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## Tuition attendance and students with mental health disability: does widening tuition options increase access?

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### ABSTRACT

This article explores student engagement with tuition at The Open University (a distance learning Higher Education institution in the UK), specifically students with declared mental health disabilities, comparing their access rates with (disabled) students overall, studying in the Faculty of Arts and Social Sciences, 2018–2019 .y. The results show that students with disabilities generally engaged with all modes of tuition in similar proportions to which they were registered on the modules. However, students with mental health disabilities engaged with tuition at lower levels than registered on the modules, and the amount reduced as they progressed beyond the first level of study. Regarding the availability of different types of tuition, rather than widening access to more students, for students with a declared mental health disability it was often the *same* students accessing the different modes of tuition. We conclude that for students with mental health disabilities, more tuition event modes did not widen access to more students, although it did give more options to those who did access the tuition. These findings contribute to improving the currently limited understanding of how to effectively support students with mental health disabilities in tuition.



### KEYWORDS

Tuition; attendance; engagement; disability; mental health; widening participation; student experience; transactional distance

## Introduction

Universities are commonly grappling with questions about the ‘student experience’, such as what do students want and/or need?; how do students best learn?; how can different learning needs and abilities be met?; and how can retention, progression, and satisfaction be improved?

This is particularly important for an institution such as The Open University (OU), which has large numbers of students new to higher level study (or study generally), a policy of open access (students do not need to have prior qualifications to register for most undergraduate modules), mostly online teaching and learning (often supplemented by textbooks and some face-to-face tuition), and many students with disabilities or additional requirements, particularly mental health ones. The resulting student body means that the university must consider diverse student needs: for example, an introductory

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undergraduate module could have a student completely new to study working alongside someone with a postgraduate qualification; a student group could be made up of students used to traditional study techniques (such as textbooks) alongside students who are used to working online; a tutor may have to help students who have anxiety issues to work collaboratively while also supporting the rest of the student group; some students may be able to attend face-to-face events but some may rely on online events; many students will be working full time as well as studying and therefore be unable to attend any synchronous tutorials at all, etc.

One way in which diverse student needs are accommodated at the OU relates to teaching. Rather than offering one type of tuition, different types are offered, all with different levels of transactional distance (Moore, 1997), as explored below: face-to-face synchronous events that are taught in a classroom; online synchronous events where all attendees log into an online tool at the same time; and online asynchronous events that are usually a recorded version of the online event. The idea is that students will be able to access some form of tuition, whatever their circumstances. So, the aim is that students receive a choice of options with the intention that this will widen the access of the delivery of teaching to more students. The purpose of this study was to consider whether this is taking place in relation to students with mental health disabilities.

This article explores this through the study of a number of modules within the OU Faculty of Arts and Social Sciences (FASS). Three different types of tuition event were offered to students on the modules at the time of this research: 1) face-to-face synchronous learning events, 2) online synchronous learning events held in Adobe Connect (a web conferencing software), and 3) asynchronous recorded learning event summaries (LES). The summaries were recordings approximately 15 minutes long based on the synchronous events, available to students registered on the relevant presentation of the module via the module website, recorded by tutors but with no students present. Students could access the LES whenever they wanted to.

The different types of tuition available linked to two OU policies. The first policy, the Group Tuition Policy (The Open University, 2014), stated that students on a module would be offered a full programme of online learning events. So, tuition could be all online or, if there was face-to-face tuition, online alternatives should be provided. The reasons given for this were based on meeting diverse student needs (for example, for geographically constrained students, students whose religion precludes them from attending a face-to-face event on certain days, students with a disability who are not able to attend a face-to-face event, or students with caring responsibilities that make attendance difficult) via maximising student choice and flexibility: thus, face-to-face and online synchronous options should be offered, to increase the opportunities available.

The second OU policy that drove the requirement for increased types of tuition was the OU's Policy for the Recording of Online Tutorials (The Open University, 2019). At the time of the research this policy stated that every learning event should either be accompanied by a recording of the actual event or that an 'empty room' recording (no students present) should be provided, even if the event is interactive. The policy stated that: 'Recordings can be used for: a) the benefit of participants to revisit relevant material, threshold concepts and discussion to help consolidate learning, b) the benefit of students not able to attend, c) disabled students who need to revisit the content covered' (The Open University, 2019).

Addressing barriers to attendance was therefore a key driver for the OU recording policy, in particular those of disabled students. In response to this, FASS decided to provide learning event summaries (LES), so the synchronous online events did not have to be recorded and student and tutor permission considerations were therefore removed as issues of concern.

The key research questions thus investigated were:

- (1) How many students access a) the face-to-face synchronous events, b) the online synchronous events, c) the asynchronous learning events?
- (2) Are the access rates of students with declared mental health disabilities different and if so, how do they compare to the (disabled) student population overall?
- (3) Linked to this second point, does widening the number of tuition options available to students with declared mental health disabilities widen the access to that tuition?

## Literature

Two strands of literature are discussed here. The first relates to the student experience and disability, to further explain the policy and pedagogical context of this research. The second relates to transactional distance theory. This theory is particularly relevant in the OU FASS context of teaching delivery because students are given different ways of engaging with the tuition on most modules: as noted, at the time of the research, they could attend synchronous face-to-face learning events, synchronous online learning events, or watch the asynchronous online recorded summaries. Students were therefore able to interact with the material in different ways, with diverse needs theoretically addressed. The different modes of tuition have different levels of transactional distance; understanding this helps to pinpoint what works best at a policy and design level for students with mental health disabilities.

### *The 'student experience' and disability*

There is a narrative that students, as 'paying customers' (paying tuition fees via direct payment or student loans in England, for instance), are entitled to a 'value for money' learning experience. This does not mean accepting, uncritically, the 'student as customer' policy position (see Tight, 2013, for critical insight on the concept of students as both customers and consumers), but instead recognising that it exists and has consequences. Indeed, it can be argued that a 'students as customers' approach is directly at odds with the 'principal aims and measures of quality in higher education' (Calma & Dickson-Deane, 2020, p. 1221). However, it is a context that is present in the UK. Indeed, the current UK policy context emphasises to universities and their 'customers' – students – the importance of the 'student experience'. The Teaching Excellence Framework (TEF), for instance, seeks to put excellence in teaching and learning central to university delivery, utilising, amongst other metrics, student satisfaction data from the National Student Survey (NSS). The TEF is described by the Office for Students (2020a) as important to

students because: 'Students invest significant amounts of time and money in higher education and should expect a high-quality academic experience. The TEF measures the things students care about: teaching, learning and student outcomes'.

So, student experiences of teaching, tuition, learning environment, and academic community, have moved front and centre in a way they perhaps weren't 20 years ago, as evidenced by the introduction of the TEF (Office for Students, 2020a); students getting what they have paid for is key. As part of this conversation, the sector has had to make a concerted effort to address the diverse needs of students, including those with mental health disabilities (Office for Students, 2020b): those students deserve value for money too. This is important because data shows that students with mental health disabilities have lower attainment and progression rates than students without mental health disabilities, are less likely to be awarded a 2.1 or First, and less likely to progress into further study or skilled work (Office for Students, 2020b).

In terms of 'physical' disability (as defined under the UK Equality Act, UK Government, 2010), an impairment which has 'a substantial and long-term adverse effect on [a person's] ability to carry out normal day-to-day activities'), there has long been recognition of the fact that the 'accessibility' of online teaching and learning is central; first, because it is important that students with disabilities register in the first place and then go on to have a positive experience when studying. And secondly, because all students will benefit from an inclusive approach (Burgstahler, 2002; Ho, 2004). As Burgstahler et al. (2004, p. 237) note, 'A resounding theme in the literature on online learning and people with disabilities of the past few years is that improving accessibility of online courses for students with disabilities promotes best practices in online learning for all students.'

So, 'inclusive' design is key, with the needs of all students at the forefront, with barriers for disabled students removed. Bad design can hinder students. As Seale (2006, p. 25) writes, 'E-learning confines and hinders freedom where barriers to equity and accessibility are not addressed and ignored.' Accessibility therefore needs to be considered pedagogically and technologically (Seale, 2006). Indeed, JISC, a UK non-profit provider of digital solutions to the higher education sector, notes that 'Institutions have a legal duty to consider what anticipatory adjustments would be appropriate in order to achieve a more inclusive approach, where learners with disabilities can have a substantially similar learning experience' (JISC, 2018).

Much of the online teaching and learning accessibility debate focuses on technological adjustments, such as making the learning environment accessible to those with physical disabilities, such as visual or auditory requirements. However, students with mental health disabilities may have different kinds of accessibility needs. These are due to the different symptoms that students with a mental health condition may experience including maintaining concentration and attention; difficulty organising thoughts; difficulty participating in classes due to low mood (Doyle, 2019) as well as anxieties about attending events with other students and the possibility that they may be required to participate in a learning event. Indeed, online education is often based on collaboration and interaction between students and tutors, and this could be problematic for some learners (those with social anxiety disorder, for instance). As Lee (2017, p. 21) writes, 'such pedagogical approaches tend to require a greater level of student participation in social learning practices (e.g. group discussions, collaborative projects).'

Whilst online education is widely regarded as increasing accessibility to higher education to individuals with disability, including those with a mental health disability, defined under the UK Equality Act (UK Government, 2010) as a mental impairment which has ‘a substantial and long-term adverse effect on [a person’s] ability to carry out normal day-to-day activities’, McManus et al. (2020) found that students with a mental health disability are faced with significant barriers to learning. These include difficulties with time management and organisation of study schedules; and online communication tools that are widely regarded as inadequate for interacting with teaching staff and students. These contribute to feelings of isolation and disconnection for students with a mental health disability. Seale (2006) claims that whilst online learning can be liberating, it can also, paradoxically, cause problems including reduced accessibility due to poor design in technology (i.e. with the result of being dependent on others), learning resources, (i.e. absence of clear functions), and pedagogical teaching practices (i.e. poor pathways through materials).

Data from 2019 shows that, of all UK universities, the OU has the highest number of students with a declared mental health disability, a proportion that has increased year on year (Grimmette, 2019). While this is partly a case of scale (the OU is the UK’s largest university), the proportional increase is noteworthy, as it indicates that this is a cohort of increasing significance to the institution. It is of increasing significance within the wider sector too. Indeed, a 2019 survey of 38,000 UK university students suggested that one fifth of students has a diagnosed mental health condition (Pereira et al., 2019). Higher Education Statistics Agency (HESA) data from 2018/19 also indicates that 84,350 students had a mental health condition that academic year (the second highest category of disability after specific learning difficulty); in 2014/15 only 33,500 students were categorised as having a mental health condition (Higher Education Statistics Agency [HESA], 2021). It is clear, then, that students with mental health disabilities are a large cohort. In terms of the student experience, it is important to consider the needs of this cohort. The Office for Students has in fact made this a top priority for universities, including the need for institutions to ‘implement changes across the whole range of [university] activities, from induction to the curriculum to support services’ (Office for Students, 2019). The OU has a student mental health and wellbeing strategy and one of its key actions is to ‘Work collaboratively to promote and share inclusive learning and teaching practices, monitoring the influence on student success and attainment gaps for students with mental health issues’ (The Open University, 2020, p. 12). This makes it clear that the experience of students with mental health disabilities is a key concern of the OU, and teaching is central to that. Additionally, the OU’s own institutional analytics indicate that the completion rate of modules, for students with mental health issues, is at least 10% lower than for students without a disability. These issues are thus high on the institutional radar.

### *Transactional distance theory*

Institutions need to understand what works best at a policy and design level for their students, including those with mental health disabilities. The type of tuition a student receives is central to this, and can be understood through transactional distance theory, a way of analysing the interactions between students and teachers. This theory discusses the theoretical distance between student and teacher, based around dialogue (the interaction

between student and teacher), structure (how a course is designed and thus able to meet individual student need), and student autonomy (the ability of individual learners to understand their learning goals) (Moore, 1997). These functions interact and create transactional distance, a space for potential misunderstanding and thus the failure of teaching and learning. As such, keeping transactional distance to a minimum is often a design aim.

Transactional distance is on a continuum, in that students may feel more or less of it at different points in their course (Moore & Kearsley, 2012). The decisions made when a course is designed will result in a certain amount of structure, dialogue and autonomy; each function can be consciously or unconsciously designed. Transactional distance is something that 'has to be overcome by teachers, learners and educational organizations if effective, deliberate, planned learning is to occur' (Moore, 1991, p. 2). The theory is useful when designing a course, i.e. how a course should be structured, or how much autonomy should be built in, thus minimising transactional distance (and hopefully maximising learning outcomes).

Structure and dialogue within transactional distance theory is an inverse relationship (Moore, 1991). For instance, an online tutorial that is lecture-like (highly structured) with limited opportunity for interaction (low levels of dialogue) theoretically has a high transactional distance: there are limited opportunities for meaning making between student and tutor, more space for potential misunderstanding, and thus more responsibility required of the students (Moore & Kearsley, 2012). In contrast, an online tutorial that is more seminar like, with students able to lead discussion and suggest content, theoretically has low transactional distance: there would be more opportunities for meaning making between student and tutor, less space for misunderstanding, and less responsibility required of the students. However, it's possible that such a tutorial could be so unstructured as to increase the amount of transactional distance.

Transactional distance can therefore be bridged in online education 'through student engagement and effective teaching strategies' (Bolliger & Halupa, 2018, p. 300). Despite this bold claim, as Bolliger and Halupa (2018) go on to note, there is debate about the impact of online education's barriers (physical, geographical) in relation to transactional distance. Some believe the internet has removed the physical barriers of transactional distance between students and teachers, while noting non-physical or emotional/perceived barriers such as 'instructor-learner interactions' (Paul et al., 2015, p. 364) such as frequency/tone/type of communication and individual learner participation are still potential barriers. Others have concluded that geographical barriers are still in play (Kassandrinou et al., 2014), as are the critical social characteristics of learners (Kang & Gyorke, 2008). In relation to the latter, social learning, social media, the development of modern communication technologies and the 'maximisation of learners' control over their learning activities needs to be recognised and continuously stressed in the development of modern distance education theory' (Kang & Gyorke, 2008, p. 203). In this respect, transactional distance theory needs to be expanded to consider learners' 'multi-society contexts' and modern communal ways of engaging (Kang & Gyorke, 2008, p. 212).

Student engagement is undoubtedly important, and potentially a key factor in student retention and success rates (Banna et al., 2015, as cited in Bolliger & Halupa, 2018). Engagement can be created in many ways, such as synchronous discussion between students and tutor, asynchronous discussion in a forum, written feedback on assignments with opportunities for students to respond and raise questions afterwards to further improve understanding. In the FASS context, students were presented with three



**Table 1.** Type of learning event and the relating transactional distance.

Type of learning event	Transactional distance of mode
Face-to-face synchronous learning events. Online synchronous learning events held in Adobe Connect (a web conferencing software).	These have the lowest theoretical transactional distance, as students can engage with other students (learner-learner) and the tutor (learner-tutor) in real-time, whether that's face-to-face or online.
Asynchronous recorded learning event summaries (LES).	This mode has the highest theoretical transactional distance, as students receive information only (learner-content) and cannot engage with other students or tutors.

different ways to engage with tuition, and each has a different theoretical level of transactional distance, as shown in Table 1. This is important in relation to the three forms of transactional distance identified by Moore and Kearsley (2012): learner-tutor interaction, learner-learner interaction, learner-content interaction. It is important to note that although the mode of delivery of the tuition discussed in this research has three different formats (face-to-face, online synchronous, and asynchronous), the purposes and content of the learning events were the same regardless of the mode.

Of course, all of this depends on the design of the learning event: a synchronous event could have more or less transactional distance depending on how it is structured, how much dialogue is permitted, how much autonomy is needed from students, and the type of interaction designed in. Using Moore's (1997, p. 27) terminology, it could be considered a form of 'highly distant' programming and thus students using it 'have to take responsibility for making judgements and taking decisions about study strategies ... [with students deciding] for themselves whether the instructions will be used, and if so when, in what ways, and to what extent.' Transactional distance is, nonetheless, a useful framework for discussing different modes of learning event, particularly when the formats used are different, but the purpose and content are the same.

It is clear that the different modes of tuition discussed in this research were designed to at least *attempt* to meet different student needs, considering the barriers identified by the university (physical barriers, geographic barriers, disability barriers), with accessibility and inclusivity key considerations. Students could attend as many different types of tuition as they chose, and at a transactional distance they were comfortable with. What is not clear is whether the different options offered met the needs of the students, and by having more options available, were more students (specifically those with a declared mental health disability) attending these different options? The data presented in this study explores this, looking at which modes of tuition students with mental health disabilities were more likely to access, whether those modes theoretically have low or high transactional distance, and what this means at a design and policy level.

## Methodology

We analysed data from a variety of undergraduate modules: 18 modules in total. We included the introductory modules studied in the first and second year of registered part-time study (four modules in total), alongside level two and three modules, modules studied in the second and third academic years (14 modules in total). The modules studied were from the 2018–2019 academic year.

The data was sourced in two ways. The synchronous face-to-face and online learning event attendance data was downloaded from an internal database. The data shows which students attended which learning events, which students did not attend a learning event, and those students who signed up to attend but cancelled. The data is broken down by declared disability. Note, students have the option, via an online form, of self-declaring to the university their mental health and/or other disability/condition; alongside mental health, the options given to students are sight, hearing, mobility, manual skills, speech, specific learning difficulty, fatigue, unseen disability, and autistic spectrum disorder. The OU's definition of mental health includes, but is not limited to, depression, anxiety, bipolar and PTSD. When discussing declared disability, we refer to two categories in this article: disabled (any category) and mental health disability. So, the former category includes those with mental health disabilities, rather than excluding them (indeed, mental health disabilities often co-exist with other disability categories). The data is discussed in this way because it is useful to explore the overarching cohort of disabled students first (all types of physical and mental health disability), before focusing on students with mental health issues in comparison to the overarching cohort. Note, the data for 2018–2019 does not include those students who attended a synchronous learning event using a mobile device, meaning attendance could be a little higher than the data suggests.

Data was also identified from those students who had accessed the asynchronous LES, including whether or not they had declared a disability. At this stage it is important to note that we can only see whether a student has accessed the landing page where a number of different LES recordings for the module were held. Therefore, we were only able to identify whether an LES recording had been accessed, but not which specific LES or how many times it was accessed. Also, we were not able to identify the extent of the engagement with the LES (i.e. watching in full, watching partly, or only accessing the page but not actually watching the LES). We have assumed that if someone had accessed the page, they have engaged with it, but we cannot tell how much. It is therefore likely that engagement with the LES is overestimated in the data.

## Results

Data from the 18 modules was combined for analysis.

### *Data from all modules*

Table 2 shows the total number of students in the cohort across all modules, those with a disability (any category), and those with a mental health disability, in row 1. Row 2 shows the same breakdown for those students who engaged with any form of tuition.

Overall, 45% of students engage with at least one form of tuition. Students with a disability engaged with tuition at a broadly similar rate (25%) as the numbers of disabled students registered on modules (28%). When only those students with a mental health disability are considered, 9% of students with mental health disability engaged with tuition. However, 17% of registered students declared a mental health disability. The breakdown of students across the different modes of tuition delivery is shown in Table 3.

**Table 2.** Number of students with disabilities including a mental health disability.

	All students	Those with a disability*	Mental health disability only
Total students registered	26,781	7,630 (28% of total cohort)	4,501 (17% of total cohort)
Students engaging with any form of tuition	12,005 (45% of all students registered)	3,036 (25% <sup>1</sup> )	1,061 (9% <sup>2</sup> )

\*This includes students with a mental health disability.

**Table 3.** Number of students accessing different modes of tuition delivery.

Mode of tuition delivery	No. of students who engaged with each mode (% of total cohort)	Those with a disability* (and %) who engage with each mode	Mental health disability (and %) who engage with each mode
Synchronous face-to-face sessions	7,540 (28%)	1,821 (24%)	614 (8%)
Synchronous online sessions	9,203 (34%)	2,385 (26%)	819 (9%)
Asynchronous Learning Event Summaries (LES)	3,676 (14%)	993 (27%)	330 (9%)

\*This includes students with a mental health disability.

Across the FASS modules, data from [Table 3](#) shows that the percentage of disabled students who attended the different types of tuition event (between 24 and 27%) was similar to the percentage of disabled students registered on the modules overall (25%). For face-to-face events, the lowest percentage of disabled students attended: 24% of students. For online synchronous events, 26% of the students who attended had declared a disability, and for the asynchronous, this was only very slightly over the general registration rate for disabled students at 27%.

In the fourth column of [Table 3](#), when the data was considered only for those students who had declared a mental health disability, the number of students who attended each type of tuition event was much lower than the percentage of students overall who had declared a mental health disability (17% of registered students). For face-to-face teaching it was only 8% of students, and for both the online synchronous and the asynchronous summaries, this only increased to 9%.

### Level 1 modules

The next stage of the analysis was to examine whether the same effect occurred across the study programme, i.e. was the effect as evident for students at the beginning of their degree as it was later in their degree? 12,873 students were registered on the four level 1 modules. These are modules usually studied in the first and second years of academic study. Of these, 3,192 students had declared a disability (25%), with 2,626 (20%) stating this was a mental health disability.

5,640 students engaged with all modes of tuition delivery. Of these who engaged, 1,475 (26%) had a disability, with 569 (10%) declaring a mental health disability. The number of disabled students who engaged with the different forms of tuition was representative of the proportions who were registered overall. However, those with a

**Table 4.** Level of student engagement for study at level 1.

Mode of tuition delivery	No. of students who engaged with each mode (% of L1 cohort)	Those with a disability* (and %) who engage with each mode	Mental health disability (and %) who engage with each mode
Synchronous face-to-face sessions	3,802 (30%)	963 (25%)	365 (10%)
Synchronous online sessions	4,336 (34%)	1,145 (26%)	438 (10%)
Asynchronous Learning Event Summaries (LES)	1,189 (9%)	348 (29%)	126 (11%)

\*This includes students with a mental health disability.

mental health disability did not engage in tuition to the same proportion as the number registered. [Table 4](#) shows how this is broken down across the different modes of tuition delivery.

For level 1 modules, the number of disabled students attending the three different modes of tuition delivery (between 25% and 29%) was very similar to the percentage of disabled students overall (26%). When this is examined for students with a declared mental health issue, the proportion of students engaging across all modes of teaching was much lower (10%–11%) than the percentage of students with a mental health disability across all level 1 modules (20%).

### Levels 2 and 3

13,548 students were registered on the 14 level 2 and 3 modules; these are modules usually studied in the second and third academic years. Of these, 3,319 students had declared a disability (24%), of which 1,875 (14%) had declared a mental health disability. 6,364 (47%) students engaged with all modes of tuition delivery. Of those who engaged, 1,561 (25%) had a disability, of which 492 (8%) had a mental health disability. The number of disabled students who engaged with the different forms of tuition is representative of the proportions who were registered overall. However, those with a mental health disability did not engage in tuition to the same proportion as were registered. [Table 5](#) shows how this is broken down across the different modes of tuition delivery across the level 2 and 3 modules.

For these modules, the number of disabled students engaging with the three different modes of tuition delivery is very similar to the percentage of disabled students overall (25%). However, when this is examined for students with a declared mental health issue the picture is slightly worse than that of level 1 modules. At levels two and three, around 14% of all students have declared a mental health disability but only 7–8% of students who engage with the different modes of tuition delivery had a mental health disability. So, the proportion of students with a mental health disability who engaged with different forms of tuition was lower than the proportion of students registered on the modules.

The data shows that the proportion of students with a mental health disability who engaged with all forms of tuition slightly reduced after the first years of registered study, i. e. fewer students with mental health issues continued to engage with tuition as they

**Table 5.** Level of student engagement for study at levels 2 and 3.

Mode of tuition delivery	No. of students who engaged with each mode (% of L2/3 cohort)	Those with a disability* (and %) who engage with each mode	Mental health disability (and %) who engage with each mode
Synchronous face-to-face sessions	3,738 (28%)	858 (23%)	249 (7%)
Synchronous online sessions	4,867 (36%)	1,240 (25%)	381 (8%)
Asynchronous Learning Event Summaries (LES)	2,487 (18%)	650 (26%)	204 (8%)

\*This includes students with a mental health disability.

progressed through their qualification. So, students with mental health disabilities were slightly less likely to engage with tuition once they moved beyond their introductory studies.

### *Does widening options available, increase the access for students?*

One of the key questions under consideration in this paper is whether widening the number of tuition options available to students with declared mental health disabilities widens the access to that tuition.

The data explored so far shows that students with mental health disabilities were less likely to engage with all forms of tuition compared to the overall disabled student population. Similar percentages of students with a mental health disability engaged across each of the three types of learning event, albeit slightly lower at levels 2/3 than level 1. However, on closer inspection of the raw data some students are counted multiple times across the different modes because they attended more than one type of event. It is therefore necessary to explore what this means, and whether the extent of our initial conclusion, that students with mental health disabilities don't engage with tuition as much as the overall (disabled) student population, is actually more significant than it initially appears.

From [Table 6](#), looking at data from all students across all levels of study, we can see from the lower four rows, that more than half of the students attended more than one mode of tuition event (effectively going to the same event with the same purpose and content, but delivered in a different mode); attending both a face-to-face and online synchronous event was the most popular combination (36%). So, rather than widening

**Table 6.** Percentage of students attending combinations of modes of tuition.

Combinations of modes of tuition	All students	Those with a disability	Mental health disability
Synchronous F2F only	12%	10%	10%
Synchronous online only	21%	22%	23%
Asynchronous LES only	9%	9%	11%
F2F <i>and</i> synchronous online	36%	36%	36%
F2F <i>and</i> asynchronous LES	2%	2%	2%
Synchronous online <i>and</i> asynchronous LES	7%	9%	9%
All three (F2F, online, LES)	12%	12%	10%
Total Students	12,005	3,036	1,061

access in the sense of *different* students accessing the different modes of tuition, it was often the *same* students accessing the different modes of tuition. And, effectively, engaging with the *same* tutorial purposes and content multiple times.

This is not necessarily a bad thing for the individuals who did this (after all, the OU's online tutorial recording policy (2019) stated that recordings [in FASS, the LES] can be used for revisiting material and consolidating learning, something noted as particularly beneficial for disabled students), but the figures for students who only attended the LES indicate that this mode of tuition did not increase access as well as it could have. For all students, only 9% of students accessed only an LES, and this was only 11% for students with a mental health disability, which equates to only 116 students with a declared mental health disability who accessed only the LES events. However, the most significant figure across all this data is the fact that only 9% of students with a mental health disability attended any type, or any combination of types of tuition event, compared to 45% of all students who engaged with tuition.

## Conclusion and discussion

The data shows that, overall, students with disabilities across all categories generally engaged with all modes of tuition (25%) in the proportions with which they were registered on the modules (28% registered with a declared disability overall). However, when the same data is considered for only those students with mental health disabilities, there is evidence that these students did not engage at the same proportion with which they were registered on the modules (17% of registered students had a declared mental health disability but only 9% of them engaged with tuition in any form in an academic year). Additionally, this slightly reduced as students progressed beyond the first level of study, reducing from 10% in the first year to 8% beyond this. Therefore, for students with mental health disabilities, a variety of tuition event modes did not provide access to tuition to the level at which students were registered on the modules.

Anecdotally, we might have expected the LES option of tuition (the mode with the highest transactional distance) to be more popular for students with mental health disabilities, as there was likely to be less opportunity for situations to arise that commonly raise anxieties in students such as difficulty participating in classes, anxieties about attending events with other students, and other issues associated with having to participate in a learning event. This is supported by the work of Markoulakis and Kirsh (2013) who found that students with mental health issues avoided social aspects of their university experience by not attending classes, avoiding participation in group work, and missing campus social activities. And from the initial data analysis in Tables 3–5 the asynchronous LES (where students can avoid social aspects of study) support this assumption, as they are shown as being as popular or slightly more popular than the synchronous modes of tuition.

However, on deeper analysis of the combinations of different forms of tuition that students engaged with, we can see that many students with mental health disabilities accessed synchronous forms of tuition alongside the asynchronous LES events, so the availability of the LES did not, in itself, increase access to the tuition.

Interestingly, the results for students with a mental health disability in [Table 6](#) do not differ significantly from the percentages for the student population as a whole, in that a similar percentage of each cohort attended each type, or combination of, tuition event. It seems then, that the data does not suggest that any particular mode of tuition was more popular with students with declared mental health disabilities compared to the overall student population. If it did, the university would be able to push that particular mode more strongly, with an evidence base that clearly supported its use (overall or with particular cohorts).

[Table 6](#) is interesting in that in relation to unique student visits, the synchronous online learning events were the most popular with students with mental health disabilities (23% of students accessed them compared to 10% accessing the synchronous face-to-face learning events and 11% the asynchronous LES). The synchronous online events theoretically have lower transactional distance compared to the asynchronous LES. Students with mental health disability were more likely to attend both the synchronous face-to-face and online tuition modes (36%); again, the modes with the lowest transactional distance. It seems, then, that students with a mental health disability were as likely to attend learning events with more interaction between learner-learner or learner-tutor, as one without.

The results are important, as there are significant costs associated with designing and running different types of learning event, including the training of those delivering them, as well as implications for students in terms of their overall student experience, satisfaction with tuition and potentially their successful completion of their programme of study. There is also a cost consideration with decreasing transactional distances in teaching. An event which has a low transactional distance between the learner-tutor/learner-learner is more likely to be more expensive to design and deliver to large numbers of students than one which has a high transactional distance. This is particularly relevant for a university with very large numbers of students and a large number of students with mental health disabilities, like the OU (17% of students for the modules explored in this research). Clearly, the current data indicates that there is a place in the OU tuition model for events with different transactional distances.

Furthermore, a deeper understanding is needed of why the level of tuition engagement slightly decreased beyond the first level of study for students with mental health disabilities. Across all the students in level 1 study, 44% engaged with some form of tuition and this rose to 47% at levels 2 and 3. However, for students with a mental health disability, this decreased from 10% at level 1 to 8% at levels 2 and 3. While this is a relatively small decrease, further work on understanding what happened during this transition to reduce the percentage of students with a mental health disability engaging with tuition of any form would be beneficial.

Our research set out to understand whether widening the number of tuition options available to students with mental health disabilities increased their access to that tuition. In answer to this we can say that it both did widen access, and it did not. It did widen access for some students. 9% of students with a declared mental health disability were able to access the asynchronous option of LES that was not available to them before 2018. Additionally, we might speculate that there will be some students who had more

confidence to attend a synchronous form of tuition after accessing an asynchronous LES and building confidence in what an event 'looks' like before they turn up (as part of their 'learning to learn').

On the other hand, it did not widen access. The number of students with a declared mental health disability attending any form of tuition was still considerably lower than that for the general cohort of students, or for students who have other forms of disability, so further work is needed to understand why this is the case. Further research with students with mental health disabilities would be useful to try to understand, in more detail, the barriers to participation and potential solutions to barriers (at an overarching policy level, as well as in relation to student guidance and training, module/tuition design and use of technology). This is consistent with McManus et al. (2020) who recommend that online education providers provide programmes with trained facilitators and counsellors to support the use of online synchronous tools for communication and teaching, and this would assist in delivering the support and services needed by students with mental health disabilities. It would also be interesting to study data from subsequent years, to see if the patterns identified in the 2018/19 academic year are replicated. Indeed, post-research period the OU clarified its recording policy, to mandate that at least one online synchronous learning event should be recorded and made available asynchronously (unless the format or content of the event made it unsuitable for recording). As such, FASS moved from providing summary (LES) recordings (recorded without students present) to recording full length live tutorials (with students present). It would be beneficial to assess the popularity of these high-transactional distance learning events for students with a mental health disability, whether they are more popular than the LES, and the impact of recording with students present compared to recording without students present.

## Notes

1. % of students with a disability who engage with tuition.
2. % of students with mental health disability who engage with tuition.

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No potential conflict of interest was reported by the author(s).



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