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Conversational Media for Inclusive Access to Mental Health Interventions for Schoolchildren

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ABSTRACT

We present a case study using conversational media videos for scalable and inclusive mental health interventions for schoolchildren. The system was designed to complement the existing “Verbal Wellbeing” programme in Northern Ireland, which provides wellbeing resources to teachers. The Verbal Wellbeing programme equips school teachers with tools, such as storytelling and mental health interventions, to support their pupils’ mental health. The presented system allows participants and users to pose questions about psychology theories, the ‘Verbal Wellbeing’ programme, and evidence of its effectiveness. Users’ questions are answered in a real-time conversational mode from a pool of answers pre-recorded by an expert, complementing face-to-face training, supporting taking new teachers on board, or as a follow-up.

CCS CONCEPTS

• **Human-centered computing** → **Hypertext / hypermedia; Interactive systems and tools; Web-based interaction**; • **Applied computing** → **Psychology; Interactive learning environments**.

KEYWORDS

Conversational Media, Positive Computing, Digital Health, Engaged Research

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1 INTRODUCTION

Mental health conditions in children and adolescents have been on the rise, with at least one in ten affected worldwide [15]. In

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Northern Ireland (NI), one in eight children and adolescents suffers from emotional difficulties, a mood disorder, or an anxiety disorder; one in seven suffers from hyperactivity; and one in ten exhibits conduct problems [4]. Access to mental healthcare systems is hindered by long waiting lists, with over 2,095 total waits in NI by the end of 2023 [5]. Due to this deficiency in mental health support, school teachers are needing to support increasingly complex issues in the classroom. However, teachers may lack sufficient training or resources to manage these difficulties, leading to them feeling ‘overextended’, ‘burnt out’, ‘isolated’ and ‘unsupported’ [7].

To support teachers and schoolchildren, the Verbal charity provides convenient and widespread access to their bibliotherapy-based interventions via the ‘Verbal Wellbeing’ programme. The launch of the ‘Verbal Wellbeing’ programme has unintentionally coincided with the loss of the Healthy Happy Minds funding programme in 2023, leaving school children “without vital support” for their wellbeing [2]. While it is imperative for schools to have access to wellbeing resources to address this resource gap, spreading knowledge and awareness of the ‘Verbal Wellbeing’ programme can be challenging for a charity experiencing time and financial constraints. Therefore, a more pervasive approach is needed that would overcome cutbacks on wellness-supporting activities, the limited resources of the charity, and the time-constraints on teachers.

Conversational media is being increasingly used to complement human-to-human direct interactions in different settings including social care, health provision, and industrial training. With recent increases in investment in AI applications, conversational media has been recognised as having particular potential in education [8]. Wider and easier access to AI technologies including Amazon’s Alexa and Apple’s Siri has allowed an increase in their application in educational settings [9, 10, 12].

In The Room’s proprietary interactive conversational media platform uses pre-recorded videos combined with voice recognition and natural language processing technologies to simulate conversational experiences, where users ask questions and are provided with answers and suggestions of follow-up questions. This enables users to make meaningful connections, and obtain the information they need quickly and intuitively from a trusted source.

This contribution describes insights from a 2024 collaboration between academic researchers, Verbal and In The Room which resulted in a video resource in support of local innovation and growth. The collaboration aims to describe how conversational

media can play a role in learning and development, and making interventions and sensitive materials more scalable, approachable, understandable, and long-lasting. The conversational media platform aims to support school teachers and thus they are its target users; schoolchildren are not the direct target users of the platform, and so the platform's indirect impact on the schoolchildren's mental health has not been evaluated as it is outside the scope of the current collaboration.

2 BACKGROUND

The Verbal charity runs outreach and participation-based programs which target remote and hard-to-reach marginalised populations in an effort to enhance the mental health and resilience of individuals and communities. The targeted populations include vulnerable children and young adults in school settings as well as those in the care system. Verbal's interventions, known as Shared Reading, are a form of Affective Bibliotherapy which uses storytelling to both teach lessons on mental wellbeing and facilitate discussions surrounding wellbeing using characters and storylines [6, 11]. The benefits include significant improvement in children's wellbeing, emotional management, resilience, and ability to manage their emotions [13, 14].

However, Verbal has limited resources and geographic reach and therefore has developed the 'Verbal Wellbeing' programme in 2023 as an online platform and mobile app as a means to provide convenient and widespread access to their bibliotherapy-based interventions. The programme is targeted at informing teachers about Verbal's programmes as well as supporting them to deliver interventions which are effective, evidence-based, and have positive demonstrable impact. Nevertheless, this approach is still limited because teachers have time constraints and many are not familiar with the Shared Reading intervention to start with. Thus, a resource supported by conversational media would benefit the teachers by guiding them in completing Shared Reading sessions as well as providing insight into the psychology behind Shared Reading and Affective Bibliotherapy in a conversational, bite-size format that is easy to understand. It would also be perpetually available, location-independent, and in an interactive format which simulates a face-to-face conversation with an expert whose credentials and identity they can authenticate. The resource would also ease the workload of Verbal staff and save them time while allowing them to have a degree of quality assurance about the type of information communicated to their current and prospective users. Finally, this approach benefits from a resource that has been co-produced with users and staff thus ensuring that it meets the needs of both stakeholders.

In The Room's conversational media platform provides the users with non-linear video resources through a question-based approach. The platform enables users to ask questions using their voice or text. The intent by the question is identified and matched with the pre-recorded media (video) asset that is most relevant to the question. This delivers a conversational experience that provides the user with answers to questions from a trusted, authentic source - Verbal expert in this case. Benefits of this approach include reductions in times organisations need to spend on 'live' responses to email enquiries, substantially increased service for audiences/users,

deeper knowledge of the needs of an audience, and relationship building at scale.

3 CONVERSATIONAL MEDIA FOR MENTAL HEALTH INTERVENTIONS

3.1 Authoring Process

The collaboration activities to create the video resource consisted of seven steps. Briefly, the generation of the video resource takes place as follows: a script is written consisting of questions and their answers, then an expert records a video of them answering the questions, and the recorded video is then converted to a conversational resource using In The Room's platform. The flowchart of the activities is shown in Figure 1.

First, the project team, who consist of academics, researchers, a Verbal psychologist, and an In The Room expert, drew on participatory arts practice and collaborated to iteratively generate 89 questions which will be used to generate the script.

Second, human research ethics approval was obtained from The Open University Research Ethics Committee (HREC reference number: 2024-0286-3) to allow the interviewing of participants before the creation of the script and then afterwards for evaluation purposes.

Third, interviews were conducted with Verbal employees and school teachers with prior familiarity with Verbal's mental health programmes to ensure that the questions cover the needs of the school teachers and what they aim to learn from the video resource and the programme. Teachers were also asked if they had any suggestions for further questions.

In the fourth step, the suggested questions - three in this case - were added to the list. No questions were flagged as not relevant or inappropriate to be removed from the list. The full list of questions is in Appendix A.

Fifth, the script was generated by providing answers to the questions. This was followed by the sixth step which consisted of the expert recording themselves reading the script. Figure 2 depicts a screenshot of the video of the expert answering a question.

The seventh step consists of converting the video into an interactive conversational media resource by using In The Room's conversational media creation platform, which allows the creation of interactive experiences that employ voice recognition, natural language understanding and video media.

Finally, the generated video resource is being evaluated in interviews with Verbal employees and school teachers. The evaluation phase will conclude in September 2024 after the school summer holidays and its results are therefore out of the scope of this paper. The evaluation aims to assess the usability of the system using the System Usability Scale [3], and get feedback on various aspects including how informative the resource was and its value and utility. The full list of evaluation questions is in Appendix B.

3.2 Use Cases

Conversational media has a variety of use cases for Verbal staff and both current and prospective Verbal Wellbeing users. Prospective users of Verbal Wellbeing can use the conversational media to find

Figure 1: Flowchart of activities of the authoring process.

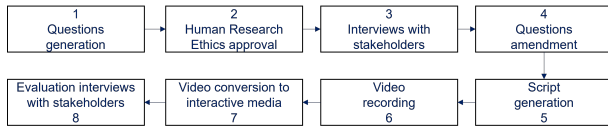


Figure 2: A snapshot of the interactive video resource. The expert is answering a question that has been asked by a user.



out more about the programme and platform, ranging from the psychological theory behind the intervention, evidence of its effectiveness, to practical questions such as how to conduct a Shared Reading session. If Verbal staff receive follow-on queries from prospective users, they can be signposted to the interactive video resource to hear information directly from a subject matter expert. If a user asks a question that cannot be matched to or answered by a pre-recorded response, they will be prompted to leave their email address in a text field so that a Verbal Wellbeing staff member can answer their queries. This follow-up mechanic maximises the likelihood of a user receiving a satisfactory response to a query as a result of interacting with conversational media.

The resource has also been built with current users in mind as it contains scripted questions relating to running a Verbal Wellbeing programme, such as restarting a programme once it has been commenced. Verbal staff can also signpost current users to the resource if they have queries that are answered directly within it.

The interactive video resource is also both a novel and engaging way to spread awareness of Verbal Wellbeing at events, conferences and trade shows, helping to overcome Verbal’s geographic and resource limitations for raising awareness.

4 DISCUSSION

The conversational media resource is a complementary asset to the Verbal materials and does not act as a filter to accessing human experts like chatbots sometimes do. The asynchronous nature of the resource allows it to be revisited to glean more, or to ask different questions.

The interviews with teachers to assess the script questions resulted in the following insights. First, teachers felt that conversational media would mitigate their anxiety as there is no wrong way to use the system and no prior knowledge is assumed. The conversational experience is helpful for making teachers feel like no question is too small or stupid. One teacher commented that conversational media was “a safe way that doesn’t...make them feel silly or undermine them”. This also links to the fact that using the platform is done in an anonymous manner; the platform does not track who uses it - thus ensuring confidentiality - nor does it save the voice clips of the users’ questions - thus it does not raise privacy concerns. Users can choose to provide their email address if they would like a member of the Verbal Wellbeing team to answer their query. Not only is this entirely optional for the user, but their email address will not be shared outside of the Verbal Wellbeing team and will only be used for its intended purpose (i.e. contacting the user to provide them with additional support). Second, interviewees liked the idea of being introduced to the knowledge and expertise of the speaker as it would allow them to feel that the speaker has “the kudos and the credibility” to speak on such topics. Third, because teachers might be pressed for time, they expressed the desire for system to understand when they abbreviate words or shorten sentences. For example, instead of asking “What is Cognitive Behavioural Theory?”, they might ask “what cbt” and would want the system to understand their questions.

In the interviews, teachers brought up the following considerations. First, schools in rural areas usually have weaker internet connections than those in cities, and so teachers worry about not being able to experience the system as designed for wide bandwidth. Second, teachers indicated that they would like the video to still have an option to leave their contact information so that Verbal might approach them if they have additional questions without the teachers sending emails to Verbal. Third, teachers suggested that the system keeps a record of questions which it does not have pre-recorded answers to. If then certain questions are asked by different users, the video should be updated with answers to those questions. Finally, it was suggested that it would be convenient to share particular responses from the resource with other teachers. However, this is out of the scope of the project and thus it is not possible to conveniently share particular responses with other users via the system.

As for Verbal staff, they described how their current system of calling schools and conducting webinars, including designing online booking forms, content delivery etc., is time-consuming and “extremely painful”. Verbal staff were optimistic that conversational media would be an engaging and succinct way to deliver information on Verbal Wellbeing and would “alleviate pressure” from busy charity staff.

5 CONCLUSIONS

The conversational approach creates a hypertextual relationship between user questions and expert responses, with the potential to “augment human intellect” and increase the understanding of the ideas and concepts discussed [1]. Further, this approach builds trust and relationships at scale because, even though chatbots are widely in use, this approach is not only about providing answers but also instilling confidence and trust between Verbal and teachers at a distance.

Interviewees were optimistic about the role of conversational media in spreading awareness of and supporting the delivery of the Verbal Wellbeing intervention. Verbal staff felt that the resource could “alleviate pressure” when sharing and on-boarding the resource within schools, and teachers felt that it could be an effective tool for answering questions related to mental wellbeing that was accessible and user-friendly.

Planned future work includes a large-scale assessment where the conversational video resource will be evaluated with Verbal staff and teachers and comprehensive data will be collected and analysed. Verbal staff will be asked how the resource will ease their workload, be beneficial to the teachers, and what challenges they foresee. Teachers will evaluate how the video addresses their needs, whether answers were helpful or not, and their acceptance of the resource. Moreover, the video will be assessed on on-boarding metrics because Verbal staff have noted that teachers are more likely to sign up to Verbal Wellbeing when interacting with Verbal staff than they are to sign up if simply being emailed a sign-up link after expressing interest in the programme. Finally, the video will be evaluated on the System Usability Scale.

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A LIST OF PRE-RECORDING SCRIPT QUESTIONS

- (1) What is Verbal wellbeing for schools?
- (2) Why might my pupils benefit?
- (3) Why should I choose Verbal Wellbeing?
- (4) How does storytelling help with mental wellbeing?
- (5) What does bibliotherapy mean for storytelling with children?
- (6) What other therapies feed into Verbal wellbeing for schools?
- (7) Are there any dangers to my pupils?
- (8) What are the benefits?
- (9) Are there any costs to the programme?
- (10) Can the materials be reused?
- (11) Do I need any specialist knowledge or training?
- (12) How would I go about getting started?
- (13) How can I present this programme to the children?
- (14) What materials will I need?
- (15) Will I/the children need access to digital devices?
- (16) How can I choose appropriate content for my children?
- (17) What special needs/disabilities can be accommodated in the programme?
- (18) How suitable is the programme for children with traumatic past experiences?
- (19) How large should a reading group be?
- (20) How do I organise the sessions?
- (21) Do I need to select the children or divide them by ability?
- (22) Does it work with mixed levels of literacy?
- (23) Are there right and wrong ways to lead the discussions after a story?
- (24) What can happen when children speak about their emotions?
- (25) What if a child asks a question I cannot answer?
- (26) Is the programme suitable for both boys and girls?
- (27) Is the programme suitable for boys?
- (28) Is the programme suitable for girls?
- (29) Are there different methods/materials for different age groups?
- (30) Are there stories that I should avoid with certain pupils?
- (31) How will I know when it’s working?
- (32) How will I know when it’s not working?

- (33) If it is not working, what can I do to improve a session/programme?
- (34) When should I abandon a session/programme?
- (35) Will I have to monitor children's responses?
- (36) Will you provide questionnaires?
- (37) Where can I read more about it?
- (38) How does Verbal Wellbeing map onto the KS1/KS2/KS3 curriculum for [insert subject name]?
- (39) Is there a group of teachers who share their experience?
- (40) What next steps should I take to build on the benefits of the programme?
- (41) Where can I find additional stories to recommend to my pupils?
- (42) Can Verbal Wellbeing help children to manage and regulate their emotions?
- (43) Can Verbal Wellbeing teach children emotional coping strategies?
- (44) What additional resources are available on Verbal Wellbeing?
- (45) Do you need to prepare Verbal Wellbeing sessions in advance?
- (46) What emotions do you measure in your wellbeing check-in?
- (47) Can you plan and schedule Verbal Wellbeing sessions in advance?
- (48) How can wellbeing check-in data be used in my school?
- (49) What makes Verbal Wellbeing different from traditional storytelling programmes?
- (50) What psychological theories do you use when developing Verbal Wellbeing?
- (51) Can you explain what Cognitive Behavioural Theory is?
- (52) Can you explain what Acceptance and Commitment Theory is?
- (53) Can Verbal Wellbeing be linked to my school's wellbeing curriculum?
- (54) How does Verbal Wellbeing help incorporate pupil voice into my school?
- (55) Who can deliver Verbal Wellbeing sessions?
- (56) Does Verbal Wellbeing take a trauma-informed approach to mental wellbeing?
- (57) What is the psychology behind Verbal Wellbeing?
- (58) Who is Verbal Wellbeing designed by?
- (59) How are stories selected for Verbal Wellbeing?
- (60) Can Verbal Wellbeing help with children's mental health?
- (61) Is Verbal Wellbeing effective in younger age groups?
- (62) Is Verbal Wellbeing effective for older age groups in my school?
- (63) Is Verbal Wellbeing effective for all age groups across school?
- (64) Can Verbal Wellbeing help build trust in my class?
- (65) Can Verbal Wellbeing help children to become more resilient?
- (66) Can Verbal Wellbeing help with bullying?
- (67) Can Verbal Wellbeing help children to make friends?
- (68) Is Verbal Wellbeing appropriate for children with complex mental health needs?
- (69) Can Verbal Wellbeing be used to identify mental health needs in my school?
- (70) What wellbeing issues is Verbal Wellbeing particularly suited to?

- (71) What wellbeing issues is Verbal Wellbeing not suited to?
- (72) What led to the creation of Verbal Wellbeing?
- (73) Why do you use storytelling?
- (74) Why are stories divided into three parts?
- (75) What additional resources are available in Verbal Wellbeing?
- (76) What evidence is Verbal Wellbeing built on?
- (77) Am I able to check the wellbeing of individual children?
- (78) How can data collected from Verbal Wellbeing be used?
- (79) How do children provide wellbeing information to Verbal Wellbeing?
- (80) Are children given privacy to answer their wellbeing questions?
- (81) Can I provide feedback to Verbal Wellbeing?
- (82) What programmes are available for my year group?
- (83) Can I organise/schedule/plan out my Verbal Wellbeing sessions in advance?
- (84) How are the curriculums/story sessions in Verbal Wellbeing designed?
- (85) What support am I provided with during session delivery?
- (86) What help is available if I am having problems with the app?
- (87) What evidence is available of the effectiveness of Verbal Wellbeing?
- (88) What information does Verbal Wellbeing collect about me/my children/my school?
- (89) How is data stored by Verbal Wellbeing?

Additional questions which were added as a result of participant interviews:

- (90) Can you restart a programme?
- (91) Why are questions asked during the session?
- (92) Why are images used during the session?

B LIST OF POST-RECORDING EVALUATION QUESTIONS

B.1 System Usability Scale [3]

- (1) I think that I would like to use this system frequently.
- (2) I found the system unnecessarily complex
- (3) I thought the system was easy to use.
- (4) I think that I would need the support of a technical person to be able to use this system.
- (5) I found the various functions in this system were well integrated.
- (6) I thought there was too much inconsistency in this system.
- (7) I would imagine that most people would learn to use this system very quickly.
- (8) I found the system very cumbersome to use.
- (9) I felt very confident using the system.
- (10) I needed to learn a lot of things before I could get going with this system.

B.2 Post-Recording Evaluation Questions for Teachers

- (1) Can you confirm that you used the conversational media pieces to learn more about Verbal Wellbeing?
- (2) Roughly how long did you spend using the conversational media?

- (3) What types of questions did you ask during the conversation?
- (4) Are there any answers you found particularly helpful?
- (5) Are there any answers you found particularly unhelpful?
- (6) Are there any questions that you had that weren't answered during the conversation?
- (7) Do you feel that the conversational pieces have helped you learn more about Verbal Wellbeing?
- (8) Do you feel more confident about using and delivering Verbal Wellbeing after the conversation?
- (9) Do you feel that you have learned more about how storytelling can improve mental wellbeing from the conversation?
- (10) On a scale of 1 to 10, how would you rate the quality of the conversational media?
- (11) On a scale of 1 to 10, how would you rate the clarity of the information you received during the conversational media?
- (12) Do you have any other comments or anything else that you would like to share?

B.3 Post-Recording Evaluation Questions for Verbal Staff

- (1) Can you describe your role as part of the Verbal Wellbeing team?

- (2) Approximately how much of your work day is spent discussing Verbal Wellbeing with teachers and other school staff?
- (3) How do you feel when school staff ask more technical questions about the psychological aspects of storytelling?
- (4) Can you confirm that you have used the conversational media pieces on Verbal Wellbeing?
- (5) Do you feel that these conversations will help answer the most common questions you receive about Verbal Wellbeing from teachers?
- (6) What types of questions or concerns do you feel that conversational media will be most helpful in addressing?
- (7) Do you feel that these conversations help to make mental health information on the psychology behind storytelling more accessible?
- (8) Do you feel that these conversations help to make mental health information on the benefits of storytelling more accessible?
- (9) Do you feel that these conversations will help your role in the Verbal Wellbeing team?
- (10) What do you see as the major challenges for teachers using these conversations?
- (11) Do you feel that these conversations will lead to other benefits, either for yourself as part of the Verbal Wellbeing team or for teaching staff?