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Research Article

Exploring the experience and efficacy of online interventions for mental health: a qualitative study.

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Abstract

Remote care for a range of mental health needs is now increasingly offered using online support. Understanding the benefits and challenges of receiving remote mental healthcare, from the perspectives of individuals accessing support, is important for considering the development of future interventions. In this study, semi-structured interviews were conducted with 10 participants who were receiving two or more online mental health support interventions. Thematic analysis was used to identify patterns and gain meaningful interpretations of these experiences. These data revealed advantages and challenges regarding receiving online support for disorders such as anxiety and depression. Three key themes ('*accessibility of treatment*'; '*therapeutic process'*; '*options and choices'*) were identified, which related to the accessibility of online support, the therapeutic process with regards to the role of the therapist and expectations of the intervention recipient, and the individual options and choices. These results suggest that the increased availability of psychological interventions (through telephone and videoconferencing platforms), and establishing remote therapeutic relationships, contributes to the effective delivery of these services. In this study, participants considered online support to be largely advantageous, however, many participants had the view that online support should remain supplementary or act as a gateway to face-to-face support. Future mental health services could be improved by increasing options and the length of support where possible, as a 'hybrid' approach might allow for more flexibility and better meet individual needs.

Keywords: Mental Health, eHealth, digital healthcare

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Introduction

Mental ill health is increasing globally, with 2019 statistics suggesting that one in eight people currently live with a mental disorder (World Health Organisation, 2022). The COVID-19 pandemic subsequently saw a rapid rise in disorders such as anxiety and depression (World Health Organisation, 2022), but it also contributed to the change in how individuals accessed support services, forcing them to seek help remotely, as opposed to face-to-face support (Philippe *et al.*, 2022). Whilst attempts to digitalise mental health care in the UK had been initiated pre-pandemic (Ham, 2017), efforts escalated quickly, with the value of accessing digital mental health services highlighted within a post-pandemic society (Lattie *et al.*, 2022). The application of digital technologies enhanced mental health treatment by providing novel online services and improving established in-person formats (Bond *et al.*, 2023; Teachman *et al.*, 2022). Online interventions for psychological support proved to be particularly effective during this time (Ye *et al.*., 2022) as research concluded that interventions that were accessed online were effective (Zhou *et al.*, 2021). This included interventions for anxiety and depressive disorders (Luo *et al.*, 2020; Pescatello *et al.*, 2020; Andrews *et al.*, 2018) and reducing or removing potential barriers including cost, location, privacy and locality (Andrade et al., 2014).

Following the COVID-19 pandemic, psychological interventions continue to be crucial in helping problems such as anxiety and depression (van Agteren *et al.*, 2021). Digital interventions are becoming more accessible through self-help programmes, online group therapies, and video conferencing calls with a trained professional (Barak & Grohol, 2011). These types of interventions, which are also known as '*e-mental health'* interventions due to their availability and delivery through internet related technologies (Christensen *et al.* 2002), have become a useful and effective way to manage mental health conditions such as anxiety and depression (Johansson & Andersson, 2012). Modified versions of psychotherapy treatments including behavioural activation and mindfulness interventions became accessible digital options (Fairburn & Patel, 2017). Meta-analyses evidence the effectiveness of online treatment, such as for internet-based cognitive behavioural therapy (CBT; Andrews *et al.*, 2010; Andrews *et al.*, 2018). There is considerable evidence that internet-based self-help programmes are effective in both alleviating, and preventing, symptoms of mental ill-health (Edge *et al.*, 2023; Wang *et al.*, 2023).

With growing evidence of efficacious online options, alongside technological advancement, together with an increase in a variety of digital resources, online care may have the potential to overtake in-person support for specific patient groups (Crisp & Griffiths, 2014). Internet and mobile applications have provided access to coping strategies for stress, anxiety and depression and improved quality of life, particularly for young people (Zhou *et al.*, 2021). Current literature emphasises a particular interest in the experience of psychological service use for young people and university

students but is lacking for other age-related categories (Barnett *et al.*, 2021; Dederichs *et al.*, 2021; Holding *et al.*, 2022; Osborn *et al.*, 2024).

Current evidence suggests that platforms used and the processes by which people can gain support online are varied. For example, peer support groups and social networking sites like Facebook have shown to be beneficial (Prescott *et al.*, 2020) as have more structured types of intervention like guided self-help led by a primary care mental health worker (Falbe-Hansen *et al.*, 2009). Even for aspects of digitally delivered CBT which incorporate self-help, the process can vary. These programmes can provide various levels of guidance from a qualified clinician, or other professional, or can be self-led. Due to the range of treatment options and processes it is difficult to conclude which type of support is optimal (Farrand & Woodford, 2013). However, there are benefits that come with remote care, such as accessibility. For those unable to travel, struggling with physical impairments, or other difficulties with attending in-person meetings, remote care provides opportunities to access support (Liberati *et al.*, 2021). Delivering treatment online has also enabled more efficient communication, offering flexibility in the form of recorded support sessions which can be accessed and replayed at any time (Murphy-Morgan *et al.*, 2024).

However, with the exponential rise in the amount and variety of online mental health interventions, it is important to consider that several factors can influence experience and efficacy. Individuals may have safety and privacy concerns regarding online interventions and need online services that are engaging and accessible (Berry *et al.*, 2016; Garrido *et al.*, 2019) Accessible support pathways and addressing digital literacy barriers once individuals can access online support are crucial to ensuring appropriateness and efficacy of support (Memon *et al.*, 2016; Murphy-Morgan *et al.*, 2024). There is still some way to go in exploring online mental health interventions from the perspectives of individuals accessing support, how individuals themselves perceive the efficacy of online mental health interventions, and to what extent their expectations of online support are met through their direct experiences.

When considering online interventions, it is important to unpack the concept of recovery to further understand how this might be recognised and conveyed by the individual. Recovery alludes to personal independence and productivity within a meaningful life (Le Boutillier *et al.*, 2011). Attitudes of people who have experienced mental ill-health highlight the importance of time through recovery stages, as well as referring to this as being an ‘ongoing quest in life’ (Ventosa-Ruiz *et al.*, 2024) rather than a precise, achievable end result. This implies that recovery may be defined as a constant striving for, and reaching of, milestones to enable management of mental health issues. For improved patient self-care and recovery outcomes, there is a need for support providers and recipients to work towards a common goal with a shared understanding of what constitutes progress (Ventosa-Ruiz *et al.*, 2024). The concept of recovery is complex and multi-dimensional (Vera San Juan *et al.*, 2021) whilst the experience of it remains unique to the individual. For this reason, it is important that

each person has the opportunity to describe, in their own words, their recovery journey enable healthcare services to better tailor their support. It is therefore important to consider what recovery looks like in the context of online interventions, and to what extent the online experience is comparable to in-person support when it comes to aiding the recovery process. A scoping review of 15 papers suggested that online experiences have the potential for both the patient and service provider to work together on recovery-orientated goals, but that the quality of the therapeutic relationship is critical in online practice (Williams *et al.*, 2019). However, there is only limited literature considering how recovery is conceptualised specifically in the context of online support, and, given the rise in the number of mental health online interventions as already discussed, this warrants further investigation.

A systematic review showed that digital mental health intervention engagement and efficacy were strongly linked to past experiences. This suggests that people with positive past experiences are more likely to trust and benefit from online support, whereas those with negative experiences may find it harder to engage, as their expectations are shaped by those past experiences (Borghouts *et al.*, 2021). Whilst mental health web-based interventions provide benefits due to their accessibility and affordability, their users have reported a desire for human interaction, or to have the ability to contact a trained professional when they are needed (Ho *et al.*, 2024). This implies that purely digital applications (‘apps’) and resources may be a less effective solution for improving mental health. Alternatively, online peer-to-peer support groups have been shown to increase therapeutic benefits such as connection (Coulson *et al.*, 2017) whilst offering a safe environment which allows for the sharing of experiences, and for attendees to learn new mental health management skills, which might help to alleviate depressive symptoms (Smit *et al.*, 2021). It is suggested that online educational materials could be used in conjunction with therapeutic measures to increase the self-efficacy of people reporting mental ill-health (Koly *et al.*, 2022). This implies that online mental health support strategy is multi-faceted, and with both psychological and technological developments, there are different ways to deliver effective services.

Since no single strategy could effectively meet the needs of every person, one of the main considerations involves access to personalised support to gain treatment that feels truly meaningful for the individual. Encouragement of individual autonomy and the offer of choice throughout the process could be the key to achieving effective mental health support (Pretorius *et al.*, 2022). Empowerment of the help-seeker in this way is likely to have a profoundly positive impact on the success of the treatment received, regardless of the nature of it. In the quest to increase the efficacy of individual support services, there is potential for the development of new strategies using online platforms and digital tools, which would help to remove barriers and improve access to mental health support (Koly *et al.*, 2022).

Developing a better understanding of lived experiences of online mental health interventions from the perspectives of individuals with direct experience of receiving online mental health support has the potential to optimise future delivery of support by considering targeted and holistic solutions. Qualitative research provides a set of approaches to develop a deeper understanding of personal experiences in a real-world setting (Braun & Clarke, 2014; Cleland, 2017). Qualitative research is used to effectively access the thoughts and feelings (Sutton & Austin, 2015) of individuals in relation to their experiences. Carrying out interviews can provide invaluable insights into the emotions and behaviours of individuals (Braun & Clarke, 2014) and is useful for identifying recurrent themes (Braun & Clarke, 2006). Recent qualitative studies in this area have explored the attitudes of individuals in relation to their previous experiences of online mental health support, potential engagement barriers, and in their use of specific platforms (e.g. peer-to-peer support forums; Prescott *et al.*, 2020; Rayland & Andrews, 2023). Phenomenological approaches can allow for meaningful, rich data to be collected, however, data in the form of individual lived experience in relation to online mental health support services are currently limited. Lived experience is a crucial consideration that goes beyond academic knowledge and benefits future mental health advocacy and policy (Sunkel & Sartor, 2022). However, it could be particularly beneficial when exploring aspects of treatment such as accessibility (Bunyi *et al.*, 2021) and might be used to ensure that those who need help can get it (Kauer *et al.*, 2014). This can potentially contribute to understanding the experience and efficacy of interventions on a larger scale. The aim of this study was to explore the use of modern mental health support services by drawing on personal accounts.

Method

Participants

A total of 10 participants completed online interviews. Participants were aged 18 years or over, lived in the UK, and were currently receiving an online mental health intervention (that was defined as having experienced at least two sessions of this intervention). For safeguarding purposes, individuals were not eligible to take part if they had received in-hospital treatment for any mental health disorder within the last 6 months or if they were receiving help for substance misuse or dependency. Participants were recruited using social media (Facebook and Instagram).

This study was granted ethical approval by Northumbria University Research Ethics Committee (ref: 6169) and all participants provided electronic informed consent. Given the sensitive nature of the study, helplines and sources of support were made available to participants.

Procedure

For screening purposes, participants completed a pre-registration survey using Pavlovia (https://pavlovia.org/, Open Science Tools, Nottingham, UK). If eligible, participants provided consent using the survey platform and provided an email address so they could be contacted for interview. A final consent form was completed by each participant prior to interview. Video interviews were conducted using *Microsoft Teams*. Given the potentially sensitive interview topic, participants were given the option to stop the interview at any point if they did not want to continue and were also aware that they could withdraw from the study at any time. Participants were given the option of having their camera on or off.

Each semi-structured interview used an interview schedule consisting of 13 questions. The questions were organised into three sections: 1) the experience of the support received (example question: "*can you talk me through the most memorable parts of receiving that support*?"); 2) personal perspectives on the efficacy of online support (example question: "*has the quality of your life improved since the intervention and if so, do you think that was a consequence of the intervention*?") and 3) accessing help prior to the intervention (example question: "*did you feel as though there were barriers to seeking help and if so, what were they*?"). Interview questions were open-ended, and participants were given time at the end of the interview to share any additional thoughts.

Interviews were transcribed using *Microsoft Teams'* transcription feature, and *Apple Voice Memos* was used to ensure transcription accuracy.

Data analysis

Ten final interviews resulted in data saturation. Interviews were analysed using a six-stage reflexive thematic analysis (Braun & Clarke 2006; 2019). This began with data immersion, reading and re-reading the scripts, and making initial notes about the common concepts (Stage 1), before formulating and systematising initial codes (Stage 2). Once codes were identified, they were categorised into possible themes, ensuring that all meaningful data was included (Stage 3). These codes and themes were assessed to ensure that they fit and were acceptable, before a thematic map was created (Stage 4). This was then analysed and clarified, and specific themes were defined (Stage 5). The final step was crucial for producing an evidence-based interpretative account of the data, analysed in a way that related to the research question and fulfilled the objectives of this research (Stage 6).

As inferred by the authors, advancing through the process was not linear. From initial data observation, codes alluding to the broader themes were noticeable because of their recurrence through interview transcripts. An inductive approach drew upon the data to recognise and formulate codes and identify overarching themes. In this way, the exploration was data-driven, drawing meaning from what was there and not forcing

data to fit into a pre-existing coding framework (Braun & Clarke, 2006). During the coding process, themes were extracted from the data with consideration to lived experience of mental health support. Care was taken to not diverge from the subjects and theories that were set out (Braun & Clarke, 2006). Ultimately, understanding the participant's personal thoughts, feelings and their experience of accessing support online was seen as a strong indicator of whether the online space was a reliable and effective platform for the treatment of mental health problems.

Braun and Clarke's concept of reflexivity shows that researcher life experiences, knowledge and personal interests can influence qualitative data interpretation (Braun & Clarke, 2006; Braun & Clarke, 2019). In this way, the researcher's role may have impacted the interpretation of these results. Researcher subjectivity is an essential and valued element within the analysis (Austin & Sutton, 2014) and the themes that have arisen are, in part, a result of the researcher's personal perspective, prior knowledge and previous experience. As well as a pertinent interest in mental health struggles, the lead author (SH) has a background of working within mental health which may mean that the existence of personal biases and experiences have influenced data collection and analysis. Considering reflexivity, and accounting for the interpretative nature of research guided by world beliefs (Denzin & Lincoln, 2005), the lead author was keen to identify conscious and subconscious assumptions, personal experience and potential biases brought to the analysis. This might include how SH, or those individuals close to her, have been affected by poor mental health and how SH might have made sense of those thoughts and consequential challenges. SH was also keen to explore whether and if so how, the research and findings might challenge these biases. After many re-visits, the codes were categorised and linked to the overarching themes: accessibility to treatment, expectations and efficacy of the therapeutic process and relationship, how options and choices were presented, and finally comparative experiences from participants who received both in-person and online support. Initially, there was evidence of overlap and links between themes but with research aims in mind, the accuracy of the interpretation was preserved by specifying the most dominant themes backed up by prominent and meaningful examples within the data.

Results

All 10 participants were female. Three participants completed the survey but did not arrange an interview. Interviews lasted for an average duration of 43 minutes.

Mental health interventions experienced by participants included talking therapy, CBT, Cognitive Analytic Therapy (CAT), hypnotherapy, and somatic work. The digital platforms used included *WhatsApp,* videoconferencing platforms (*Microsoft Teams, Zoom* and *VSee*), and telephone. Five participants had previously experienced in person support.

Many of the participants described the intervention as a matter of urgency. Two were referred for urgent care due to the highly critical nature of their situation and others chose to access support as an ongoing process to improve the quality of their life. Table 1 summarises the participant sample with regards to the different types of intervention, platforms used and reasons for the intervention.

Table 1: Participant type of intervention, platform used and reasons for intervention.

Participant	**Type of intervention**	**Platform Used or Format**	**Reason for Intervention**
P1	Hypnotherapy; somatic Therapy; talking Therapy	*WhatsApp; Zoom*	Generalised anxiety; panic attacks; fear of flying
P2	CBT	*Teams*	Postnatal depression
P3	CBT; talking therapy	*Teams;* in person	Generalised anxiety; obsessive-compulsive disorder
P4	Talking therapy	*Zoom;* in person	Trauma processing; low mood
P5	CBT; parenting therapy	Telephone	Anger issues; low mood
P6	Talking therapy	*Zoom*	Domestic violence-induced stress and depression
P7	CAT	*Teams;* in person	Self-harm; eating disorder
P8	Talking therapy	*VSee*	Grief & bereavement counselling
P9	CBT; talking therapy	*Teams;* in person; telephone	Grief & bereavement counselling
P10	Anger therapy; talking therapy	*Zoom;* in person	Trauma; anger issues

Abbreviations: CAT: Cognitive analytic therapy; CBT: Cognitive behavioural therapy

Interviewee insights included the practical application and access of the intervention, the benefits and limitations of online support received, and the overall impact of the intervention on their quality of life. The final three themes generated were *Accessibility of Treatment, Therapeutic Process and Options and Choices*. The final thematic map is shown in Figure 1.

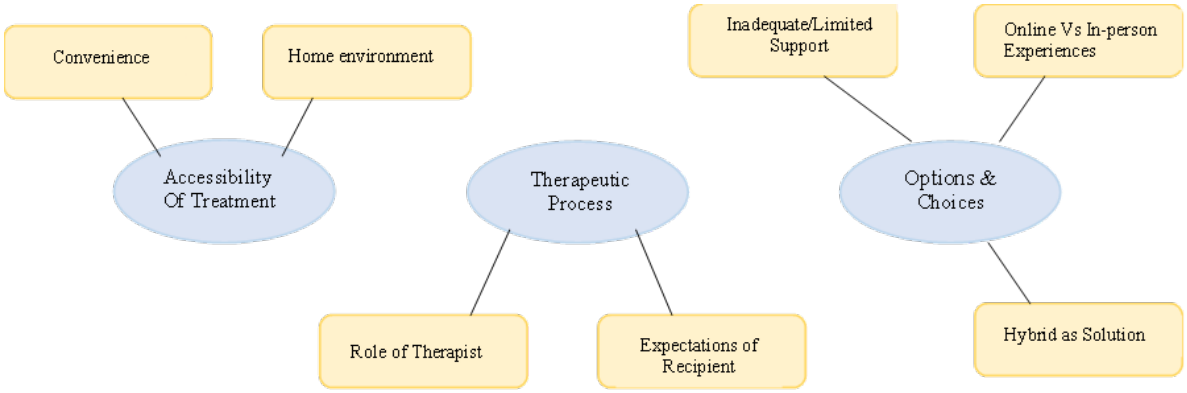

Figure 1: *Thematic map*

Theme 1: Accessibility of treatment

The theme of accessibility was prominent throughout the interviews, with online interventions seen as beneficial for the ease and flexibility they offered. Participants spoke positively about the convenience of gaining support remotely and how that enhanced their involvement in the process, lending to its efficacy. They reflected on their personal experience of accessing the intervention from home, revealing how the home environment could bring both advantages, such as the minimal requirements for additional time and effort and disadvantages, such as being in a location that is potentially disruptive or not set up specifically for the session aims. Accessibility differed according to personal circumstances, urgency, and the reasons for either needing or wanting support. Those who were referred as part of crisis intervention experienced accessibility differently to those who sought supplementary mental health professional support.

Subtheme 1: Convenience

The convenience of accessing online support is outlined as one of the main benefits. The participants advocated for remote care, saying that the time-saving aspect was very important to them:

> I go for convenience…I think the major thing that's sways me in that direction is the convenience. Saving time (Participant 8).

It was largely agreed that fitting appointments in alongside work and other life commitments could be challenging if they were required to go and attend the appointment in person and that "*it would have taken so much longer than an hour*" (Participant 6) which made it unappealing.

One participant, despite having enjoyed the benefits of face-to-face support, requested to move from in-person support to online after her therapist moved a bit

further away. She talked about the logistics being "*just easier*" (Participant 10) that way and made that decision based purely on convenience.

Accessing the support remotely is considered particularly helpful when responsibilities such as childcare are considered, stating that it was one less thing to worry about and one participant who was receiving help with postnatal depression also spoke about her gratitude for remote services because her situation made time accessibility for outside appointments problematic:

> It was all done online so I didn't have to go anywhere obviously, you know with having a small, small baby, it's not easy to just make yourself available for a couple of hours to go out and have an appointment (Participant 2).

She went on to say that the pandemic had caused in-person services to move online but had she been given the choice, she would have still chosen to access CBT online rather than face-to-face.

Having the flexibility associated with planning digital meetings was also reported as being an important consideration when seeking mental health support. It was reported that people are much more likely to continue accessing support when it can be adapted to suit a busy lifestyle.

One participant spoke of the flexibility being "*a factor*" (Participant 10) when her work demands created an inconsistent schedule, and how her online therapist could make that offering that previous in-person therapists just couldn't. This was viewed as a huge advantage for her.

It was also agreed that having flexibility of location is advantageous because it doesn't require much physical effort, plus saves money and time when comparing it to have to drive to an appointment. The fact that the session could be attended from anywhere was very appealing:

> I mean the flexibility is there 'cause you don't have to like get in the car and drive here, drive there (Participant 9).

The general ease associated with online intervention was mentioned multiple times suggesting that it also spared mental energy as "*the thought's taken out of it for you*" (Participant 10). Interestingly, individuals who initially had reservations about digital access changed their views on it after the experience, particularly because of the ease of the whole process, saying "*I probably would just pick online again just for the ease of it*" (Participant 6).

Subtheme 2: Home environment

In this study, the experiences of accessing support from home were varied. Some participants reported the appeal of the home environment because it offered comfort and familiarity whilst getting mental health support. Participant 1, who received a hypnotherapy-based intervention for the treatment of a phobia, associated the high level of efficacy with being able to access it from her home:

> It's probably more effective because I was comfortable in my environment and, you know, on my own bed, on my own, to lie down and listen to something I was fully relaxed as opposed to maybe on a couch in an office somewhere (Participant 1).

She spoke fondly of the familiarity of her home, and the smells and sounds that came with it which allowed her to fully engage with the mindfulness and meditation practices when the right time was found. For this reason, she found being at home during treatment could be effective for her mental health struggles.

However, she also discussed the challenges that came with arranging a suitable time with regards to having privacy. Due to having a husband with a variable work schedule, she said it wasn't easy to pinpoint an appropriate time, concluding that it was "*annoying to try and find somewhere…that's actually private*" (Participant 1).

One participant spoke at length about the difficulty of accessing treatment from home and implied that it negatively impacted the efficacy of the process. Restricted engagement and poor focus meant that it was not easy to fully immerse or engage with the therapy:

> My husband, my husband [husband's name] was at home. Then it made it more difficult to like, talk freely when I could talk. And so I found it quite difficult to do stuff online to begin with (Participant 7).

During several interviews with participants, the researcher (SH) observed a lack of privacy, particularly when family members were present in their homes. This often led to disrupted conversation, with Participants 5 and 9 apologising for the interruptions.

The idea of obtaining sufficient privacy was explored as a possible benefit, and that it might be better to have sessions within the environment of the therapist or support-giver, rather than at home. In-person treatment offers a possible solution to the privacy issue:

> This wouldn't be the case with like an in-person session in that I wouldn't struggle to find somewhere to be, to have privacy, and to have that time to really get engaged with the session (Participant 1).

As previously suggested, disruptions within the home environment negatively impacted concentration, and caused further issues as a result. Washing machines, pet dogs and people knocking on the front door were all listed as possible disturbances, and these caused the participants more stress and frustration. These

kinds of "*stressful*" disruptions (Participant 1) have the opposite effect of what mental health intervention aims to achieve and dramatically impact the efficacy of the service.

Participant 4 talked about the difficulty with engaging from home in the early stages of therapeutic intervention, explaining that it was a challenge to open up. She was reluctant to delve into a traumatic past whilst in her 'safe place':

> I think that initially I found it really difficult to do it at home. Cause I was like I don't really want to enter this part of my brain while I'm at home because I don't want the association (Participant 4).

Whilst exploring possible solutions to the privacy problem, Participant 1 removed herself from the home environment and attempted to access an appointment whilst sitting in her car, but this created more problems:

> [I] had a session in my car once and ended up somehow draining the battery of the car. So that was inconvenient 'cause I had to come and get someone to jumpstart (Participant 1).

These examples demonstrate the difficulties people face when receiving support online and is a reminder that the online process can be very challenging.

Theme 2: Therapeutic process

Subtheme 1: Role of therapist

The therapeutic relationship was a common theme across the interviews, and the participants shared their thoughts and experiences around how that developed within an online format. There were many positive experiences reported which suggests that accessing support remotely did not negatively impact the ability to build a conducive therapeutic relationship:

> That's an important part of the counselling is the relationship, but you can, yeah, I think you can still achieve that (Participant 8).

She indicated that she would access mental health support online again if she needed it, saying that the therapeutic relationship was not missing any important facets required for success. Video conference calling platforms did not negatively impact communication, or the ability to build rapport, meaning the effectiveness of the process was not hampered:

> I don't think video is a barrier for that…I think if it was, that would be a big problem (Participant 8).

A preference for the online format for effective communication was expressed by multiple participants. One reported how the physical and geographical barrier

between her, and the person giving support, meant that she was able to give much more to the process:

> Sometimes I, I won't always say what I feel on face to face, so is much better where I'm typing or where there's just some sort of break between me and the person (Participant 5).

The online format increased her ability to be authentic, open and honest, which in turn, improved her experience and the efficacy of the intervention. This was further explored through another participant's experience, and there was a question around whether physical separation between the support giver and receiver could make for a more efficient process in terms of reducing awkwardness to build a positive relationship. Another participant agreed that connecting across screens made no difference to her being able to establish a meaningful helping relationship:

> I could see her. So it was no different from having her in front of me (Participant 8).

Participant 2 also spoke positively about the online therapeutic delivery, saying it was preferential to in-person treatment. Whilst she would have considered a face-to-face option, she questioned her ability to be "*as open*" due to it feeling "*a bit awkward*". She described the support as "*encouraging*" and reflected on how her therapist gave her the space to "*talk freely*". Participant 5 also spoke about the calming benefit of telephone counselling and how that increased the effectivity. She reflected on how much she enjoyed listening to her therapist's voice and how beneficial she felt that was for the treatment process:

> She had one of those voices that, I don't know if they're trained to have a voice like that, but it was just she instantly calmed me every time I heard her voice (Participant 5).

Participant 5 used words such as "*soothing*" and "*relaxed*" to describe the therapist and how experiencing her calming demeanour through a digital platform helped their relationship to flourish and build good foundations for what became very effective work. Whilst Participant 5 spoke positively of the anonymity that online intervention offered, another (Participant 7) spoke of the difficulty of having conversations online and how it felt less effective specifically because of the physical separation:

> The lady that I was working with used quite a lot of body language, and when you're on like a webcam, however, I set it up, sometimes you can't see that (Participant 7).

Other participants agreed with this sentiment, suggesting that there was a lack of connection which led to it feeling impersonal.

A participant who has experience of both online and in-person support said that she believes in-person therapy can be very effective because of her natural preference

for being amongst others, and how that lends to building connection and effective relationships:

> I'm a people person. I like to feel the room (Participant 10).

This facilitated discussion around whether an online format can replicate the atmosphere that is created when people share the same space, to effectively build rapport and aid the therapeutic process.

The participants spoke about the traits, qualities and skills that are required for an effective and sought-after therapist or caregiver. One of these skills is the ability to listen non-judgmentally and to help the recipient feel heard and supported. They recalled the importance of being accepted for who they are, without judgement:

> No matter what I said to her, I didn't feel like she was judging me or anything like that. And I just felt she got it (Participant 5).

The online format did not seem to hamper the therapeutic effect. In fact, participants spoke about the positive impact of the therapist's "*presence*" such as the creation of a valuable 'safe space' which encouraged them to open up. This illustrates that strong connections can be made and that physical distance is not necessarily a limitation or barrier for building good foundations for an effective service.

Participant 9 suggested that treatment efficacy depended on the therapist skill and ability rather than the format:

> I think the issues I had were more down to the therapist itself than the actual system of having it online (Participant 9).

This implies that if a therapeutic process involves a skilled therapist who can build a positive relationship with the recipient and can deliver a suitable therapy, then it is likely to be successful. Whether it is delivered in person or digitally, it can be an effective treatment process.

Subtheme 2: Expectations of recipient

The recipient's expectations of both the therapist and the process were outlined within the interviews and included an acknowledgment of being pro-active, completing work outside of the sessions, practicing traits such as vulnerability and courage and being open to accessing additional support to bolster the support offered within therapeutic meetings. This also reveals how the recipient experienced the process as a whole and predicts the efficacy of it. Several participants spoke about the unknowns with online mental health support:

> I mean, I've never had counselling before, so, or any experience of it, so I wouldn't really know what to expect (Participant 6).

One participant sought help because she felt she needed it but revealed that she did not know what she was looking for and did not know what to expect. In some cases, the reality of the intervention did not match the participant's prior expectations, but it did positively exceed these expectations:

> It's not what you expect...It's based on you, your experience, and then they just talk you through it and give you things that are relevant for you (Participant 5).

One expectation that came up multiple times is based on the idea that the receiver must apply effort for the treatment process to be effective, especially to recover:

> I think it's as, as effective as you make it. I put in a lot of effort to listen. to do the activities, to really read the stuff she sent afterwards as well, because I wanted. I generally wanted the help and I wanted to, to get [the most] out of it. (Participant 5).

Participant 5 explained that she knew what to expect with regards to becoming "*self-efficient*", even though the online format was a novel one, which implies that she either had previous knowledge or understanding of the therapeutic process or that she was adequately briefed before it began. However, Participant 3 was surprised about the process delivery and outcome, suggesting that she felt a huge recipient responsibility to overcome her mental health struggles, even with regular support. She claimed that if the recipient isn't equipped with the right personal qualities or is willing to work, then the process would fail:

> They, they gave me the tools, but it wasn't, it's not very motivational. I think that comes from the person rather than the, the therapy as a whole (Participant 3).

This became even more evident when she compared it to her experience of face-to-face support that she went on to have afterwards. At this point, she explains how an in-person format 'forces the uncomfortable' which is what is needed for recovery:

> On here I can press the call button and I can just end it…In a room, you, you, you have to deal with the uncomfortable. Therapy is uncomfortable (Participant 3).

There were realisations through the process with regards to efficacy being strongly linked to certain personal traits and characteristics. One participant noticed that being open, courageous and achieving a high level of self-awareness was key to experiencing a more effective process:

> It wasn't immediate [the change], but that's more my restrictions than the therapy, so took me a little while to open up completely to her (Participant 2).

Another participant also spoke of the courage needed for best results, which is not an easy thing to do particularly when you aren't with somebody face to face:

> The effectiveness of it is how much you're willing to, to go there with those things, the courage (Participant 8).

She also suggested that self-awareness was described as "*the whole process*" which shows how intrinsic that quality is, and how she felt that certain activities to cultivate self-awareness were challenging, but important. This participant made it clear that the priority for her was not the format of the intervention, but that the therapist had lived experience of the struggle that she also faced. In this instance, the efficacy of the intervention was rooted in having somebody who could truly empathise and share the same worldview:

> You could have other counselling, but I really don't think meeting somebody that hadn't been through child loss would be as effective, personally (Participant 8).

Accessing support remotely was also well-suited to Participant 7, who struggled to verbalise her thoughts and feelings during an episode of selective mutism. She spoke about how they wrote letters to each other which she said, "*seems a bit weird*" but was actually "*really appealing*" and effective in her situation.

Theme 3: Options and choices

Subtheme 1: Inadequate/limited support

The theme of having options available was recurrent amongst the experiences of the participants. The words "*only option*" and "*only choice*" were reported multiple times which suggests that there were limitations to accessing support, even in an online capacity.

There were also concerns around receiving inadequate support with regards to the number of sessions allocated. One participant reflected her frustration at only having six appointments, as per National Health Service (NHS) procedure, and how that had negative implications for the efficacy of the process:

> You're just getting comfortable, aren't you? And then you're like, yeah, bye. (Participant 6).

This was also one of the reasons that another participant (Participant 4) chose to seek private help, because she did not want to lose the consistency of working with a specific person, stating that rather than having to have to go through meeting a new therapist all over again, she would "*just pay*".

One participant described receiving mental health support online as a being on a "*conveyor belt*":

> That's basically what it is, is a conveyor belt like, yeah, you're done. We'll discharge you. Yep. You're done. You can go. (Participant 3).

This implies that the process is impersonal and uncaring, and not the kind of experience one would hope to receive when working towards recovery. Similarly, another participant described her experience of accessing support remotely as:

> ...a bombardment of phone calls from, from three different places…and at the same time not a lot of support actually available (Participant 8).

Through this, it seems that the participant felt that the support that was offered was hopeless, lacked efficacy and left them in a heightened state of anxiety. She explained that she knew she needed help but the services available failed to meet this need and she ended up feeling lost until she was later signposted to a therapist. She also reflected on a previous experience of receiving mental health support online, stating that she found it to be unprofessional which made her feel disconnected from the therapist. A lack of respect and possibly confidence in the therapist left her feeling a bit doubtful about the process:

> I'm sure she was like in, in her bedroom with that bed post behind her, which I found just a little bit unprofessional (Participant 8).

In situations where there were offerings of collaborative sources of support both to run alongside and to follow the online intervention, the feedback lacked positivity.

One participant reported group support as not being relevant for her personal situation and believing that her struggles with self-harm were atypical and so she would not feel that the group would be supportive, claiming:

> that just wasn't for me… (Participant 7).

Another participant also spoke about the disadvantages of being in a room with a group of people, talking through similar problems. She suggests this method could hinder recovery, particularly because she found that sharing in this way was not helpful:

> If you kind of access the full room for me personally, hearing other people's problems, it feels like you're burdening their problems as well. Or maybe they could be planting seeds of things that then contribute again. I was just a bit like it's not, I need to concentrate on fixing myself (Participant 3).

Subtheme 2: Hybrid as solution

For those that had only accessed remote support, there was some clear interest in the possibility of receiving support within an in-person format. Although one participant spoke positively of the online format particularly with regards to establishing and maintaining a helpful relationship, she also spoke about a curiosity and wondered whether a face-to-face meeting would further improve the service:

> I kind of yearn for just having one session just to get a feel of, like if just to get a feel of who they are (Participant 8).

Similarly, a participant who was satisfied with receiving counselling via telephone spoke about her desire for a video call, to be able to see a face to further develop the therapeutic relationship and increase the efficacy of the intervention:

> It would have been nice to maybe see a face or have the option to have like a hybrid once or maybe twice a week (Participant 5).

This theme of having a hybrid option which combines online with face-to-face support was also explored by other participants, with one saying how effective it might be to be able to give people regular choice as to how they would like to receive treatment:

> Ask, do you want to come into the clinic or to do it online? Yeah, just offer the people the choice (Participant 9).

Another participant identified that a choice regarding the therapy format that could change session to session would have been appealing to her and implies a positive adjustment to the structure as it is:

> Sometimes I might have wanted to go in and do a face-to-face with her…they don't offer that option... (Participant 5).

However, one participant spoke about the struggles she faced with the changing format, which happened because of the COVID-19 pandemic:

> Switching between online and face-to-face is quite a difficult thing to do. Well, it was for me (Participant 7).

She explained that her mental health issues drive her need for control and the inconsistent format of her therapy sessions contributed to increased stress and anxiety.

Subtheme 3: Online vs. in-person experiences

Five participants received both online and in-person treatment, allowing for comparisons. Three participants experienced both types for the same problem, moving between face-to-face and online support during COVID-19. This provides a valuable analysis of the advantages and disadvantages of each treatment approach, particularly considering efficacy.

One participant, who works as a mental health nurse, spoke positively about both types, claiming that each had benefits, and both should be maintained as options to best suit the individual:

> I think it's good that we're doing it online [but] I don't think we should lose the face-to-face (Participant 9).

Whilst online mental health support was praised for being a convenient, accessible and cost-effective way to deliver urgent and necessary psychological care, participants perceived that this would not work as the only option for some people:

> As much as I found like doing it on *Teams* helpful. I think when I had counselling face-to-face, I found that much easier and much more comforting (Participant 9).

The same participant spoke about the different responses she noticed from others who experienced different approaches:

> Some of my patients have done online therapy before and they prefer the therapy that we do at work. Some others prefer the *Teams* because they can just switch the camera off…they've got a bit of privacy (Participant 9).

However, another participant said that, in her experience, what is best for the receiver in terms of overcoming their struggles, might not be what they think:

> So personally I preferred in-person than online, but she said to me that she thought that I gave her more online (Participant 4).

This implied that the therapist believed that the participant was more open and able to give more to the process when engaging remotely, suggesting that she believed the process might be more effective for her in this way.

There were a few examples of participants whose face-to-face treatment moved online due to the COVID pandemic and how they hoped they could return to that original first choice. One participant described the benefits of accessing support in-person and explained that she simply didn't enjoy the online experience. She found the face-to-face meetings much more effective and hugely beneficial to her recovery process:

> I needed more face to face because that's how I get better (Participant 3).

It seems certain types of people much prefer being able to be in the same environment as their helper so would choose it if the option was both available and accessible.

Participant 10 spoke about a preference for in-person but explained that online counselling still worked well for her. After previous experience of working with a therapist face-to-face, she described the new experience of using Zoom to host the sessions as a "sacrifice" but an acceptable one if it meant she could still have that support.

The accessibility was identified as a hugely positive feature for many who had previously preferred the idea of face-to-face:

> Everything was actually more convenient that way (Participant 1).
>
> [face-to-face support] is better 'cause it fits better, like with life. You can do it from anywhere (Participant 1).

Moreover, the efficacy of the treatment increased as a direct result of the online format. Having that distance enabled a few of the participants to open-up more and engage fully in the process:

> I don't think I'd have been as honest [if it was face-to-face] because I could see the other person and they could see me, I think I would be worried that I'd feel a bit more judged (Participant 5).

Participant 6 spoke about the fact that prior to the meetings, they would have preferred the face-to-face option but ended up finding they were satisfied with the online option. She said:

> I think face to face probably would have been my first choice because it just feels like it would be better, but actually it was fine (Participant 6).

This suggests that the online format exceeded expectations and that initial concerns were likely to be a result of its unfamiliarity. Having the chance to explore the remote option enabled her to find a way that fit with life and was surprisingly effective for her mental wellbeing.

Discussion

This study examined real-life experiences of receiving mental health support online to further understand the effectiveness of this treatment approach. Analysis of participant interviews revealed how online interventions may be advantageous for some individuals. Our study found that treatment accessibility, the role of the therapeutic relationship, and the choices and options for online support were crucial in considering the efficacy of online mental health support interventions.

In terms of accessibility, online interventions offer flexibility. Many of the interviewees in this study agreed that arranging and participating in online meetings was convenient, especially with regards to having flexibility and ease of accessibility. This corroborates with previous findings (Christensen *et al.,* 2009) including research assessing patient outcomes (Johns *et al.,* 2021). Logistical ease, such as not needing to travel, can also lead to higher adherence levels overall although different types of online intervention show varying levels of attrition rates (Linardon & Fuller, 2020). It has been shown that having an aide involved in the process to offer some level of guidance does improve attrition rates (Jabir *et al.,* 2024). Our study participants spoke positively about working with a specific guide, but did not find additional, less structured support, such as peer support groups, helpful or worthwhile. The benefits for accessing treatment with guidance included the ability to personalise the process and allocate person-specific remedies (Andersson & Titov, 2014). This was reflected within this study as participants spoke of the significance of learning about strategies that were tailored to them rather than being generalised. Furthermore, having a therapist with lived experience was highly valued as the guidance became more

personal. Not only does this personalisation increase the likelihood of help-seeking behaviours, but it also makes the process more efficacious.

The home is the setting in which most people choose to access supportive intervention online as it is viewed as advantageous (Pruitt *et al.,* 2014). Arguably, there are certain groups of people who would benefit more from remaining at home throughout treatment, such as those with long commutes, physical disabilities or significant responsibilities, including new mothers with postpartum challenges (Hensel *et al.,* 2024) as identified in this study. However, this study found that there are added complications of accessing support from home which involve disruptions and the detrimental impact this has on concentration and focus. During the interviews, the researcher (SH) experienced the participants dealing with disruptions first-hand such as the children of one participant who were promptly encouraged to leave the room as she explained she was busy with something important. Another participant also paused and apologised for her son loudly returning home. There was also discussion of the fear of possible disruptions, including from knocks at the door, or washing machines. This again emphasises the idea that whilst accessing mental health support from home can be viewed positively due to a sense of control it offers (Ashwick, 2019), the home environment may also involve disruptions which are beyond the control of the individuals receiving support which could impact the efficacy of their experience. Similar findings suggest that environmental distractions not only impact the engagement of the receiver but could also present privacy issues (Payne *et al.,* 2020).

The role of the therapist or caregiver is crucial, particularly when delivering efficacious mental health support online. This includes the instigation and cultivation of the relationship, which in this study was largely therapeutic in nature. Particularly with CBT, certain therapist behaviours could lead to better client engagement and adherence (Paxling *et al.,* 2013) and there is an indication that therapeutic alliance is important for web-based therapy outcomes (Sucala *et al.,* 2012). To positively impact the therapeutic alliance, personal attributes such as understanding, compassion and empathy are required by the therapist (Ackerman & Hilsenroth, 2003). Despite communication challenges online (Barak *et al.,* 2009), most of the experiences in this study revealed a positive helping relationship, suggesting that the online format allowed for a strong therapeutic alliance.

The character traits and qualities demonstrated by the therapist are key and can aid rapport-building for an effective treatment process (Pashak & Heron, 2022). Specific traits, such as empathy and genuineness, contribute to the receiver feeling heard and supported which was expressed as a valuable part of the intervention and its outcomes (Nienhuis *et al.,* 2016). In this study, some participants spoke about the positive impact that interest from the therapist had on their engagement and trajectory. It has been shown that when individuals feel a deeper connection to the process there is an increased chance of treatment success through patient change (Ackerman & Hilsenroth, 2003). Alternatively, many of the opinions in this study expressed a belief

that the effectiveness of the therapeutic process depended on the receiver's effort level. This is echoed in literature which emphasises the importance of both the therapist and patient contribution to increase the efficacious nature of the treatment (Wampold & Flückiger, 2023).

This collaboration can be improved by the online format of the receiver seeing themselves on screen alongside the therapist, creating a sense of 'togetherness' and strengthening the therapeutic alliance (Agar, 2019). A higher level of contact with the therapist is a key factor for digital interventions to increase patient support and adherence to the treatment process (Melville *et al.,* 2010). Online support that is led or guided by a therapist or mental health professional could achieve higher uptake and attrition rates (Fleming et al., 2018). Additionally, the ability to personalise the treatment approach and draw on relevant tools specific to the individual is desirable with regards to increasing the efficacy of the intervention (Carlbring *et al.,* 2011). Most participants in this study stated that they would access mental health support online again if they needed to due to the positive nature of the therapeutic relationship. This is supported by studies concluding that relationships can be positively and successfully cultivated online (Parks & Roberts, 1998). Whilst some participants were surprised by this, most agreed that the online format does not seem to hinder the development of a strong therapeutic alliance or negatively impact the efficacy of the treatment process (Berger, 2017; Pihlaga *et al.,* 2018).

However, there is some opposition to digital therapy due to potential ambiguity around therapist body language (Skinner & Latchford, 2006). This perspective sits in alignment with the experience of one participant in this study who spoke of the difficulties of accurately reading body language, even with a webcam, and another who received telephone support but spoke of a desire to have at least one session where she could see the therapist in-person, to reveal whether it would positively contribute to the process and outcome. Studies suggest that a lack of non-verbal cues could hinder the efficacy of the therapy due to therapists misreading or failing to understand how the client is feeling (Lin & Anderson, 2024).

The expectations of the recipient within online mental health treatment are interesting, varied and unique to the individual. They include thoughts around the treatment process itself as well as recovery (Biringer *et al.,* 2017). As again emphasised in this study, some people have more experience of the process because they have accessed help previously, have worked in mental health, or know people who have been through the process. This could have an impact on their expectations of the experience and outcome in a variety of different ways due to having less knowledge and understanding. It might be assumed that these individuals would require more clarity and a higher level of support throughout the process to avoid absenteeism. Whilst dropout rates are difficult to predict, studies show that the 'unknowns' of receiving therapeutic intervention online could impact attendance of the sessions (Melville *et al.,* 2010). Although this did not seem to impact attendance rates for

participants of this study, uncertainty of what might be involved was demonstrated by a couple of participants, which is in agreement with previous studies (Hoek *et al.,* 2012; Crisp & Griffiths, 2014). Regardless, there is strong evidence in this study of positive experience, whereby the process and results surpassed expectations. Similar findings were highlighted in a study on therapists' perspectives of client experiences (Kotera *et al.,* 2021).

The idea of options and choices with regards to digital mental health support was valued by recipients. However, in cases where interventions were accessed through the NHS, treatment options were extremely limited. For some participants this did not have a negative impact, and they had positive experiences. However, others reported feelings of disappointment, due to limited support, or being offered the incorrect type of support. Those who paid privately for treatment gave positive feedback regarding their treatment process and its efficacy, likely because they had options and therefore more autonomy around choices and decisions during the intervention.

The offering of group therapy is an option that failed to attract participants in this study due to their perception of its limited effectiveness. Research shows that a group format may be more effective than individual intervention for some people (Weinberg, 2021), suggesting that it might be personality-dependent, or that the efficacy depends on specific symptoms and previous experiences. Although the comparison between individual and group therapy was not studied here, participants implied that individual support was preferential and research supports the sentiment that when operating digitally, individual therapy has better outcomes than group therapy (Barak et al., 2008). One study found that prospective patients worried about the harm that a group setting might cause if the aide lacks appropriate qualifications and credentials (Wesolowski *et al.,* 2023). Some study participants described a group format as unappealing, unhelpful and possibly harmful if it involves sharing personal traumatic experiences in a setting which is not designed to deal with the impact this might have on others. Additional research is needed to understand how e-groups work to elicit patient progress and to ensure that group therapists or facilitators embody the necessary skills and qualities needed for success online (Payne *et al.,* 2020).

The interviews included numerous requests for a type of hybrid intervention which includes both online and face-to-face options. Delivering mental healthcare as a hybrid has been shown to be effective for certain populations (Cohen *et al.,* 2023), promoting higher levels of engagement. Whilst further studies might need to assess whether this finding is transferable to other population groups, it is evident that receivers recognise the unique benefits of both modes of delivery. There are different ways in which online treatment might fit into a hybrid design to boost the efficacy of the service. Online intervention may be effective as a 'gateway' but not as an exclusive replacement of the face-to-face option (Barak & Grohol, 2011). This suggests that initial points of contact could be achieved through telephone or videoconferencing with a follow-up of in-person appointments, or that in-person sessions form an additional and

supplementary service throughout the treatment process. Other studies have found that a hybrid plan which involves both in-person and online support could be particularly effective in situations where the relationship between caregiver and receiver has been established (Shore *et al.,* 2018), highlighting the importance of nurturing the therapeutic relationship face-to-face before moving to an online format. This reinforces that there is no one specific way to deliver treatment but for increased efficacy, the nature of the process would rely heavily on the preferences of the patient, and the individual circumstances surrounding them.

It is interesting to note that individuals who have experiences of both in-person and online mental health support offer a unique perspective. However, results are mixed when assessing the efficacy of either online or in-person treatment options as both formats have associated benefits and disadvantages, as have been explored here. One study showed that the only advantage of remote intervention was its accessibility, and the convenience associated with that, but otherwise, digital support failed to meet participant expectations (Musiat *et al.,* 2014). These findings imply that an online format is less efficacious for managing or recovering from mental health struggles. Within this study and elsewhere, online psychological services can be considered less favourable when compared to in-person options. Whilst its accessibility has been seen as a key benefit for treatment continuity during the COVID-19 pandemic, there are concerns around the efficacy and credibility of this format in relation to possible risks and whether it is suitable for all mental health issues and therapeutic subtypes (Wesolowski *et al.,* 2023). This study alongside current literature supports the idea that in-person treatment is viewed as something special, particularly by those who could make direct comparisons between treatment formats. It seems there might be perceived increased efficacy in support-giver and receiver being together within the same environment because of the impact on the therapeutic relationship and sense of self (Mercadal & Cabré, 2022).

Other research presents online intervention as an increasingly popular choice for some individuals (King *et al.,* 2006) cementing its importance in current and future treatment options. In line with this study, it seems that the individual preferences, specific mental health issue, therapy type and therapist are all factors which affect the efficacy of both online and in-person treatment. To counteract some of the disadvantages mentioned, it has been suggested that online delivery promotes a clearer and more open expression of emotion from the individual receiving the support due to the online disinhibition effect (Suler, 2004). This finding has been corroborated by this study as some participants considered the online format to be potentially less awkward and more comfortable, which allows for a more effective process due to participant transparency and authenticity. Online mental health interventions, although newer and developing, have strong backing by research studies and individual experiences.

The limitations within this study include the sample size, demographics and wider application of findings. The very nature of qualitative research involves finding meaning through each individual experience which adds to the challenge of looking at experiences through a comparative lens. This study involved a range of participant experiences and as a result, attitudes towards the effectiveness of their support. The type of intervention, mental health condition and platform used are just some of the differentiating factors involved, as well as the unique position of each participant. For example, some participants had received professional help previously and some had received multiple types of therapy, which can impact their attitudes, perspectives and experience, and whilst this has been noted, realistically, these factors cannot all be accounted for. High heterogeneities amongst participants and across studies mean it is difficult to generalise findings or apply them to a wider or specific population. Finally, the use of thematic analysis presents some limitations, particularly around subjective interpretation, rigor and reliability (Roberts et al., 2019). It may also be that because participation was self-selecting in nature, this study attracted a specific type of person or viewpoint and that would skew the sample type and conclusions. Although arguably, the aim of this study was to explore and understand experiences on an individual basis and from this, broader commonalities can be established.

This study did not find sufficient evidence across the data set to demonstrate positive previous online support experiences leading to a greater likelihood of participants accessing or continuing future online interventions. This may have been due to participants needing to access two or more online sessions to be eligible to take part in this study. Further research is recommended with individuals who have received a longer-term online mental health intervention to be able assess the levels of trust and confidence in receiving online support. Further research is also recommended to study a larger sample of participants with a more diverse range of demographics, attributes and experiences to obtain a more detailed overview, or to increase the specificity of the sample to draw conclusions about a more specific subset of people, such as older adults, or those who identify as male.

Accessing and receiving effective psychological support is vital to improve mental and holistic wellbeing. Therefore, research in this area is important to help raise awareness of the type of support offered for mental health online and to identify both the challenges and rewards of receiving such support. In a developing world, there needs to be an assurance that these services are meeting expectations and offering efficacious outcomes.

This study reveals that whilst individual experiences vary, online support interventions can be successful for improving mental health. The appeal of online support is associated with its accessibility largely due to low cost, time and effort requirements. Interviewees agreed that a skilled therapist with the necessary qualities can build and maintain trusting relationships in a remote setting. Additionally, if the individual receiving support has access to a quiet space where they can talk freely, online

formats can be highly effective. A hybrid approach was reported as a preferential and effective treatment option for participants who had received both remote and in-person support. Based on these findings, future research recommendations include more specific criteria relating to participant group, (e.g. gender or age) or further research designed to examine the efficacy of online interventions for specific mental health diagnoses.

Data availability statement

The interview transcripts on which the study is based are not publicly available to protect the anonymity of the participants.

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