributed to a fuller picture of barriers to wellbeing.

9.4 Future research

This study has highlighted a number of possibilities for future research, many of which will be taken forward in a follow-up project funded by Office for Students, ‘Positive Digital Practices’ (OfS, 2021). This collaborative project will create guidance and resources to support:

- Positive Learner Identities (taking forward the My Wellbeing and Emotional Resilience praxis projects, creating additional vignettes and drawing on skills-related solution ideas from stages 2 and 4)
- Positive Digital Communities (drawing on support-related solution ideas from stages 2 and 4)
- Positive Pedagogies (drawing on the Learning Design and Teacher Training praxis projects, and study-related solution ideas from stages 2 and 4)

Working with sector bodies, it will scale up the findings from this study, share practices and resources across different institutions, and will also develop and test the embeddedness framework from chapter 8 as an evaluation model.

Beyond this project, other valuable areas for future research may include focusing on different student cohorts (e.g. postgraduate students, apprentices or further education students), particular student characteristics (e.g. sexuality, ethnicity or disability) or experiences (e.g. refugees, migrants or care-experienced students.) It is likely that each of
these groups will have their own barriers and enablers to wellbeing, and these require exploration.

9.5 Conclusion

This study has applied a critical lens to the systems, pedagogies, curricula and assessment practices in distance learning higher education, and has identified a taxonomy of barriers these pose for students’ mental wellbeing. It has brought staff and students together to create solutions to these barriers, has piloted projects to embed solutions in practice, and created a framework by which this can be evaluated. Finally, it has laid out an agenda for change and secured funding to enable this work to continue beyond this study, in order to make higher education more conducive to student mental wellbeing.
References


Cooper, M. (2014) ‘Meeting the needs of disabled students in online distance education – an institutional case study from The Open University, UK’, *Distance Education in China*, 2014(12), pp.18–27.


Lister, K. (In press) ‘Barriers and Enablers to Mental Wellbeing in Distance Learning: Staff and Student Perspectives’, European Journal of Open, Distance and E-Learning [Preprint].


Appendices

Appendix 1 – Consent form

Consent form for persons participating in interviews for the project ‘Distance learning and mental health: Exploring barriers and solutions’

I, the undersigned, confirm that (please tick box as appropriate):

<p>| | |</p>
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<td>1.</td>
<td>I understand the information about the project that was explained to me by the researcher (Kate Lister) and given in the information sheet dated October 2018.</td>
</tr>
<tr>
<td>2.</td>
<td>I have been given the opportunity to ask questions about the project and my participation.</td>
</tr>
<tr>
<td>3.</td>
<td>I voluntarily agree to participate in the project.</td>
</tr>
<tr>
<td>4.</td>
<td>I understand I can stop the interview at any time, and I can withdraw my data from the study at any time up until 1 March 2019 without giving reasons. I understand I will not be questioned on why I have withdrawn.</td>
</tr>
<tr>
<td>5.</td>
<td>The procedures regarding confidentiality (detailed in the information sheet) have been clearly explained to me.</td>
</tr>
<tr>
<td>6.</td>
<td>I consent to the interview I being audio recorded and later transcribed.</td>
</tr>
<tr>
<td>7.</td>
<td>The use of the data in research, publications, sharing and archiving (detailed in the information sheet) has been explained to me.</td>
</tr>
<tr>
<td>8.</td>
<td>I understand that other researchers (including doctoral supervisors) will have access to this data only if they agree to preserve the confidentiality of the data and if they agree to the terms I have specified in this form.</td>
</tr>
<tr>
<td>9.</td>
<td>Select only one of the following:</td>
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<tr>
<td></td>
<td>• I do not want my name used in this project.</td>
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<td></td>
<td>• I would like my name included in the acknowledgements section of the doctoral thesis that will result from this project. This means I will receive recognition for contributing to the project without my specific contribution being identified.</td>
</tr>
<tr>
<td>10.</td>
<td>I understand that my decision to take part or not take part in this study will not in any way affect my relationship with the University, and only the researcher (Kate Lister) and her doctoral supervisors will have access to the information I share.</td>
</tr>
<tr>
<td>Participant:</td>
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<td>Name of Participant</td>
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<tr>
<th>Researcher:</th>
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<tr>
<td>Name of Researcher</td>
<td>Signature</td>
<td>Date</td>
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</table>

If you would like to receive a summary of the findings of the study, please write a contact email address below:

_________________________________________________________________________
Appendix 2 – Participant information leaflet

Mental Health and Distance Learning: Exploring Barriers and Solutions:
Research study participant information sheet

The Research Team:

KATE LISTER (RESEARCHER)
Institute of Educational Technology
The Open University
Milton Keynes
MK7 6AA
01908 653771
kate.lister@open.ac.uk

PROF. JANE SEALE (SUPERVISOR)
WELS faculty, The Open University
jane.seale@open.ac.uk

DR CHRIS DOUCE (SUPERVISOR)
STEM faculty, The Open University
chris.douce@open.ac.uk

I would like to invite you to take part in a research study that will investigate the impacts that distance learning and mental health issues can have on students. Before you decide whether or not to take part, it is important for you to understand why the research is being done, what it will involve, and how your data will be recorded and used, so please take time to read through the following information.

Please note, choosing to either take part or not take part in this study will have no impact on your marks, assessments, future studies, or on your relationship with the Open University.

What is the aim of this research?

This project aims to investigate:

1. What study-related barriers to mental wellbeing students experience in distance learning

2. What mental health-related barriers to achieving their study goals students experience in distance learning

3. What solutions students and staff perceive would lower these barriers

I’ve invited you to take part because I want to hear, first hand, about the experiences of Open University students who have experienced mental health issues while studying. If you have experienced any mental health-related impacts on your studies, or study-related impacts on your mental health, I would like to talk to you to find out more about these, so that your experiences can help OU staff to improve the way they design modules and courses.
What is involved?

I would like to invite you to take part in an interview that will last about 90 minutes. We will map your study journey together using a game board and I’ll ask you to talk me through some of the more challenging times you’ve experienced in your studies, particularly looking at why they were challenging, how they affected you and how you got through them. Our discussion will focus on the following broad topics:

- Your individual circumstances and learning experiences to date
- Any impacts that your mental health has had on your studies, or that your studies have had on your mental health
- How you have dealt with challenges in your learning, and any skills or strategies you’ve developed as a result of this

The interview will be recorded so that I can be sure that I correctly remember everything that you tell me. I will transcribe the interview within 3 months of us meeting and will then delete the recording.

I will work around you to arrange a date and time that is convenient to you. I’d like to invite you to come to the Open University campus, but we can also have an interview by phone or Skype if you prefer. The Open University will reimburse you for your travel costs, and will also give you a £20 Amazon voucher as a thank you for taking part.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you decide to take part you are free to withdraw at any time and without giving a reason.

I will be conducting this research between October 2018 and July 2019

Is it confidential?

Yes. Everything that you tell me will be in confidence. No personal information will be passed to anyone outside the research team. This includes myself, Kate Lister (the researcher) and Jane Seale and Chris Douce (my supervisors.) I will write a report of the study but no individual will be identifiable from the published results of the research.

How will the data I provide be used?

I will record and transcribe the interview, and once I have transcribed the recording, I will delete it. This will be within three months of the interview taking place. All your details, including your contact details, the recording and, later, the transcription, will be stored on a secure server within the OU that is not accessible to anyone but myself, and it will be password protected. I will permanently delete your personal details (including your name and contact information) in March 2019, when I amalgamate and anonymise the data, and I will only keep the anonymised transcript of our interview.

I will keep the anonymous data and your signed consent form until January 2022, or until 3 months after my research degree is completed, whichever comes later. Your signed consent form will be scanned and saved in a secure folder on the OU server, and the original will be shredded and disposed of securely.
Everything you tell me will be in confidence. No personally identifying information will be recorded and quotes will be anonymised or paraphrased.

I will share the general findings from the project with Open University staff so that it can influence the way they design modules and learning, and I will publish the findings in my doctoral thesis and possibly in journal articles. You will in no way be identifiable from these findings. This dissemination is important because it will help university staff to design their courses to be more inclusive for students with mental health issues in future.

The Open University is the Data Controller for the personal data that you provide. The lawful reason for processing your data will be that conducting academic research is part of the Open University’s public task. (The consent we request from you relates to ethical considerations)

You have a number of rights as a data subject:

- To request a copy of the personal data we have about you
- To rectify any personal data which is inaccurate or incomplete
- To restrict the processing of your data
- To receive a copy of your data in an easily transferrable format (if relevant)
- To erase your data
- To object to us processing your data

If you are concerned about the way we have processed your personal information, you can contact the Information Commissioner’s Office (ICO). Please visit the ICO’s website for further details.

The right to withdraw from the study

You have the right to withdraw from the study at any time during your participation, simply by letting me know that you no longer want to take part. You also have the right, after the interview, to ask for your data to be removed from the study. You can do this at any point the data is aggregated and anonymised in March 2019. You can do this by emailing me on kate.lister@open.ac.uk.

What else will happen in the study?

The amalgamated data from the interviews will be turned into fictional characters and stories, and will be presented to focus groups of OU staff and students as fictional challenges. They will work in groups on ways these challenges can be overcome through inclusive design of learning, and their ideas will be written up as guidance for OU staff. You will not be identifiable in this guidance.

What happens now?

I will contact you again soon to ask for your consent to take part in the research and to arrange an appointment to interview you. In the meantime, if you have any queries at all about the study, please contact me on kate.lister@open.ac.uk or 01908 653771. You can also contact my supervisors, Jane Seale or Chris Douce, if you have questions for them.

Thank you very much for taking time to read this information sheet.
Appendix 3 – Student vignettes used in stage 2

Andrew

I’m Andrew. I’m 67 years old. I’ve been doing a STEM degree for 6 years. I have severe claustrophobia and I’ve had attacks of something like anxiety, I’m not really sure what they are.

I was going to go to university when I left school, but my father lost his job so I had to go out to work instead. It was fine, I went into industry and had a good career, but I always felt something was missing.

Years later... My mother got dementia, but I didn’t realise how badly until my father died and I realised how much he had been doing for her. She died a couple of years later, at the same time as my divorce went through.

I retired at 60, and life became rather quiet as I don’t have any family. It was an opportunity to right the wrong I’d always felt by not getting a degree. I signed up for a STEM degree; finally, I was back on track.

It started out really well. I loved the science modules and I was getting good grades on all my assignments. I signed up to do 90 credits and was on track to get a first. Workload was heavy but it was fine.

Somehow, I got to the end of the modules, but then I had 2 exams within 2 days. I did well on one but only scraped a pass on the other. This really knocked my confidence; I felt I wasn’t on track anymore.

Disaster struck. I got some kind of bug and couldn’t do anything for 2 weeks. Suddenly I was behind, and I couldn’t catch up. I thought I’d have to defer, but I managed to pull something together and scrape a pass.

I love the practical activities. There’s one with a telescope in the Canaries; I’ve never travelled because of my claustrophobia but suddenly I was mapping the galaxy with people all over the country. It was amazing.

At the 3rd TMA on my next module, it all went wrong. Suddenly I couldn’t do it. I can’t explain. It felt like an unseen hand on the back of your shoulder saying you can’t do it, don’t try. I had to defer.

I started to study again. I had assessment banking so less pressure. But then I had a dispute with my neighbour that went to court and I couldn’t concentrate. I deferred again, no assessment banking this time.

I started a different module. But the joy was gone, I was full of fear and I felt I was doing everything badly. I had no confidence to do the activities and I couldn’t face the TMA. I got an extension but finally had to defer.

I feel so off track. This wasn’t how it was supposed to go! But I don’t know how to ask for help, or who I can ask. I keep thinking of registering for another module, but I just can’t. I feel like such a failure.

This vignette is fictional, although based on real events that different students have experienced. The picture is a stock photo and the name is made up. Contact team@sibte@opens.ac.uk for further details.
My name is Angie, I’m 29 and I’ve been an OU student for 3 years. I have borderline personality disorder, which means I have mood swings and I get attachments to people.

I always knew I was different. It started when I realised I was attracted to girls, when I was a teenager. I was scared to tell anyone, and I felt miserable, like I was a freak.

My first attachment was with a teacher. She was kind to me and I couldn’t stop thinking about her. Then she left and I was devastated. That triggered my first serious depression and suicide attempt. I left school with no GCSE’s.

I locked myself away for years after school. I was scared of another attachment. Then my sister found the OU, and persuaded me to sign up for a Psychology degree. Very scary, but thrilling!

I love psychology and OU study! It’s like learning about my own brain. My mental health has improved massively since I've been doing the modules, I can kind of slip back and just think ‘that makes so much sense now’!

Having a tough time. There was a pretty intense study: they had a trigger warning but that just made me curious! So, I read it, but it did trigger me. I haven’t slept for a couple of weeks, it keeps going round in my head.

I’m scared. I think I’m getting an attachment to my tutor. She’s been so kind and helpful while I’ve been low. I’m pushing her away but scared I’m coming off as rude. I don’t know what to do, I wish I could talk to someone.

I’m starting my second module; this one is harder. I have mood swings and I struggle with the heavy readings when my mood is low. Videos and activities help but there aren’t as many on this module.

I just got my first TMA mark, I did so well! I love OU study; the modules and stuff are really well written. The videos and multimedia are fantastic, and I love ticking things off on the study planner.

I’ve made a terrible fool of myself. I got so low, it was like a delirium, and I just poured everything out to my tutor, including my suicidal ideation... Now she’s being really sort of ‘correct’ and I’ve just messed everything up

Sigh, I never have enough time for these TMA’s... I think things are okay between me and my tutor now but it’s a horrible distraction and I just feel really bad. I need to focus on this TMA, I just wish I had more time.

New module, new tutor, and exciting! New partner! I’ve got a girlfriend, for the first time! Trying not to set myself up to get hurt, but she really gets me, and she’s supporting me with my studies. Future’s looking bright!

This vignette is fictional, although based on real events that different students have experienced. The picture is a stock photo and the name is made up. Contact your OU for further details.
I'm Arda, I'm 57 years old, originally from Turkey. I've been doing a degree in history for 2 years. I had a nervous breakdown and took early retirement, now I study for pleasure.

I had a successful career in IT. It was stressful at times but never a problem, I found stress focused my mind. Then one day I had a nervous breakdown. That finished my career and I had to take early retirement.

I was so bored and cranky, at home all the time, I was driving my wife crazy. So finally, I decided to do something in my retirement. I am interested in European history, so I signed up for a degree with the Open University.

I like studying. I read everything. Sometimes I disagree with the interpretations of historical events and I have debates with the tutor and the other students in the module forums. It makes me feel alive.

I got a distinction in my first assignment, I'm very pleased. It helps that I have so much time, I can read the notes very thoroughly and do my own investigation, too.

I have two TMA's due in the same week. I don't want to ask for an extension, the deadline is fine, it makes me focus. I will manage this, no one must know I'm struggling.

This is difficult. Because I want to understand everything at once, I read through the whole module at the beginning and then go back over them more slowly. But there's so much, I'm confusing the two and it makes me panic. I never used to be like this!

I submitted both my TMAs on time but I didn't get distinctions, and I feel like a failure. The feedback said I got things wrong and my style was rushed. I got angry with one of my tutors, his comments were so stupid! I sent him an angry email, I regret it now.

I is in trouble again with the tutor. Apparently, I was rude on a forum, such nonsense, it was a friendly debate! But a student complained, so I have been given a warning. I have no time, no energy for this, I just want to study.

I passed my modules, I would not quit. But I will not study two together again. My wife said something very sensible, she said I'm not having fun anymore, and I am supposed to be studying for fun. I am not in a hurry. So I will do one at a time from now on.

I am happy. I am on a new module and I like it, it is interesting and this tutor is more sensible and makes interesting comments. I am careful now with the forums, sometimes people take things the wrong way. But it's fine and I like it.
Gemma

I’m Gemma, I’m 28 years old and I’ve been an OU student for 4 years. I’m started out doing a psychology degree, but I’ve switched to the Open Degree, now. I don’t have a diagnosed mental health condition, but I get very anxious and panicky about things.

I didn’t get on well at school at all. I’d be doing alright for a while, but then something would throw everything off, like I’d have a row with a friend and wouldn’t be able to go into school the next day as I couldn’t face them. In the end I left school at 15 with no GCSEs or anything.

I didn’t go to college or anything, I just went out to work. I got a job training as a hairdresser. It seemed like a good idea, at first, I like hair. But then one of the stylists started being really mean to me, like targeting me with sneaky comments and things. I had to quit, I couldn’t deal with it.

A couple of my friends told me I’m really good to talk to when they’re feeling down. I love listening to people, and feeling like I’ve helped them in some way, it makes me feel special and valued. I thought maybe I should be a counsellor, so I signed up to the OU psychology degree.

It’s quite strange being an OU student! It was a bit scary at first, but then I found the Facebook page for my course. That made me feel better, everyone’s as confused as I am! One girl in particular seems nice, she lives near me and I think we might meet up and study together.

Marie and I both passed our first module and ended up doing another module together. Now I’m on my third, but Marie is doing a different one, so I have to study without her. It’s okay so far, but I’m emailing my tutor quite a lot. TMA questions are really hard to understand sometimes.

I passed my TMA. I was pretty pleased with that, but Marie got a similar score, slightly better in fact, and she wasn’t happy with it. That’s made me feel a bit bad about mine, but Marie says we’ll do better next time. She’s started looking up essay writing tips online already.

Eeek, the first TMA is due and I have 24 hours to finish it. Every time I think about it! The whole deadline thing is just really scary. Having my study buddy, Marie, has helped; we meet up in Costa and go through stuff together. It helps to talk things through, makes it seem manageable.

Fourth module and Marie and I are on it together. I was excited but it’s not going well, she’s much more motivated than me before. Sometimes on the forums she’s making cutting comments in reply to mine. I don’t get it, but it’s making me feel really stressed.

Oh my God, Marie has told everyone on the Facebook group that I was copying her work, she’s accused me of cheating. I don’t know what to do, everyone’s attacking me! I left the group but I can’t concentrate on my studies, I’m scared to post to the forum, I don’t know what to do.

I can’t bear psychology anymore. I’m terrified I’ll have to talk to Marie or one of the other students. I scrapped a pass on the last module but I can’t bring myself to register for the next one, I’ve got two modules left and I can’t bear to study them, what on earth am I going to do?

By sheer luck I found out I could switch to the Open Degree. I’ve signed up for a course in healthcare and I’ve never been so relieved in my life. This way I can still get my degree, and I think I’m more interested in the health side of things anyway.

This vignette is fictional, although based on real events that different students have experienced. The picture is a stock photo and the name is made up. Contact info@ouc.ac.uk for further details.
I'm John, I'm 22 years old and I've completed one module on my business degree. I've been a student for just under a year. I have bipolar affective disorder.

I've had problems with my mental health since I was a child. I used to wake up screaming with nightmares. I had trouble at school, it took me a long time to make friends. So I was always a bit of a loner.

After school I was just at home all day, and it made me feel very alone. I felt like other people could strong friendships and things, but I couldn't because I didn't know how to interact with people.

I signed up for an OU business degree. I'm reading the recommended readings before the course starts. It's fun, they're really interesting. Maybe this will make me feel part of a community, maybe I'll make friends...

Course has started and it's going well. I like the forum activities. I can take time to think about what I write so it's less stressful than speaking to people face-to-face. First TMA is coming up soon and I'm excited about it.

I'm in hospital. I tried to kill myself. I'm so full of shame and self-loathing. I need to get past this. The only thing that helps is my studies. I'm starting to write my EMA and it's the only thing that keeps the horror away.

I'm not well. I'm in a bad bipolar low, really bad. I've been cutting myself again to try and channel the self-loathing. It helps feel like I'm doing something and it's stopping me from trying to kill myself. I feel so alone.

I got a good grade on my first TMA, and some really nice comments from my tutor! This is great, I feel like people are seeing me first time! (Which is ironic as they can't actually see me.)

I'm home now. Study is helping me recover. I feel like I'm working towards something, like there's something to my life beyond sitting at home hating myself. I like the deadlines, they help me focus, and I love ticking things off.

I'm slowly getting better. I find study helps me detach and view things objectively, and that helps my mental health. I'm finishing my EMA, I'm scared what will happen when it's finished and I don't have anything to study.

I got a good grade for my module. I asked my tutor to recommend extra readings for the summer; she recommended FutureLearn. Studying is really good for me but I still feel very alone and wish I could make friends.

I'm just starting my second module. I'm anxious, I don't know anyone and I have a new tutor. I feel like I have to start again with people. But the readings are very interesting so far and the first TMA looks interesting.
I'm Rebecca, I'm 30 years old and I've been an OU student for 9 years, I've just finished my master's. I have anorexia and schizoaffective disorder (this is kind of like schizophrenia mixed with bipolar.) I love studying and I want to do a PhD.

I did my undergraduate degree in a brick university, I had anorexia, I had it for years but it got much worse when I was at university and I started getting very ill in my second year.

The last bit of my degree was very stressful, I developed schizoaffective disorder, which is like schizophrenia mixed with bipolar. I got very ill, I managed to finish my degree but went straight from my finals into hospital.

I was in the psych ward, then in a hospital, then in an eating disorder unit. I knew I was going to be in for a long time, but I wanted to study to get my life back on track, to achieve my potential and distract myself from my mental health. Then my best friend found the OU for me, they had an MSc that was perfect.

I registered at the OU and they were brilliant. I got my DSA assessment in hospital, and they printed and posted my materials so I could start studying. I had really good support from tutor. I used to phone her and she'd guide me through the questions and things, it helped me feel I was on doing okay and getting my life back on track.

I relapsed and went back into hospital, and then I had to quit my module, I defereded and tried to study it again when I got out of hospital, but then I relapsed again and had to quit again, I felt very alone, and quite desperate, I didn't know what to do.

I started the next module but things started going downhill. There were problems at home, a family member was very ill and I was stressed. I felt I had less support from my tutor this year, she wasn't answering my questions, I felt very insecure.

I changed my study course to a different subject. It was better for a while, but then there was a big group work project. It was very stressful doing it online because I couldn't see the people, it made my anxiety really spiral and made me feel threatened.

Things got much worse. I had another psychotic episode and took an overdose. I was in hospital for a long time under very close observation, really looked up. But the OU staff were fantastic, they printed out materials and sent them to me and even helped me sit an exam in hospital.

I got out of hospital and managed the final modules on the master's. I enjoyed doing project modules, but the final presentation made me very anxious. I didn't feel I could ask for help, this tutor was not helpful and I felt like a burden. I hated it, and it was so anxious leading up to it. But I did it.

I finished the master's and I got a distinction! It's been a tough journey; study has often been my saving grace, although it's caused problems or made things worse, sometimes. Too. But now I'm getting my life back on track - the next step is a PhD.

This vignette is fictional, although based on real events that different students have experienced. The picture is a stock photo and the name is made up. Contact info@open.ac.uk for further details.
I’m Sarah, I’m 48 years old and I’m doing a psychology degree. I’ve been a student for 12 years, on and off. I have depression and agoraphobia, and I’m housebound.

I’ve been housebound for over 15 years. This means I can’t work, and I hate the thought of just being someone who sits at home and does nothing. I’ve signed up for an OU degree twice but always given up. Third time lucky!

I’m enjoying my psychology course so far. It really helps that I’ve got experience of mental illness, it helps me contextualise things. This is the first time my mental illness has been a plus!

First TMA, and the self-doubt and anxiety are back. I wish I knew how to make notes that make sense... I can never find anything at TMA time and it makes me feel so stupid. I’m so out of my depth.

I passed my first TMA but only barely. People on the Facebook group all seem to have got distinctions. Why am I so stupid? Maybe I’m out of my depth, doing this, but I hate the thought of just doing nothing...

I failed this TMA and I’m behind in my module. I think I should quit this course, it’s doing me no good at all. I feel so stupid for even thinking I could do this.

I’m feeling depressed. I got an extension for my next TMA. I just couldn’t do anything for a couple of weeks while I tried to process the knowledge. I wish there was someone I could talk to. I feel so alone and so dirty.

I’m feeling hopeful! My tutor got in touch after the last disastrous TMA. We had a really good conversation and she gave me loads of advice about study skills, note-taking. Feeling more confident now!

My module started talking about child abuse. It brought back a load of repressed memories. I was abused as a child by my cousin. I have buried these memories for 40 years. I don’t know what to do and I hate myself.

I’ve been working hard at my study skills and I plucked up the courage to post on the Facebook group to see if anyone else has tips. It’s amazing how many note-taking systems there are. I’m going to try them all!

I’ve found a system that works for me and it’s transformed my study. I got a good grade on my first module, and I’m well into the second. I’m feeling confident and good about myself for the first time in years; I feel I belong.

I just finished my second module. It’s hard but I enjoyed it. My new note-taking skills have helped a lot, and I’ve discovered the Disabled Students Facebook Group. They’re so nice and supportive, I feel I belong for the first time!
I'm Vanessa, I'm 21 years old and I've been an OU student for 2 years. I'm doing a degree in business; I've completed 4 modules. I have social anxiety, sometimes to the point where I can't leave the house, and periods of severe depression.

I grew up in a poor neighbourhood. A lot of the people I went to school with are unemployed, I don't think they're going to do anything with their lives. I don't want to be like that, I want to get a job and do something with my life.

My mum is schizophrenic, and my dad isn't around. I've had mental health issues as long as I can remember. I get anxious, especially in public. Sometimes I'm afraid to go out. And I get very depressed.

I got through school, but I had problems at college. I wanted to get A-Levels, but I just got so anxious in classes, walking in the halls, etc. I dropped out because I just couldn't bring myself to go, the thought of classes was too much.

I tried different courses, but the same thing kept happening. Some of my friends went off to uni but I started thinking I'd never amount to anything after all.

I'd always been good at learning and got good marks in exams and things, so I was really confident and looking forward to starting university study. Finally, I could tell my friends I was a student too!

My sister found the Open University online and showed me the website! There were no entry requirements! I could just sign up, without having to go to college!

I got very low and started thinking about suicide. What was the point of living if I would never amount to anything?

My first TMA set me straight! Turns out I knew nothing about being a university student; I'd never heard of referencing! But I passed with 49% so it was okay.

I found it hard to motivate myself to study and learning to concentrate in a classroom you're told when to start and stop studying, it's easy to get distracted at home.

I discovered an OU student on Instagram who makes study session worksheets, where you log your time, goals, playlist and stuff. I started using them all the time, they helped loads!

I'm doing well now. I still have dark times and I feel very isolated sometimes, I wish someone would check in from time to time. But I love how I'm growing and evolving, and I'm full of hope for the future.

This vignette is fictional, although based on real events that different students have experienced. The picture is a stock photo and the name is made up. Contact taste.taster@open.ac.uk for further details.
### Activity 1: Identifying barriers from student vignettes

<table>
<thead>
<tr>
<th>Student name</th>
<th>Barriers to mental wellbeing experienced</th>
<th>Barriers to achieving study goals experienced</th>
<th>Enablers or positive aspects of study experienced</th>
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**Thoughts, notes or comments**

Contact Kate on kate.lister@open.ac.uk with any questions or feedback on this activity.
## Appendix 5 – Stage 2 focus group worksheet (solutions)

<table>
<thead>
<tr>
<th>Activity 2: Brainstorming possible solutions</th>
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<td>Barrier</td>
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Contact Kate on kate.lister@open.ac.uk with any questions or feedback on this activity.
### Activity 3: Turning ideas into pilots

<table>
<thead>
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<th>Project name</th>
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<tr>
<td>Barrier addressing</td>
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<td>Project objective</td>
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<td>Project plan</td>
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<td>Project members (name or role)</td>
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<td>Stakeholders</td>
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<td>Funding required</td>
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<td></td>
<td>Ideas for evaluation</td>
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</table>

Contact Kate on kate.lister@open.ac.uk with any questions or feedback on this activity.
Appendix 7 – Stage 3 interview protocol

Project overview and aims
Can you describe your project briefly?/Can you give me a quick overview of your project?

What barriers is your project aiming to address?

How has your project changed since it started?

What were the initial aims for the project, and have these changed over the course of the project?

Experience of the project to date
How has it been for you so far, running this project as part of the wider action coming from the focus groups?

What have you done so far, and what stage are you at now?

How have things been going so far?

Range and scope of stakeholders
Who have you worked with? Who are the main stakeholders for you? Are any of these people you haven’t worked with before? Did the focus group event influence who you worked with?

How broad is the scope, or potential scope of the project? Will it be accessible to students throughout the OU?

How have you worked with students in this project?

Reflection
How do you think it’s going so far?

What have been your best moments on the project?

What has gone well, and what could have gone better?

If you were doing this again, would you do it differently? If yes, how?

Future plans, implementation and dissemination
What are the next steps for the project?

How would you like to see it embedded or promoted within the OU, and further afield?

Is there anything else you’d like to see happen in this area, either in research or practice?

Do you have any ideas about sharing, promoting or disseminating this project?

Is there anything I can help with at all?

Ideas for evaluation
Do you have any ideas for how this project can be evaluated?

I’ll be running a survey with students soon – are there any questions that could be useful to evaluate your project at its current stage?

Support from me
What support have you had from me? Has this been enough, too much or not enough? Would you want a different type or amount of support if you were doing this again?

Critical consciousness
For you, personally or professionally, do you feel you’ve learned anything new through this?
Has it changed your perception of student mental wellbeing in any way?

Is there anything new or different you’ll do following this project, either in practice, scholarship or professional development?
Appendix 8 - Stage 4 student survey

Invitation email subject: Invitation to take part in a survey on mental wellbeing and OU study

Inviting you to take part in a study on mental wellbeing and OU study

Dear ${m://FirstName},

I’m writing to invite you to take part in a survey about mental wellbeing and your OU studies. We know that many OU students experience ups and downs in distance learning, as well as more serious issues with mental health and wellbeing. We want to find out more from you about what aspects of study had positive and negative impacts on your mental wellbeing, and to use your feedback to try and make OU study as positive an experience as it can be. We’d also like to find out if you know about, or have tried, some of the different options for support, guidance and events we offer, and whether they helped with your mental health at all. Finally, we want to tell you about some of the new interventions we’re trialling, and to ask your opinion on whether you think they could have an impact on students’ mental wellbeing.

The survey should take around 15-20 minutes to complete. It is completely anonymous and will have no effect whatsoever on your relationship with the OU. However, we hope that by taking part you’ll learn about some of the different support or guidance we can offer.

${l://SurveyLink?d=To take part, please click here.}

Or copy and paste the URL below into your internet browser:
${l://SurveyURL}

The survey will be open until 2nd November 2020; we’ll send you a reminder before it closes.

If you have any questions about this survey, or would like us to send it in a different format, please email me on kate.lister@open.ac.uk.

Thank you very much, and best regards,

Kate Lister

Data Protection Information: This project is administered under the OU’s Student Privacy Policy
You still have time to take part in a study on mental wellbeing and OU study

Dear ${m://FirstName},

This email is just to remind you that your invitation to take part in a survey about mental wellbeing and your OU studies is still open. We know that many OU students experience ups and downs in distance learning, as well as more serious issues with mental health and wellbeing. We want to find out more from you about what aspects of study had positive and negative impacts on your mental wellbeing, and to use your feedback to try and make OU study as positive an experience as it can be. We’d also like to find out if you know about, or have tried, some of the different options for support, guidance and events we offer, and whether they helped with your mental health at all. Finally, we want to tell you about some of the new interventions we’re trialling, and to ask your opinion on whether you think they could have an impact on students’ mental wellbeing.

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If you have any questions about this survey, or would like us to send it in a different format, please email me on kate.lister@open.ac.uk.

Thank you very much, and best regards,
2nd Reminder subject line: Reminder: Invitation to take part in a survey on mental wellbeing and OU study

The Open University
Walton Hall
Milton Keynes
MK7 6AA
United Kingdom
Tel +44 (0)1908 858853
www.open.ac.uk

You still have time to take part in a study on mental wellbeing and OU study

Dear ${m://FirstName},

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${l://SurveyLink?d=To take part, please click here.}

Or copy and paste the URL below into your internet browser:
${l://SurveyURL}
The survey will be open until **2nd November 2020**.

If you have any questions about this survey, or would like us to send it in a different format, please email me on kate.lister@open.ac.uk.

Thank you very much, and best regards,

Kate Lister

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**Data Protection Information:** This project is administered under the OU’s [Student Privacy Policy](#).

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Follow the link to opt out of future emails:
${l://OptOutLink?d=Click here to unsubscribe}$
Thank you for taking part in this survey about your experiences with mental wellbeing at the OU. It has 15 questions across 5 different sections and should take 15-20 minutes to complete.

This survey is completely anonymous and will have no impact whatsoever on your relationship with the OU. This means if you have any questions we won’t be able to reply to you, but if you need help with your mental health, you can go to the Help Centre where there are contact details for people who can help you.

We will use the anonymous data from this survey in several ways. We anticipate we will use it for internal reports (to identify changes the OU might be able to make to better support student mental wellbeing) and external publications (to help other universities identify changes they can make, too). Also, Kate Lister, the project lead, will include the anonymous results in her doctoral thesis. If you have any questions about the way the data will be used, please get in touch with Kate on kate.lister@open.ac.uk.

If you’re happy to continue, please select 'Next'
Q1a
Has your mental health had an effect on your OU studies at all? (Please select one only).

- Yes, a positive effect (1)
- Yes, a negative effect (2)
- Yes, both positive and negative effects (3)
- No, it hasn't affected my studies (4)

Display This Question:
If Has your mental health had an effect on your OU studies at all? (Please select one only). = Yes, a positive effect
Or Has your mental health had an effect on your OU studies at all? (Please select one only). = Yes, a negative effect
Or Has your mental health had an effect on your OU studies at all? (Please select one only). = Yes, both positive and negative effects

Q1b What effect has it had?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________

Page Break
Q2

What particular aspects or effects of mental health have had the most impact on your OU studies? (Please select all that apply).

- Anxiety (1)
- Depression (2)
- Mood fluctuations (bipolar or other) (3)
- Lethargy or lack of energy (4)
- Brain fog (5)
- Agoraphobia or claustrophobia (6)
- PTSD, trauma or flashbacks (7)
- Other:   ________________________________________________

End of Block: Section 1: Impacts of mental health on your studies

Start of Block: Section 2: Aspects of study that had a positive impact on your mental health

Section 2: Aspects of study that had a positive impact on your mental health

For this section, please tell us about things that had a positive impact on your mental health. We'll ask you about things that had a negative impact in the next section, so please hold off on those for the moment.

Please select 'Next' to continue to Section 2 questions
Q3
Have you found any of these areas have helped your mental wellbeing while studying at the OU?

Q3a Your module content and activities
(Please select one only).
- Yes (1)
- No (2)
- Not sure (3)

Q3b Your tutor or tutorials
(Please select one only).
- Yes (1)
- No (2)
- Not sure (3)

Q3c Assessment, deadlines or feedback
(Please select one only).
- Yes (1)
- No (2)
- Not sure (3)
Q3d Building your study skills
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

Q3e Your confidence and identity as an OU student
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

Q3_cont
Have you found any of these areas have helped your mental wellbeing while studying at the OU?

Q3f Building communication skills with your tutor or your peers
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)
Q3g **OU systems, policies, rules and processes**

(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

---

Q3h **The distance learning environment, including studying alone, forums or student social media**

(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

---

Q3i **The people in your life while you've been studying (including family, friends, OU staff and peers)**

(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)
Q3] Your life circumstances in general while you’ve been studying (i.e. work, home)
(Please select one only).

☐ Yes (1)

☐ No (2)

☐ Not sure (3)

Q4 Please tell us more about anything that helped your mental health while studying at the OU.

________________________________________________________________

End of Block: Section 2: Aspects of study that had a positive impact on your mental health

Start of Block: Section 3: Aspects of study that had a negative impact on your mental health

Section 3: Aspects of study that had a negative impact on your mental health

For this section, please tell us about things that had a negative impact on your mental health.

Please select 'Next' to continue to Section 3 questions

Q5 Have you found any of these areas have caused problems for your mental wellbeing while studying at the OU?
Q5a Your module content and activities
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

Q5b Your tutor or tutorials
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

Q5c Assessment, deadlines or feedback
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)

Q5d Building your study skills
(Please select one only).

- Yes (1)
- No (2)
- Not sure (3)
Q5e Your confidence and identity as an OU student
(Please select one only).

○ Yes (1)

○ No (2)

○ Not sure (3)

Page Break

Q5_cont
Have you found any of these areas have caused problems for your mental wellbeing while studying at the OU?

Q5f Building communication skills with your tutor or your peers
(Please select one only).

○ Yes (1)

○ No (2)

○ Not sure (3)

Q5g OU systems, policies, rules and processes
(Please select one only).

○ Yes (1)

○ No (2)

○ Not sure (3)
Q5h The distance learning environment, including studying alone, forums or student social media
(Please select one only).

☐ Yes (1)

☐ No (2)

☐ Not sure (3)

Q5i The people in your life while you've been studying (including family, friends, OU staff and peers)
(Please select one only).

☐ Yes (1)

☐ No (2)

☐ Not sure (3)

Q5j Your life circumstances in general while you've been studying (i.e. work, home)
(Please select one only).

☐ Yes (1)

☐ No (2)

☐ Not sure (3)

Q6 Please tell us more about anything that had a negative impact on your mental health while studying
at the OU.
Section 4: Guidance, skills development and support at the OU

At the OU, there is a range of guidance and support available for you to help you develop your skills, knowledge and confidence, both in your subject area and more broadly. We want to find out if these can also help with your mental wellbeing in study.

Please select 'Next' to continue to Section 4 questions

Q7
Look through the resources listed below.

If you have tried them, did they affect your mental health, either positively or negatively? If you haven’t tried them (or haven’t heard of them), would you like to?

(If you would like more information on any of these, a list of links to specific resources is provided at the end of the survey).

Q7a
Free OpenLearn courses with information about my study area
(Please select one only).

- I've tried this, it had a positive impact on me (1)
- I've tried this, it had a negative impact on me (2)
- I haven't tried this but I'm interested (3)
- I haven't tried this and I'm not interested (4)
- Mixed feelings, not sure, or not relevant to me (5)
Q7b
Student Hub Live sessions on study skills
(Please select one only).

- I've tried this, it had a positive impact on me (1)
- I've tried this, it had a negative impact on me (2)
- I haven't tried this but I'm interested (3)
- I haven't tried this and I'm not interested (4)
- Mixed feelings, not sure, or not relevant to me (5)

Q7c
Free courses and resources on improving study skills
(Please select one only).

- I've tried this, it had a positive impact on me (1)
- I've tried this, it had a negative impact on me (2)
- I haven't tried this but I'm interested (3)
- I haven't tried this and I'm not interested (4)
- Mixed feelings, not sure, or not relevant to me (5)
Q7d
Free courses on managing finances or other life skills
(Please select one only).

○ I've tried this, it had a positive impact on me (1)

○ I've tried this, it had a negative impact on me (2)

○ I haven't tried this but I'm interested (3)

○ I haven't tried this and I'm not interested (4)

○ Mixed feelings, not sure, or not relevant to me (5)

Q7e
OU advice for friends and family on how they can support your studies
(Please select one only).

○ I've tried this, it had a positive impact on me (1)

○ I've tried this, it had a negative impact on me (2)

○ I haven't tried this but I'm interested (3)

○ I haven't tried this and I'm not interested (4)

○ Mixed feelings, not sure, or not relevant to me (5)

Page Break

Q7_cont
Look through the resources listed below.

If you have tried them, did they affect your mental health, either positively or negatively? If you haven't tried them, would you like to?

(If you would like more information on any of these, a list of links to specific resources is provided at the end of the survey).
Q7f
Library resources and events to help you with referencing skills
(Please select one only).

- I've tried this, it had a positive impact on me (1)
- I've tried this, it had a negative impact on me (2)
- I haven't tried this but I'm interested (3)
- I haven't tried this and I'm not interested (4)
- Mixed feelings, not sure, or not relevant to me (5)

Q7g
OU advice and support with low scores, failing or retaking an assignment
(Please select one only).

- I've tried this, it had a positive impact on me (1)
- I've tried this, it had a negative impact on me (2)
- I haven't tried this but I'm interested (3)
- I haven't tried this and I'm not interested (4)
- Mixed feelings, not sure, or not relevant to me (5)
Q7h
TogetherAll (formerly Big White Wall), an online platform where you can talk about mental health
(Please select one only).

☐ I've tried this, it had a positive impact on me (1)

☐ I've tried this, it had a negative impact on me (2)

☐ I haven't tried this but I'm interested (3)

☐ I haven't tried this and I'm not interested (4)

☐ Mixed feelings, not sure, or not relevant to me (5)

Q7i
OU help with computing and technology
(Please select one only).

☐ I've tried this, it had a positive impact on me (1)

☐ I've tried this, it had a negative impact on me (2)

☐ I haven't tried this but I'm interested (3)

☐ I haven't tried this and I'm not interested (4)

☐ Mixed feelings, not sure, or not relevant to me (5)
Q7j
Careers guidance and support, including career counselling
(Please select one only).

- I've tried this, it had a positive impact on me (1)
- I've tried this, it had a negative impact on me (2)
- I haven't tried this but I'm interested (3)
- I haven't tried this and I'm not interested (4)
- Mixed feelings, not sure, or not relevant to me (5)
Q7_cont

Look through the resources listed below.

If you have tried them, did they affect your mental health, either positively or negatively? If you haven’t tried them (or haven’t heard of them), would you like to?

(If you would like more information on any of these, a list of links to specific resources is provided at the end of the survey).

Q7k

Disabled Student Allowance (DSA) mentoring, software or other support
(Please select one only).

○ I’ve tried this, it had a positive impact on me (1)

○ I’ve tried this, it had a negative impact on me (2)

○ I haven’t tried this but I’m interested (3)

○ I haven’t tried this and I’m not interested (4)

○ Mixed feelings, not sure, or not relevant to me (5)

Q7l

OU Students Association groups or student-run Facebook groups
(Please select one only).

○ I’ve tried this, it had a positive impact on me (1)

○ I’ve tried this, it had a negative impact on me (2)

○ I haven’t tried this but I’m interested (3)

○ I haven’t tried this and I’m not interested (4)

○ Mixed feelings, not sure, or not relevant to me (5)
Q7m
The OU Students Association peer support programme
(Please select one only).

○ I've tried this, it had a positive impact on me (1)

○ I've tried this, it had a negative impact on me (2)

○ I haven't tried this but I'm interested (3)

○ I haven't tried this and I'm not interested (4)

○ Mixed feelings, not sure, or not relevant to me (5)

Q7n
Advice from Student Support on choosing (or changing) your degree pathway
(Please select one only).

○ I've tried this, it had a positive impact on me (1)

○ I've tried this, it had a negative impact on me (2)

○ I haven't tried this but I'm interested (3)

○ I haven't tried this and I'm not interested (4)

○ Mixed feelings, not sure, or not relevant to me (5)
Q8 Is there any other guidance or support you have found that helped your mental wellbeing while studying?

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Page Break

Q9 The OU is investigating some other interventions to support students’ mental health.

Look at the following ideas; do you think these could help your mental wellbeing?

Q9a Changing the way OU modules and assessments are designed so they are more supportive of mental health
(Please select one only).

- It sounds like it would help my mental wellbeing (1)
- I don’t think it would help my mental wellbeing (2)
- Mixed feelings or not sure (3)

Q9b Guidance for students on tips for maintaining mental health while studying distressing topics
(Please select one only).

- It sounds like it would help my mental wellbeing (1)
- I don’t think it would help my mental wellbeing (2)
- Mixed feelings or not sure (3)
Q9c Training tutors, module teams and other educators to consider and support student mental health
(Please select one only).

- It sounds like it would help my mental wellbeing (1)
- I don't think it would help my mental wellbeing (2)
- Mixed feelings or not sure (3)

Q9d Events and activities from the Careers team designed to support student mental health while job hunting
(Please select one only).

- It sounds like it would help my mental wellbeing (1)
- I don't think it would help my mental wellbeing (2)
- Mixed feelings or not sure (3)
Q9_cont Look at the following ideas; do you think these could help your mental wellbeing?

Q9e Training DSA needs assessors on how they can better support OU students with mental health issues (Please select one only).

○ It sounds like it would help my mental wellbeing (1)
○ I don’t think it would help my mental wellbeing (2)
○ Mixed feelings or not sure (3)

Q9f Having webpages for students on your subject homepages with guidance on mental health that’s specific to your discipline (Please select one only).

○ It sounds like it would help my mental wellbeing (1)
○ I don’t think it would help my mental wellbeing (2)
○ Mixed feelings or not sure (3)

Q9g Training tutors to check their tutorial materials to ensure they support students’ mental health (Please select one only).

○ It sounds like it would help my mental wellbeing (1)
○ I don’t think it would help my mental wellbeing (2)
○ Mixed feelings or not sure (3)
Q10 Do you have any suggestions for other things you would like the OU to do to support students' mental wellbeing in studying?

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End of Block: Section 4: Guidance, skills development and support at the OU

Start of Block: Section 5: How OU study supports wellbeing

Text_5 Section 5: How OU study supports wellbeing

Please select 'Next' to continue to Section 5 questions

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Page Break
Q11
In general, how well do you feel the Open University environment, systems and people support your mental wellbeing?
(Please select one only).

- Very well (1)
- Quite well (2)
- Neutral (3)
- Quite badly (4)
- Very badly (5)
Q12
In general, how well do you feel your mental wellbeing has been supported by OU module curricula, assessment and the learning activities you take part in? (Please select one only).

- Very well (1)
- Quite well (2)
- Neutral (3)
- Quite badly (4)
- Very badly (5)
Q13
In general, how well do you feel your mental wellbeing has been supported as you have developed study skills, communication skills and other competencies through OU study?

(Please select one only).

- Very well (1)
- Quite well (2)
- Neutral (3)
- Quite badly (4)
- Very badly (5)
Q14
On the whole, do you find OU study to be good or bad for your mental wellbeing?
(Please select one only).

○ Very good (1)
○ Quite good (2)
○ Neutral (3)
○ Quite bad (4)
○ Very bad (5)
Q15
Is there anything else you would like to tell us in relation to distance learning and mental wellbeing?

We want to hear your thoughts and experiences, but please be aware that this survey is anonymous so we won’t be able to reply to you. If you need help with your mental health, the Help Centre has contact details for people who can help you.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Section 5: How OU study supports wellbeing

Start of Block: Thank you

End Thank you for taking the time to complete this survey.

If you would like to explore the resources mentioned in question 7, here are links to specific resources. You can copy and paste these for your reference, and please also don’t hesitate to get in touch with Student Support if you’d like more information about other support we can offer.

• Free OpenLearn courses
• Student Hub Live sessions
• OU resources on assessment, e.g. exam prep, essay writing and referencing
• OU mental health support
• OU support with time management skills
• OU resources to help you develop study skills
• OU advice for friends and family on how they can support your studies
• OU advice and support with low scores, failing or retaking an assignment
• TogetherAll (formerly Big White Wall), an online platform where you can talk to people about your mental health
• OU help with computing and technology
• Careers guidance and support, including career counselling
• Disabled Student Allowance (DSA) mentoring, software or other support
• The OU Students Association community groups and Facebook groups
• Advice from Student Support on choosing a degree pathway, or changing courses or pathways

We wish you positive mental health and success in your studies!

End of Block: Thank you
Appendix 9 – Stage 4 staff survey

This was a section of a regular staff survey. Only the relevant section is included here.

Section 4: questions about student mental wellbeing

38. Which of the following do you believe present the greatest barriers for student mental wellbeing in learning? Select all that apply.

- Module content and activities
- Tutorials or relationship with tutor
- Assessment, deadlines or feedback
- Building study skills
- Building communication skills in communicating with tutor or peers
- Confidence and identity as an OU student
- OU systems, policies, rules and processes
- The distance learning environment, including studying alone, forums or student social media
- The people in students’ lives while they’re studying (including family, friends, OU staff and peers)
- Students’ life circumstances in general while they’re studying (i.e. work, home)
- Other

38.a If you selected Other, please specify:
____________________________________________________________________

39 Which of the following do you believe present the greatest enablers or support for student mental wellbeing in learning? Select all that apply.

- Module content and activities
- Tutorials or relationship with tutor
- Assessment, deadlines or feedback
- Building study skills
- Building communication skills in communicating with tutor or peers
- Confidence and identity as an OU student
- OU systems, policies, rules and processes
- The distance learning environment, including studying alone, forums or student social media
• The people in students’ lives while they’re studying (including family, friends, OU staff and peers)
• Students’ life circumstances in general while they’re studying (i.e. work, home)
• Other

39.a If you selected Other, please specify:
________________________________________________________________________________________

40 How do you think we can best reduce barriers to student mental wellbeing in distance learning?
________________________________________________________________________________________

41 Which of the following interventions, solutions or approaches do you believe would reduce barriers to student mental wellbeing in distance learning? Select all that apply.

• Changing the way OU modules and assessments are designed so they are more supportive of mental health
• Guidance for students with tips for maintaining mental health while studying distressing topics
• Training tutors, module teams and other educators to consider and support student mental health
• Events and activities from the Careers team designed to support student mental health while job hunting
• Training DSA needs assessors on how they can better support OU students with mental health issues
• Having webpages for students on your subject homepages with guidance on mental health that’s specific to your discipline
• Training tutors to check their tutorial materials to ensure they support students’ mental health

42 What thoughts do you have for how solutions to reduce barriers can be embedded in distance learning?
________________________________________________________________________________________

43 What does ‘embedded’ mean to you? Select all that apply.
• Situated or anchored in practice
• Embodied or modelled in practice
• Tailored to student needs
• Ubiquitous across the institution
• Ongoing, business as usual
• Inherent in the OU’s values
• Other

43.a If you selected Other, please specify:

______________________________________________________________________________________

Thank you very much for taking part in this survey. If you have any questions about the survey, or would like to know the results (when they're available), please email LTI-SeGA@open.ac.uk.