# Manchester Metropolitan University

College Staff Attitudes Towards the Use of Online Mental Health Interventions in Further Education

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# ABSTRACT

This study qualitatively explored college educators' attitudes towards the use of online mental health interventions in further education. Such research was clearly significant, not only because of the escalating numbers of students disclosing mental health difficulties but also because of the remarkable influence academic professionals' have on students' lives. Seven educators partook in this study by utilising semi-structured interviews as a method of data collection. A rigorous thematic analysis was conducted on the interview transcripts, and as a result, three main themes were identified:

1. Going beyond the job role
2. Technology as a method of care
3. Environments to address mental health

Each overarching theme allowed insight into educators' attitudes towards utilising online interventions in educational contexts. The research endorses the perspective that educators can effectively support adolescent's mental well-being. However, findings highlight the complexity of mental health difficulties, requiring adequate support beyond the college environment.

| KEY WORDS: | MENTAL HEALTH | ONLINE INTERVENTION | EDUCATORS | ATTITUDES | ADOLESCENTS |
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**Introduction**

Emotional disorders are common in adolescents in the UK; at any one time 4.4% of adolescents will be experiencing symptoms of an anxiety disorder, and 1.4% will be experiencing major depression (Public Health England, 2016). Despite advances in evidence-based treatment over the last decade, the proportion of adolescents receiving effective care remains suboptimal (Sheppard et al., 2017). The strong amount of evidence supporting the continuity between untreated youths and the adverse outcomes in adulthood highlights the importance of early access to effective treatments (Olesen et al., 2013; Copeland et al., 2015). These long-term adverse outcomes may be mediated by psychological issues that occur during college years, as these years constitute a significant period for the onset of a variety of mental health issues (Kraft, 2011).

Such concerns outlined above have prompted the publication of numerous guidelines on how to better psychologically support adolescents – particularly within the educational sector (Department for Education, 2016; House of Commons Education and Health Committees, 2017). Interestingly, Glasheen et al. (2015) found that 80-84% of adolescents would consider using online counselling if it was available at college. Nonetheless, with increased pressure on educational institutions to support adolescent's mental well-being, it is crucial to understand the perspectives of those most affected.

**Computerised interventions with the youth population**

One response to increase support over last couple of decades has been the employment of technology as an adjunct to face-to-face therapy, and in some cases

as an alternative method entirely (Mishna et al., 2017). The efficiency of online therapies is well established in the treatment of a variety of mental health conditions (including depression and anxiety) that adolescents commonly experience (Reyes-Portillo, 2014; Richmond, 2018). Nevertheless, the amalgamation of psychotherapy and technology has been faced with much dispute (Roseler, 2017). Many professionals have been concerned with its unimpeded acceptance within the therapeutic world and question its ability to replicate the effectiveness of traditional methods of psychotherapy (Lovejoy et al., 2009; Stallard, 2010). Nonetheless, as the digital revolution transforms current society, computerised interventions have the potential to achieve greater access to care for youth (Donovan & March 2014).

What makes online support among the youth population interesting lies in Webb et al's. (2008) idea that adolescents feel empowered online and are provided with an 'autonomy factor'. Scholars have claimed that adolescents are at the development stage where newfound stressors can trigger the onset of psychological distress (Reavley et al., 2011); granting them a virtual space to enhance independence, will likely strengthen resilience during a period of heightened pressure. In a similar vein, social presence theory emphasises the reality of experience in online environments (Short et al., 1976). Contemporary views of social presence highlight the role in enabling users of online environments to demonstrate a sense of 'being' by protecting an online presence (Mennecke et al., 2011).

Given the affinity that youth have with technology, treatment utilisation may be greatly improved by the availability of computer-administered interventions in educational settings (Glasheen et al., 2015). Nonetheless, it should not be disregarded that self-

guided help may prove problematic for some (Waller & Gilbody, 2008). The absence of a therapeutic relationship, commonly described as an emotive bond between the client and therapist (Giles, 1993), remains a primary concern among both service users and health care professionals (MacLeod et al., 2009; Sucala et al., 2012). Specifically, the working alliance has been hailed as a vital tool to motivate and engage youth in treatment and has been associated with greater therapeutic success (Duppong Hurley et al., 2017). However, online interventions present a challenge to the importance of these tools, as interactions are often remote and standardised (Frazier et al., 2016).

Nonetheless, from their literature review, Hanley and Reynold's (2009) maintain that a sufficient therapeutic alliance can be developed through technology. This claim, however, neglects the early insights from sociolinguist Grumpet (1999), who postulates that human communication and interaction is a highly complex reciprocal process, involving a significant amount of non-verbal signals. Given its importance, it is understandable that both service users and clinicians perceive the absence of a client-therapist relationship problematic (Macleod et al., 2008; Stallard et al., 2010). Indeed, if the absence of a client-therapist relationship impairs therapeutic outcome, the future of the internet as a medium for delivering psychological services is questionable.

**Delivery of online interventions by non-mental health specialists**
While computerised interventions could provide a potential avenue to increase mental health care, strong evidence suggests that guided interventions yield greater psychological benefit than unsupported programmes (Cavanagh & Millings, 2013).

Interestingly, Stallard et al. (2010) has suggested that *'the delivery of manualised programmes by non-mental health specialists through computer* [would] *be a development worth exploring'*. On this basis, Smith et al. (2015) reasoned that computerised programmes may be particularly suited in non-mental health environments, such as education. Complimentary to this, Reinke et al. (2011) argued that educational environments have a crucial role to play in the delivery of mental health services and the promotion of psychological well-being.

While the majority of young individuals are in some form of education, provision of online interventions by existing college personnel represent one approach to making programs fiscally sustainable. Farrand et al. (2009) provided evidence for this approach to care by demonstrating that online interventions can be effectively delivered by non-mental health specialists. As central change agents in educational environments, college professionals could help to support students' psychological well-being via online interventions.

**Mental health within education**

Despite the advantages, it is important to note the potential challenges in successfully maintaining psychological practices within academia. Han and Weiss (2005) note that pre-implementation factors are crucial to the successful provision of new procedures. For example, Pas et al. (2010) found educators with higher levels of burnout – described as a syndrome of emotional exhaustion (Shen et al., 2015)- endorsed more negative attitudes about implementing new programs into the system. Negative attitudes would likely compromise the sustainability of any intervention.

Existing literature has demonstrated that staff members commonly perceive psychologically support to be beyond their expertise and have expressed conflict around balancing roles and providing psychological guidance to students (Reinke et al., 2011). The phenomenon of role conflict and the consequence strain that it causes have long been recognised by social psychologists working in role theory (Burke et al., 1966). Specifically, role theory suggests that the greater incompatibility of expectations, the greater strain is for the individual. Thus, for interventions to be successful in any educational institution, it is crucial for staff members to share their perspectives around taking on additional responsibilities.

Giving a voice to educators on this topic area may provide significant insights into the ways online mental health software or delivery methods could be enhanced for students. Additionally, if college educators are reluctant to utilise online intervention programmes with students, exploring the factors behind the reluctance may be an informative way to shed light on potential issues that may arise in real world clinical practice. To date, the perspectives of college professionals have not been thoroughly explored in relation to online interventions in education - it is therefore uncertain whether they are disposed to taking on such commitments. Exploring staff views is important in determining how the sustainability of potentially beneficial interventions can be maximised.

**The present study**

The main aim of this research was to explore college professionals' attitudes towards the use of online mental health interventions in further education. To achieve these aims, a literature review regarding attitudes towards online interventions and

addressing mental health in educational contexts was conducted. Support from existing literature was used to plan and justify methodology within this research. A power-point presentation created by the researcher was emailed to participants to prior to data collection. Data was gathered via individual semi-structured interviews with participants; which was recorded, transcribed and analysed using thematic analysis.

Specifically, this research aimed to answer the following questions using thematic analysis:

1) What advantages do college staff think online mental health interventions would bring to further education?

2) What disadvantages do college staff think would arise by utilising mental health interventions in further education?

**3)** Based on the current findings, what are the implications for future clinical practice?

**Methodology**

**Methodological approach- epistemology and social constructionism**

Braun and Clarke (2006) advocate that researchers are unable to free themselves of their theoretical and epistemological positions. Thus, the researcher is a 'metaphorical sculptor' (Braun & Clark, 2016) with a particular set of skills and disciplinary knowledge. According to Hoffman (1990. P.1) social constructionism can be described as an ideology that attempts to "replace the objectivist ideal with a broad tradition of ongoing criticism". In other words, there are no 'real' entities, the 'facts' we become to know are social inventions artefact of socially mediated discourse. This perspective

advocates that language is more than just a communicative tool. People 'exist' in language. Thus, the decision to adopt a discursive lens will allow

## Qualitative research design

As this research sought to gain a detailed insight into educators' attitudes towards online mental health interventions, a qualitative approach was deemed appropriate. Harre and Secord (1972) argue that quantitative research reflects a limited, mechanistic understanding of human beings; while adopting a qualitative approach permitted a breadth of flexibility without the constraints of needing to quantify the findings (Merriam, 2002). Qualitative methods were employed as they allow social phenomenon to be explored (Richtie & Lewis, 2014). The concept of mental health itself can be reasoned as a 'social construct' (Stein, 1998), one that has shaped the rationale for this research.

## Participants and recruitment

For a small-scale project Braun and Clarke (2013) recommend a sample size between five and ten would be a sufficient number for qualitative interviewing. Thus, seven college educators (i.e. teachers and progress tutors) from a North-west college participated in this research. The sample consisted of both male (*N*=3) and female (*N*=4) members of staff, who greatly varied in their teaching experience.

Recruitment occurred via purposive sampling. This sampling method is a widely adopted technique in qualitative research (Robinson, 2013) and, in this instance, allowed for the identification of information rich cases from the population under investigation. Initial contact was made with participants via email which was sent out

by the director of student services to staff members who were appropriate to take part. Participants expressed an interest by responding to the initial email.

**Data collection**

Prior to data collection participants were emailed a power-point presentation, which had been created by the researcher beforehand.

Regarding data collection, semi-structured interviewing was deemed the most appropriate method for this research as *'…attitudes are not neat bundles of responses'* (Billig, 1987. p.225); thus, the flexibility of this method encouraged in-depth perspectives to be shared.

While an important aspect of an interview is the setting (Bourgeault et al., 2013), all interviews were conducted in an office within the host college, at a date and time convenient for both the interviewee and interviewer. This setting acted as a familiar and secure environment for the interview to take place. Such environments encourage partakers to share more truthful and valid responses as they feel more at ease (Hockey, 1993).

All interviews were carried out on a one-to-one basis, allowing the interview process to mirror a 'social interaction' (Henderson et al., 1980), which encouraged a conversational tenor. This is particularly significant within interviews, as it allows for flexibility and spontaneity (Patton, 1990), ensuring undetermined issues can arise.

Prior to recording, the interviewer reinforced that: procedures ensured secure storage of anonymised data and that quotations may be featured within the research journal.

Interviewees were further reminded their right to withdraw. These procedures established an initial researcher-interviewee rapport, which is seen as key to ensuring participants feel at ease (Noonan & Doody, 2013). Walsh and Bull (2012) advocate that rapport is crucial to interview success, its construction and preservation facilitate the comfort of participants, which helps to enhance authenticity of accounts. This offered a strong element to the research as trust was established (Long & Godfrey, 2004).

Open ended questions can still exert an element of control over the interview, whilst the minimal presence of the interviewer can hinder the material gathered (Silverman, 2013). To avoid this a topic guide was utilised to ensure discussions could be guided if necessary, while still retaining flexibility. Throughout the interview the researcher used both probe and prompt techniques. These strategies are necessary components within semi-structured interviewing, as they encourage participants to elaborate on initial responses (Fowler, 2013).

Interviews varied in length; lasting between 15 to 30 minutes. Upon completion, participants were provided with a debrief sheet which gave them the opportunity to address any issues or seek support if they felt necessary.

**Data analysis**

Prior to analysis, recorded interviews were transcribed verbatim by employing the Jefferson system of transcription notation (Jefferson, 2004). The analysis in the present study followed an inductive thematic analysis procedure – where no attempts were made to fit into the researcher's analytic presumptions (Braun & Clarke, 2006).

This method was employed as; it is '… suited to a wide range of research interests and theoretical perspectives' (Braun & Clark, 2013. p.120).

Regarding theme level that was identified from the interview data, a latent level approach was adopted. A thematic analysis at latent level moves beyond the surface meaning, as it begins to 'examine the underlying ideas, assumptions and conceptualizations … that are theorized as shaping or informing the semantic content of data' (Braun & Clark, 2006. p. 84). This approach allowed exploration beyond the scope of what was evident and moved further into reasoning within participants responses.

Despite the process of thematic analysis outlining six distinctive stages, the procedure was more recursive than linear; requiring most stages to be visited several times.

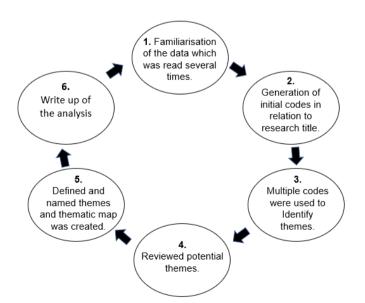(see Appendix.1 for an example of this process on an annotated interview transcript)

**Figure 1: Six-stage Process of Thematic Analysis**

The initial process of data familiarisation allowed the researcher to gain a deep and familiar sense of the data set. This opening stage was done by re-reading the data in numerous environments, allowing the researcher to identify potential analytic insights that could later be explored. Following the initial reading, the researcher coded the data using a text highlighting tool on a word document; a code aims to capture interesting aspects of the data. Once satisfied, the researcher prepared for theme identification and development. This stage comprised of identification of repeated tangents of meaning that were clustered together relating to the overarching research topic. After the candidate themes were reviewed, they were defined and named. These stages allowed clarification that the themes and extracts maintained a relevance to the research and dataset holistically. A systematic review of the data ensured that associated codes were apposite to emergent themes ready for the write up of the analysis.

(*see* Appendix.2 for a thematic map that was created by the researcher)

**Materials**

The researcher formulated a topic guide (Appendix 3) to use throughout the interview. The guide was based on previous literature around attitudes to online interventions and mental health in educational contexts. In addition, the researcher created a power-point presentation (Appendix.4) for participants to view prior to the interview. Supplement materials, such as video demonstrations and literature exploring online interventions were included to provide participants with an unbiased overview of the research topic.

**Ethical considerations**

Prior to data collection, an application for ethical approval was submitted and approved by the Faculty of Health and Social Care at Manchester Metropolitan University (Appendix.5). By using direct quotations confidentiality could not be ensured. However, anonymity was maintained by replacing participant names with pseudonyms. Before contact with the participants, the college principal provided written consent for the research to take place (*see* Appendix 6 & 7). Upon invitation (Appendix.8), all participants were provided with an information sheet (Appendix.9) and were required to provide written consent (Appendix.10) before taking part. Participants were fully informed about the nature of the study and repeatedly reminded their right to withdraw from the research. Support services were provided on the debrief sheet (Appendix.11) given to participants. Additional consent was granted at a local level by 365 Health and Well-being (Appendix.12) to use images and video demonstrations from *Beating the Blues* software within the power-point presentation. Participants responses were encrypted and stored on a password protected computer which only the researcher had access to. All audio recordings will be deleted once the research journal has been submitted for examination.

**Analysis and Discussion**

This project sought to gain an insight into college educators' attitudes towards online mental health interventions for students in further education. After conducting a rigorous thematic analysis, three main themes were identified within the data: **1)** Going beyond the job role, **2)** Technology as a method of care, and **3)** Environments to address mental health. This section of the report will provide a comprehensive and in-

depth discussion of both the themes and subthemes, with support from interview extracts.

**Table 1.** A summary of the main themes and sub-themes

| Main Theme | Sub-themes |
|---|---|
| 1. Going beyond the Job role | (A) Pastoral support in education<br>(B) Limited skills to manage complex issues |
| 2. Technology as a method of care | (A) The online world<br>(B) A 'one-size-fits-all' approach |
| 3. Environments to address mental health | (A) Educational contexts<br>(B) A Multidimensional approach |

**Theme one: Going beyond the job role**

This theme captures participants' perceptions of their role within the college environment, which for some, appears to be reaching beyond academia. The identification of this theme is in concurrence with a growing body of existing literature, which has identified links between education characteristics and teachers influences on students' mental well-being (Sinclair & Holden, 2013; Lewallen et al., 2015). Consequently, this has provoked a shift in societal views of educators' roles and the way they perceive their own occupational responsibilities towards students' (O'reilly et al., 2018). However, several participants expressed concern around balancing their teaching roles and supporting students' mental health.

**Subtheme A: Pastoral support in education**

The tendency to adopt a dual role was employed by participants on several occasions. Discussions implied that pastoral care has found a required place on the education

agenda and that participants have identified themselves as key adults within adolescents' lives. The examples within this subtheme demonstrate that participants recognised themselves as active agents in students' mental well-being.

**(Carol, 22-24):** *"You are a significant adult in that young person's life … every teacher has a pastoral role to play"*

Carol's extract provides an example of how participants perceive their commitments as beyond supporting the educational needs of students. Dual role model (Kitchener, 1988) is an interesting one to consider at this point. Historically, many scholars have asserted that dual roles were unnecessary and that professionals should not interact with pupils in a way that moves beyond the boundaries of traditional academic roles (Holmes et al., 1999). However, discussions have emphasised that overlapping roles in educational settings are sometimes unavoidable and necessary (Perfect & Morris, 2011). Given the intense interactions that occur between students and faculty members (Barile et al., 2011), is it unsurprising that Carol identified herself as a 'significant adult' in students' lives.

**(Hazel, 190):** *"… a lot of us go beyond our job roles already"*

In a similar vein, the use of the word 'beyond' provides an example of how role expectations are perhaps altering with educational institutions. From the above quote it seems what was once identified as a role to specifically facilitate learning, has now taken on new meanings and characteristics. In support of this, Graham et al. (2011) claims that educators' roles are seen to be that of guide, friend, counsellor and facilitator.

**(Matthew, 124-127):** *"We play such a big part in students' lives... it's important we establish strong relationships"*

The above extract demonstrates Matthew feels a high level of commitment and responsibility towards students' overall well-being. The use of the pronoun 'we' demonstrates he has identified himself as part of a network of care within the college. This reveals he believes supporting students is a collective effort — one that requires collaboration from all professionals within the college.

With a significant increase in student's mental health demands (Howard et al., 2017), it seems college professionals have extended their responsibilities to accompany student's pastoral needs. Pastoral care has been highlighted as a crucial aspect of learning and has become embedded within the educational system (Mælan et al., 2018). However, according to Best (1989), pastoral care should be separate and parallel to the academic. Nonetheless, with a growing recognition in the relationship between psychological well-being and academic achievement (Bonell et al., 2014), it seems the mental health promotion and education have become merged into a holistic system of support within current institutions. This is also evident within the present research, as it seems participants' responses emphasise a harmonised education system – one that embraces the student as a whole and often requires staff to 'go beyond the job role'.

**Subtheme B:  Limited skills to manage complex issues**

In paradox to the above subtheme, this subtheme reveals aspects of participant's responses that illustrate their concerns about taking on additional roles within

education. The supporting evidence comes from both James and Debbie who express an apprehension over their perceived inability to effectively support the mental health needs of students.

**(James, 356-357):** *"We just don't have the training to support students in that way"*

From this quote it becomes apparent James does not feel his abilities are able to meet the students' mental health demands. The reference to 'training' demonstrates James perceives supporting mental health is a specialist area requiring the expertise of mental health professionals. Similar to this, Debbie emphasises the complex nature of supporting psychological needs:

**(Debbie, 468-469):** *"… I wouldn't have time to understand the complexity of mental health"*

The way Debbie talks about the 'complexity of mental health' infers that necessary expertise are required to effectively deal with such cases. Rather than lack of motivation on the part of educators, these extracts were interpreted as a point of necessity due to the circumstances and skills required.

From the above extracts it could be inferred that the expectations and demands on college staff are already strained without the additional pressure of adopting a traditionally 'clinical role'. As previously mentioned, the phenomenon of dual role and the inability to simultaneously fulfil the expectations of both roles have been emphasised in role conflict theory (Deutsch & Krauss, 1965; Secord & Backman, 1974). Thus, it is perhaps unsurprising that some of the most challenging ethical

situations result from dual role conflict within therapeutic practice (Fleet et al., 2016). It seems conflict arises when expectations associated with one role require actions that are incompatible with another role. The very nature of professional ethical agency highlights certain distinct role related commitments and sensitivities. Within a therapeutic relationship, the recipients expect higher level qualities such as compassion, empathy and the ability to provide 'solutions' (Hill et al., 2017). Therefore, the student-teacher relationship will not always constitute the same kind of fiduciary relationship as between the therapist and client. Overall, this theme supports the notion that educators are frequently finding themselves responding to situations that they feel ill-prepared to effectively manage.

**Theme two: Technology as a method of care**

Students' affinity with technology was a dominating area of discussion throughout the interviews. Participants spoke about 'being online' as if it were a higher dimension to exist. Although participants generally viewed technology as an advantageous way of engaging youth, others expressed a concern that online interventions would provide a standardised approach to care.

**Subtheme A: The online world**

Over half of the participants referred to generational change that has occurred within current society due to the increasing use of technology. Thus, it could be inferred that participants perceive adolescents to feel more fulfilled when online and acknowledge that adaptations may need to occur within clinical practice. Extracts below demonstrate participants clear distinction between themselves and the technology-mediated environments:

**(Matthew, 142-145):** *"… students spend their lives in this online world"*

The use of the word 'this' could suggest Matthew is distancing himself away from technology and the 'online world' that he talks about during the interview. Additionally, it could also be a way of Matthew implicitly indicating the phenomena is alien to him, which elucidates the difference between his life and the way 'students' spend their lives'. Furthermore, reference to an 'online world' demonstrates Matthews construction of a technological environment, in which a sense of 'being' can be experienced, like that of a second life. Other extracts appear to adhere to the idea of online existence:

**(Richard, 101):** *"Youth are the society who have grown up online"*

Richard seems to perceive being online as like a virtual platform, whereby individuals have been granted a presence and been able to develop identities. Likewise, Kehrwald (2010) argued that the online world provides young people with a 'tool' to experiment with different presentations of self. In addition, the use of the word 'society' has an important effect on the interview. Constructions of society as a uniform entity often refer to 'our', suggesting inclusivity - however, it seems Richard's construction of this particular society excludes himself, thereby distancing himself away from the 'online society' he infers. The impact of this demonstrates Richards dissociation from today's technological advanced culture.

**(James, 337-339):** *"… young people are a lot happier online"*

The way James talks about youth being 'a lot happier online' is an interesting point to consider. James emphasises how technology has become a well-integrated part of reality for adolescents; indicating individuals have somehow come to feel more content and satisfied when online. This finding is in concordance with existing literature, which conceptualised the internet as a 'social laboratory', providing the freedom to experiment with constructions and reconstructions of the self (Helbing & Pournaras, 2015). Doing so, allows a clear sense of identity to be establish – which has been recognised as having important ramifications on psychological well-being and development (Best et al., 2014).

The above statements echo previous literature as Maples-Keller et al. (2017) describes technology as a 'virtual reality' for adolescents; providing them with the freedom of responsibility and control. Practical applications of embodied social presence theory are important to consider at this point (Short et al., 1976). The theory posits that the sense of presence can occur when a user visits a space, even in the absence of other humans or computer-agent entities. In other words, when a user visits a virtual reality and perceives they are there, they have developed a sense of presence. Witmer and Singer (1998) propose that higher levels of presence in a virtual space result in increased engagement.

Biocca (1997) suggested that developing a sense of presence in a virtual environment will have an influence on perception of self and identity. Thus, presence creates an

opportunity for an individual to explore and develop their identity within an online environment in a way that may not be present in other environments. Supporting evidence comes from Roesler (2017), who has suggested that online psychological care may help to create a protected space for the client, enabling psychological development. In support of this, research has demonstrated that perceived presence is a vital element that affects user satisfaction in online environments (Zhang & Kenny, 2010). Thus, understanding social presence theory in the context of this research raises important questions for clinical practice; such as, what features of virtual environments are important in fostering a sense of presence for students?

**Subtheme B: A one-size-fits-all approach**

In contrast to the above extracts, this subtheme captures participants' feelings towards an online standardised approach to mental health care. Debbie and Carol seem to question the flexibility of such methods of support and question how technology can provide individualised care:

**(Debbie, 442-443):** "… it's *kind of one-size-fits-all approach and just a standardised way to care"*

Debbie's extract appears to suggest that therapeutic encounters should be an idiosyncratic process that embrace diversity rather than dismissing it. Reference to a 'one-size-fits-all' approach implicitly highlights the importance of individuality and subjectivity within the context of mental health practice. It seems Debbie is questioning how psychotherapy, one of the most private and subjective experiences can be made effectively standardised through the use of technological devices. Similarly, Olivia questions the idea of computers offering a replacement to traditional therapy:

**(Carol, 64-66):** *"… I don't think a computer can fully replace a human … we're too complex."*

Olivia's response emphasises the multiple layers of human cognition, perhaps suggesting individuals cannot be understood within a unitary framework. The way Carol describes humans as 'too complex' echo's a previous statement by lambert et al. (2004): 'there are many ways to health' (p. 809). In other words, a multiplicity approach may be 'true' and that our experiences cannot be reduced into a unified model.

The above extracts demonstrate online interventions were perceived as a method that would shape and categorise what is regarded as 'normal' or 'abnormal' in society. Participants' discourse remained congruent with Crowe's (2000) position of constructing normality in mental health. This refers to the predominant neo liberal and rational economic ethos which permeates western society and reinforces normative expectations of individuals. In a similar vein, Taylor and Brown (1988) highlight the strong cultural assumption that there is a single authorised version of reality.

Yet, participants in this research seem to distance themselves from the construction an objective truth.  Likewise, the critique of objectivity is evident in Marshall's (2009) paper with regard to evidence-based practice. Marshall highlights that manualised therapies are strongly grounded within the principles of modernism and the rationality of science. Research evidence is unlikely to be challenged and is therefore accepted as fact. Thus, such therapies advocate the 'normalising principle' and make

judgements about what is rational or desirable in society. According to Friedlander (1984) in therapy clients have a choice in resisting and constituting themselves within the framework of such normative rules. However, given that clients will seek psychological support in a state of vulnerability, their resistance to the norms are likely to be limited.

**Theme three: Environments to address mental health**

Context was a significant theme that reoccurred throughout the analysis process. It's aims, as a theme, was to capture features of responses that reveal participants views and attitudes towards mental health interventions in educational environments.

**Subtheme A: Educational contexts**

This subtheme extracts aspects of participants interviews that illustrate their conceptualisations of the importance of psychological well-being on education. It is evident that Hazel and Carol were encouraging of educational institutions providing a beneficial context to target mental health:

**(Hazel, 201-203):** *"Mental well-being is such a big part of good education … the two come hand in hand"*

This quote demonstrates how Carol's perception of education is beyond an institution providing some kind of certification, but rather a system of integrative care that embraces both psychological well-being and educational attainment. Carols construction of 'good education' highlights the shift in society that mental health is seen as 'everyone's business'. In support of this, Sailor et al. (2018) highlight the present

movement towards multi-tiered systems, where education and mental health promotion are incorporated into a continuum of care for students. As with previous findings (Benner et al., 2013), Hazel recognised that psychological well-being and academic attainment 'come hand in hand', therefore inferring a reciprocal process rather than two detached entities. In a similar vein, Carol stresses the impact that educational settings have on students:

**(Carol, 85-86):** *"I think the college big influence on students … it seems important to acknowledge mental health in education"*

However, Personal, Social, Health and Economic Education (PSHE) remains a non-statutory subject (DfE, 2014), which arguably restricts the support of mental health across the whole educational curriculum.  Nevertheless, in support of the above extracts, research has demonstrated that procedures which have supported students' psychological well-being, have also seen an increase in attainment levels (Atkins et al., 2010; Shoshani & Steinmetz, 2013). Accordingly, efforts to encourage positive mental health and academic attainment validate the two can be work in harmony rather than in opposition; which lends strong support to the current subtheme. With adolescents spending the most time in education compared to any other institutional structure; it is clear that educational environments play a key part in adolescent's development, cognitive progress and emotional control.

**Subtheme B: A multidimensional approach**

Within this subtheme participants were keen to emphasise the complexity and interconnectedness among multiple systems impacting on students' mental health. It

appears several participants favoured a multidimensional approach to care that encompassed various external systems of support.

> **(Olivia, 230-233):** *"… mental health effects every aspect of a student's life so the more areas we can incorporate it, the better"*

It seems Olivia has constructed mental health as a multidimensional phenomenon that requires input from all spheres of a student's environment. Olivia stresses 'mental health effects every aspect of a student's life', implying individuals are embedded in multiple influential contexts. The way Olivia stresses the importance all 'areas' of a students' life, may suggests she believes it is too simplistic to ignore the role of other influential areas impacting mental well-being. Furthermore, it was evident that other participants felt students' mental health should be addressed in numerous contexts and not just in education. For example:

> **(James, 362):** *"… I don't think it's just educators' responsibility"*

> **(Richard, 136):** *"… support needs to come from all environments"*

In compliance with the multidimensional approach both James and Richard infer a more collaborative support system for students; one that perhaps shifts towards the establishment of sustainable links between numerous agencies. The way James talks about 'responsibility' infers an increased pressure on educational institutions that has not been synonymous with an increased capacity to support students' mental health demands.  In other words, these extracts conceptualise educational institutions as only one part of a multi-agency approach towards the promotion of adolescents' psychological well-being.

Extracts infer that the aetiology of psychological issues involves a complex nexus of relationships between education, family and society that can all help to ameliorate mental health difficulties. In a similar vein, Bronfenbrenner's (1979) ecological systems theory advocates that at all levels, the connections between individuals and systems within communities are significant in providing support to an individual. More specifically, the theory defines complex layers of an environment; both the immediate environment and the larger environment have a significant impact on an individual.

Conflict in any one layer will ripple throughout the other layers (Darling, 2007). Consequently, this suggests that a lack of continuous support between all systems may pose a significant threat to the psychological well-being of an individual. Thus, to accomplish long-lasting change for adolescents it seems crucial that mental health interventions recognise that mental health issues are embedded within many influential contexts.

**Summary**

While the original research focus was on educators' attitudes towards online interventions, it is a testimony to the real-world concerns in educational institutions that participants generally orientated towards the wider topic of mental health responsibility on educational institutions. This indicates the emphasis of apprehension related to readiness for teachers to permanently extend their role to psychologically support students.

Based on this, the implications of the research are that strain on educators' may be intensified if other systems do not equally support students' mental health. The fact that participants highlighted the importance of multidimensional approaches to care, may suggest that the strain of taking on dual roles in may be alleviated if more holistic approaches to psychological support are provided to adolescents.

With regards to attitudes, participants acknowledged the benefits of utilising technology to meet adolescent's mental health demands. Unexpectedly, the findings also emphasise the current dominant movement towards standardised care and how utilising technology would promote this shift. Consequently, this method would indorse 'normative rules', which may cause more harm than good.

**Limitations**

Despite its strengths, this study was not without limitations. First, participants were interviewed during exam period thus, it is likely that stress played an important factor within their responses. Conducting focus groups may have been an effective alternative method of data collection; consequently, allowing a considerable number of ideas to be generated within a limited time frame. Additionally, focus groups would have facilitated discussions to occur between participants, which would have provided alternative opportunities for new concepts and implications to emerge.

Furthermore, it should be noted that online interventions frequently focus linear thinking and rationality – both of which have been described as 'western styles' of thinking (Kuwabara & Smith, 2012). Culture can have a significant influence on how individuals construct mental health (Yamada & Paniagua, 2000). Therefore, it would

be insightful to interview educators from diverse cultures, which would enhance the ethnocentricity of the literature. Future research is required to examine the unique perspectives of diverse ethnic groups, to help better understand the diversity of need within educational contexts.

**Reflexivity**

According to Pitard (2017), to increase the integrity of any research, the researcher needs to reflect on their experiences and the potential impression this may have had. Willig (2013) highlights two aspects of reflexivity: personal and epistemological. My service with an online CBT charity has important implications – specifically within the social context of my relationship with participants. For instance, exploring the topic of online interventions was familiar terrain for me, which could have lead participants to feel inferior on sharing their views. Hellawell (2006) suggests there are many subtle ways in which a researcher can be both an insider and an outsider and degrees of both distance and empathy are useful qualities for qualitative researchers. Although I was an outsider in that I was not a professional educator, I was also an insider, who had an increased understanding of societal pressures to meet mental health demands. I could therefore sympathise with participants about the pressures of supporting the youth population.

With regard to my epistemology positioning, I am in agreement Anderson and Goolishian (1988), that there is no objective 'reality' or 'truth'. Consequently, I was interested in normative narratives of participants embedded within the language they used. The recognition of the importance of the discursive production of data encouraged me to consider what the words actually meant and the overall effect they

had on participants' accounts. Adopting a social constructionist empistomology was a

particular strength of this research as it enabled me to remain flexible and open, while

still maintaining an awareness of my personal biases.

(*see* Appendix.13 for an example of the reflextive journal that was maintained
throughout this research)

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