



## Addressing the Needs of Academic Staff in Supporting Students with Mental Health Conditions in Online Programmes at a Distributed University

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### ABSTRACT

Professional experience prompted the initial discussions on the need to identify increased research and further support for academic staff in teaching online with students who have mental health conditions whether these are disclosed or not at the time of application to a distributed university. With the prevalence of mental health conditions increasing in the general population, it stands to reason that increasing numbers of students with mental health conditions are entering higher education. Studying online is different than being in a face-to-face environment and online teaching staff need to have additional skills to be able to individualise their teaching to cater for their students as well as be able to support those with mental health conditions. It is proposed that research among programme leaders, module leaders and personal academic tutors within the University of the Highlands & Islands is undertaken to contribute the academic perspective to supportive policy development within the University for this group of students.

**Keywords:** academic; mental health; online programmes; students; support

### Introduction

The University of the Highlands and Islands (UHI) is a tertiary distributed university based on a partnership of 13 independent colleges and research institutions, each with their own character and specialisms, which is supported by a network of 70 learning centres across the region. In 2013/14, 25.2% of UHI students were resident outwith the UHI catchment area, based across Scotland, the rest of the UK and internationally (UHI, 2015), with 16% of the University's students enrolled in programmes which are delivered entirely online.

Recent research suggests that around 0.8% of students in UK Higher Education have disclosed a mental health condition to their university and argues that this represents significant under-reporting given that it is estimated that 29% of students experience clinical levels of psychological distress (Equality Challenge Unit, 2014). A mental health condition affects the way that people think, feel, behave and how they interact with others and can cover symptoms which can be regarded as severe forms of 'normal' emotional experiences like depression, anxiety or panic and other symptoms that interfere with a person's perception of reality (Mental Health Foundation, n.d).

UHI student data from 2013/14 indicate that there is a higher rate of declared mental health conditions, at 2.5%, but which may still mean that a significant percentage are not disclosing their conditions (UHI, 2015). The UHI website states that students have "access to all the services offered locally (in terms of student support staff and personal academic tutors), as well as central support services offered by UHI across the partnership, including the UHI Career Centre and student mentoring" (UHI n.d). However, the distributed nature of the University and the online nature of many programmes add complexity to supporting students' with mental health conditions and also to dealing with certain behaviours which can be very different online than in a face-to-face environment.

The needs of academic staff dealing with mental health support requirements of students in an online environment will be explored in this paper. The paper will look first at online behaviour in general, extrapolating this to an academic setting and how it may differ from face-to-face teaching environments. The paper will explore what policies and provisions are already in place at UHI in terms of academic staff supporting students with mental health conditions and will conclude by suggesting further research on the needs of academic staff for further support in this.

### Online behaviour

There has been increased interest in the literature discussing how and why users behave the way they do online (Quinn, 2001). Quinn (2001) suggested that the literature has changed over the years in terms of user behaviour, from stress and frustration of online users because of the difficulties in using both computer software and hardware, to today's concerns that online use can result in more pathological, compulsive or addictive behaviours. Bell (2007) queries at what point the ubiquitous use of the internet/online information affects mental health, as psychological consequences depend on the activities the technology enables, the attributes of the users and how these two interact (Joinson, 2003).

McKenna, Green and Gleason (2002) reported that there are special qualities of internet communication and interaction that can produce greater intimacy and closeness. These special qualities are considered as: (1) The intimate internet, whereby self-disclosure and partner disclosure increase the experience of intimacy in interactions (usually only after liking and trust have been established). The relative anonymity of internet interactions greatly reduces the risks of such disclosure with much less fear of disapproval and sanctions. (2) Getting past the gates is the lack of the usual gating features to the establishment of any close relationship; for example, in a face-to-face situation there may be physical appearance (attractiveness) or an apparent stigma or shyness. On the internet, these features are not initially in evidence and thus do not stop relationships from getting off the ground. (3) Finding similar others – the unique structure of the internet allows individuals to easily find others who share specialised interests, e.g. an online student cohort. Having this sharing of interests allows members to move forward quickly to find out about each other.

According to Suler (2004), this enhanced self-disclosure, whether more frequently or more intensely on the internet rather than face to face, is dependent on personality variables. This enhanced self-disclosure can be considered by the term 'the online disinhibition effect'. This online disinhibition effect can be seen in two ways: (1) Benign disinhibition, whereby some very personal things – secret emotions, wishes, fears – can be revealed. This might be an attempt to better understand and develop oneself, e.g. self-actualisation; and (2) toxic disinhibition, whereby rude language, harsh criticisms, anger, hatred and/or threats may occur. This might be considered as acting out of unsavoury needs without any personal growth at all. There are indirect ramifications for poor online behaviour with a lack of obvious consequences (Foulger, Ewbank, Kay, Popp, & Carter, 2009).

### Online environments

Park, Johnson, Vath, Kubitskey and Fishman (2013) in examining the role of the facilitator in online and face-to-face teaching believe that lecturers need to cater to individual learners more in online environments than in face-to-face environments. As suggested, in face-to-face environments students learn from each teacher and less from their peers. In a face-to-face situation, the teacher can quickly grasp how well the lesson is going by using the students' visual clues and body language as immediate feedback. In the online environment, the teacher only knows how well the students have understood the lesson from their writing due to the absence of visual cues. Park et al. (2013) report that the online teacher needs to be very attentive and aware of individual interests and have an excellent level of understanding about their students as students can be more open and less inhibited to share online than in a face-to-face classroom. Reaching out and responding to online students requires additional skills. Teachers who teach online need to be able to read between the lines and listen to students very carefully (Deutsch, 2013).

Mental health conditions by their very nature are to do with the way people think, feel and behave, with certain symptoms being common among different mental health conditions, and no two people behave exactly the same way when unwell (Mental Health Foundation, n.d). Therefore, there may be exaggerated consequences of studying online with a mental health condition that requires additional support not only for the student but also the academic staff involved.

### UHI policy review

While supporting students with mental health conditions falls under the remit of a wide range of university staff, the 2014 Equality Challenge Unit Report found that "students respondents spoke primarily to academics, followed by staff in the counselling service and disability services about getting support" (Equality Challenge Unit, 2014, p. 10). Student Support services are available in each UHI partner college and they prepare Personal Learning Support Plans (PLSPs) for all students with proven additional support needs. Students also have access to a UHI 'central student support team' who are available by email, while the Dean of Students plays an important role in dealing with HE students in terms of student engagement, welfare, support and discipline. The nature of this set-up means that it is easier for students on campus to access support face to face, with counselling services particularly available on campus, while online students do so through their host campus by email or telephone. With regard to students with mental health conditions, this can present difficulties for staff in trying to gauge their current situation, may result in students being less easy to reach out to and may alter the way they communicate.

Many academics have both teaching and student advisory roles, with 80% of the 96 institutions responding to the 2008 MWBHE survey indicating that they had a personal tutorial system in place (Grant, 2009). At UHI, the principal means by which academic staff engage with students with mental health conditions is through the Personal Academic Tutor (PAT) system, with each student being allocated a PAT who advises them throughout the semester. Academic staff acting as PATs are currently allocated five minutes per student per week, with no extra time allocated to allow for dealing with students with PLSPs and recognised additional needs, who often require significantly more time than other students. PATs are consulted on the students' PLSPs and communicate

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any additional academic needs to students' module leaders. Particularly for online students, the PAT often becomes the main point of contact with the University and as such, students often have high expectations of the PAT's role.

Academics acting as module leaders and module tutors have an important role to play in engaging with students with mental health conditions. In online module delivery, the Virtual Learning Environment (VLE) and emails are the main arena where manifestations of difficulties can arise. While tutors should be aware of the students' academic support needs through their PLSP, this may not always prepare them for the types of behaviour exhibited in the online environment. Informal guidelines on 'netiquette' are available in many online modules, created by individual programme teams, but there is no UHI-wide agreed policy on acceptable (or unacceptable) online behaviour. Module leaders and tutors are left to use their own judgement as to what is or is not acceptable, and the existence of a PLSP may in fact make this more difficult to judge and act on.

Hooper and Kaildas (2012, p. 259) have found that "personal behavioural norms appear to guide determination of unacceptable behaviour whereas the lead of others' indicates acceptable behaviour." Moreover, Hooper and Kalidas (2012, p. 259) argued that "acceptable behaviour appears to be more audience dependent than unacceptable behaviour, and there are strong indications of herding behaviour with regard to determination of acceptable norms." This suggests that staff need to have clear guidelines and be able to play a strong role in ensuring that discussions are 'acceptable' and all the more so if participants have different personal behavioural norms. It is therefore important to gauge staff perspectives on this issue with a view to developing such guidelines.

The absence of guidelines or support for staff in dealing with problematic student behaviour can lead to negative impacts both for staff and other students. These negative impacts can manifest themselves as stress. According to a report by the University and College Union (Kinman & Wray, 2013) the incidence of workplace stress has risen considerably since the mid-1990s. Part of this is due to considerable changes in education which has challenged the resources of organisations and employers but also that the nature of academic and academic related roles e.g. pastoral roles have changed considerably and demands have increased substantially (Royal College of Psychiatrists, 2011).

In the UHI Academic Regulations, a number of options are available for dealing with unreasonable student behaviour, such as the 'non-academic misconduct' policy or potentially the 'unfit to study' policy, yet in the authors' professional experience in the past two academic years, it is not always clear that these are the best approaches to dealing with students with mental health conditions, nor are they straightforward to invoke or follow through.

The Working Group for the Promotion of Mental Well-Being in Higher Education (MWBHE) found that the number of responding institutions (96 in 2008) with mental health policies in place increased from 26% in 2003 to 54%, with a further 29% of the 2008 respondents reporting that their policy was 'in development' (Grant, 2009). UHI has produced a UHI Student Mental Health Policy (2013a) and Report (2013b). From informal discussions with colleagues across the UHI network, it is clear that not all academic staff are aware of these documents. Indeed, the Report's focus appears to be placed more on student support staff than on academic staff, recommending for example the need "to gather feedback from student support staff on their experiences with student issues regarding mental wellbeing", despite the significant impact this can also have on academic staff. Informal communications with colleagues have revealed that a number of support staff across the network were also unaware of this policy and report. Promisingly, the Report does mention the need to "develop strategies to communicate to all students including online and hosted the support available to address mental wellbeing" and to "ensure staff are adequately trained and equipped to deal with students with mental health issues and ensure staff are encouraged to participate in CPD opportunities" (UHI, 2013b).

The onus on mental health conditions from the university is therefore rightly focused on the student perspective. However, the behaviour that can sometimes manifest itself in online environments can be problematic for academic staff who are ill-equipped to deal with it and who can often suffer personal stress in having to deal with certain behaviours. While challenging behaviour can come from any student, dealing with it in a delicate and appropriate manner with students with recognised mental health conditions can be even more demanding without appropriate training and support. The MWBHE 2008 survey found that most institutions (89% of survey respondents) provide guidance and training for their academic and administrative staff to help them spot signs of a student who is having difficulties that may indicate an underlying mental health problem, and then refer the student appropriately (Grant, 2009, p. 13).

Universities UK in February 2015 published a *Student Mental Wellbeing in Higher Education: Good Practice Guide* prepared by the MWBHE. It argues that "if staff are to be effective in recognising, guiding and supporting students with complex difficulties or ill health they need to have the personal robustness and appropriate institutional guidance and support to help them undertake their role" (Universities UK/MWBHE, 2015, p. 10). While the UHI Student Mental Health Report recognises the need to gather feedback from support staff, the authors argue that an important complement to this would be research into the experiences and needs of academic staff who also play a pivotal role in supporting students with mental health conditions, such as Programme Leaders, Module Leaders and Personal Academic Tutors.

### Future research

It is proposed initially to carry out interviews with the Programme Leaders for UHI's five wholly online undergraduate programmes and 14 wholly online postgraduate programmes, with these staff spread across six of the partnership's 13 colleges, allowing for a range of experiences. These semi-structured interviews would be based on the following themes: awareness of mental health support provision for students, disclosure of mental health conditions, online behaviour of students, relationships with students services, the

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role of Personal Academic Tutors (PATs), other institutional policy provisions (e.g. Mitigating Circumstances, Unfit to Study, Non-Academic Misconduct) and training opportunities for staff. This would then be followed up by an online survey of UHI academic staff acting as PATs and Module Leaders for these wholly online programmes exploring similar themes.

In doing so, we would ascertain the extent to which staff had experience of supporting students with mental health conditions, in what capacities, presenting what types of behaviour, and how equipped they felt to deal with this, to further inform UHI Mental Health Policy and future provisions. Depending on the results of the research, potential provisions may include further guidance for staff on different conditions and types of behaviour; further training either in-house or by external organisations; and specialist ongoing support such as a staff consultation service or case discussion groups as recommended by the Universities UK/MWBHE Guide to Good Practice. Given that this Guide (2015, p. 6) strongly recommends that “robust arrangements are put in place for any student with a history of mental health difficulties who is required to undertake a period of time studying off campus”, research into the specific needs of staff in supporting students with mental health conditions on entirely online programmes is much needed.

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