SPECIAL SECTION ONLINE TECHNOLOGIES

WILEY

A systematic review of higher education students' experiences of engaging with online therapy

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Abstract

Aim: The prevalence of mental health difficulties and the demand for psychological support for students in higher education (HE) appear to be increasing. Online therapy is a widely accessible resource that could provide effective support; however, little is known about such provision. The aim of this study was therefore to answer the research question 'What factors serve to influence higher education students' levels of engagement with online therapy?'

Method: A systematic review of qualitative scholarly and peer-reviewed literature was conducted across 10 databases. Six papers met the inclusion criteria, were assessed for quality and were analysed using thematic synthesis.

Findings: Factors that serve to motivate HE students to engage with online therapy included the perception that it might enhance the quality of the therapeutic relationship, that it would facilitate more autonomy in the work, and that it might enable them to be anonymous and avoid face-to-face contact. In contrast, demotivating factors were primarily practical in nature. Fitting therapeutic work into their busy lives, technological challenges and persisting mental health stigma proved important factors.

Conclusion: This review synthesises the reasons why HE students might engage with or withdraw from online therapy. It highlights that students appear to view online therapy positively, but they can be inhibited by both personal and practical issues. Therapeutic services therefore need to ensure that information about the work they offer online is clear and transparent and that the platforms they work on are secure and stable. Finally, the need for further research, to keep abreast of technological developments, is recommended.

KEYWORDS

COVID-19, engagement, higher education, online therapy, student

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1 | INTRODUCTION

The increasing prevalence of mental health difficulties in higher education students is a growing concern that requires considerable critical attention (Deasy et al., 2014). In the summary of equality and diversity data issued by the United Kingdom's (UK) Office for Students (OfS), reporting of mental health conditions by students increased from 0.6% in 2010/11 to 3.1% in 2017/18, an increase bigger than the reporting of any other disability (May, 2019). A recent briefing paper by Hubble and Bolton (2019, p.3) also draws attention to 33.9% of students who have experienced a 'serious psychological issue for which they felt they needed professional help'.

Students engaging in higher education are a particularly vulnerable population due to the developmental transition they are experiencing (Conley et al., 2014). The additional impact of the COVID-19/coronavirus global pandemic (ECDC, 2020) has been a current and highly pertinent concern for the provision of appropriate, helpful online psychological support during challenging times (Sahu, 2020). As a consequence, within some countries, all educational institutions (schools, colleges and universities), and retail and non-essential services were instructed by governments to close and populations were advised to stay home with the exception of essential travel or work. The implications of measures such as these for well-being and mental health are vast. Arguably, this is further heightened for young people and HE students whose education, physical–social interaction and support networks have been dramatically curtailed.

Prior to the outbreak of COVID-19, the number of HE students experiencing mental health difficulties had already appeared to increase, reflected in the rising demand for support. In a survey conducted by the Institute for Public Policy Research (IPPR; 2017), 61% of higher education institutions reported an increase in demand for counselling services of more than 25% over a five-year period (Thorley, 2017). The mounting demand on institutions to provide adequate and effective counselling services, combined with limited resources, has contributed to the development and provision of online therapy services in addition to traditional support pathways (Inglis & Cathcart, 2018). HE students communicate and relate to other people pervasively via technology online, reportedly spending more than 55 hr/week online (Hyperoptic, 2019). Services such as online support networks (e.g. Big White Wall, SilverCloud), university online therapy services (Kooth Student) and interactive self-help programmes have been established to try to meet this demand. Despite the increasing demand for, and supply of, online therapy services for HE students, data from several studies suggest that student engagement in, and completion of, online therapy are consistently low (Clarke et al., 2014; Musiat et al., 2014; Santucci et al., 2013).

1.1 | HE student well-being

The term 'higher education' in this review refers to individuals who are 18 years or older attending institutions of education such as colleges and universities. HE students are vulnerable to the development of

Implications for practice

- Higher education institutions might offer online therapy as an alternative to face-to-face support. Online therapy can provide a means of supporting students who might not ordinarily access therapy, with the convenience, and in some cases the anonymous nature of the communication, proving attractive to some individuals.
- Technological problems and personal concerns about accessing therapeutic services can act as a major deterrent to engaging with online services. To limit demotivating factors, online therapy services need to be offered on secure and stable platforms. Further, they should provide clear and transparent descriptions of the online therapeutic support that they offer. Such content will help to manage the expectations of those accessing support.
- Currently, there is a very limited body of work exploring online therapy with students in higher education. Further research is needed to explore new developments in online therapy with students in higher education.

Implication for policy

- Those involved in developing counselling and psychotherapy services in higher education settings should consider online therapy as a viable way of increasing engagement with the support they offer.

mental health problems as they are faced with a spectrum of internal intrapersonal, interpersonal, educational, financial and cultural pressures (Cleary et al., 2011). Internal risk factors relate to the individual person and situation. Students transition through a significant phase of intrapersonal growth and development during their time in higher education (e.g. Chickering, 1969).

Chickering (1969) proposed seven areas that impact upon the identity development for students. These include developing competence, managing emotions, moving through autonomy, developing mature interpersonal relationships, establishing identity, developing purpose and developing integrity. Chickering's (1969) theory is supported by research that demonstrates that disruption of the intrapersonal developmental process may contribute to the onset of mental health difficulties (Cleary et al., 2011; Eisenberg et al., 2007). Most HE students are living away from home, often for the first time, in an unfamiliar town, city or even country, away from an established network of family and friends, and experience subsequent homesickness and social isolation (Thurber & Walton, 2012). International students are also confronted with cultural–transitional factors, such as adapting to a different language, culture and customs of a new country. Furthermore, HE students must manage financial insecurity (Eisenberg et al., 2007) and the establishing, developing and maintaining of a social network

(Vazquez et al., 2011). Of consideration, during the COVID-19 global pandemic, are the stay-at-home policies and the psychological, emotional and financial pressure of unfolding events (Sahu, 2020). HE students have had to return to their homes, and families all over the world and, in some instances, individuals are solely reliant on technology to retain contact with educational services, friends, social networks and support systems.

To support HE students in need of additional support, the resources available vary from institution to institution. In general, however, they comprise of services such as pastoral services, telephone help lines, face-to-face institutional counselling services, institutional online self-administered and supported services, workshops and online psychoeducation information (Broglia et al., 2017; Hanley et al., 2020; Mair, 2016).

1.2 | Online therapy

Online therapy is an evolving therapeutic way of working that endeavours to provide an alternative pathway to support individuals experiencing mental health difficulties (Hanley & Reynolds, 2009; Sweeney et al., 2019). It assists in meeting a demand for psychological support that traditional face-to-face therapeutic resources are not always able to meet (Stallman, 2011). For instance, online services can support younger individuals in accessing services that they may not ordinarily approach (Ersahin & Hanley, 2017). Online provision of therapeutic support is recognised and referenced in the literature by various terms including online therapy, e-therapy, e-counselling, computerised cognitive behavioural therapy (cCBT) and electronic cognitive behavioural therapy (eCBT) (Ostrowski & Collins, 2016). The term 'online therapy' in this review refers to all types of online therapeutic support, including asynchronous (email) and synchronous (instant messaging) communication, video support and self-administered Internet-delivered systems (SAID) of support. The ongoing development of online therapy can be aligned to the research reflecting upon the help-seeking behaviour of HE students. This indicates an increasing demand by young people for psychological support and help-seeking predominantly via the Internet in the first instance (Hanley et al., 2019).

1.3 | Engagement with online therapy

The term 'engagement' in this review is interpreted as 'to participate in, and to complete an agreed number of therapeutic sessions'. There is considerable literature relating to online therapy, including studies on engagement with online therapy. This includes reflections on the broad territory of online therapy and also focuses on specific areas such as cCBT, eCBT, and asynchronous and synchronous approaches, and concerns different presentations and populations. However, most of the research is currently quantitative (Musiat et al., 2014; Richards & Timulak, 2012) and focuses upon reported fallout rates, dropout figures, levels of attrition, efficacy and

satisfaction. For instance, in Santucci et al.'s (2013) study evaluating university-implemented computerised CBT, 88% of participants (*n* = 43) did not complete the course of eight sessions. High levels of attrition, 61.7% of participants (*n* = 1,141), were also reported in Musiat et al.'s (2014) paper investigating the efficacy for HE students of a CBT-informed transdiagnostic online intervention. There seems to be limited research, however, that considers how students are engaging and experiencing online therapy or why levels of attrition are consistently high for this medium of therapy.

1.4 | Rationale

Given the increasing prevalence of online therapy for HE students, alongside the limited understanding of why this group might engage with such services, this review provides a synthesis of the research reflecting upon this topic. As such, the following research question is posed:

> What factors serve to influence higher education students' levels of engagement with online therapy?

2 | METHODOLOGY

A systematic review is a rigorous and methodical review of the literature that, unlike a standard literature review, utilises a 'pre-specified protocol to minimise bias' (Dempster, 2011, p.15) to appraise and synthesise quality research findings (Hanley & Cutts, 2013). In this paper, a systematic review of the peer-reviewed literature was conducted, investigating HE students' engagement with online therapy.

2.1 | Search terms and strategy

The search strategy comprised of an initial search of *Google Scholar, PsycINFO and EMBASE* to confirm no existing systematic reviews relating to HE students' experiences of online therapy had been conducted. A total of 10 databases, plus additional sources such as *Google Scholar* and reference lists of relevant articles, were used in the search strategy, including the following: *PsycINFO, ERIC, Scopus, Cochrane Library, American Periodicals, British Periodicals, Humanities Index, Periodicals Archive Online, SciTech Premium Collection* and *Social Science Premium Collection*. Following a number of pilot searches, the following search terms were developed: "higher education" OR "HE" AND "student*" AND "online therapy" OR "e-therapy" OR "internet counselling" OR "online therapy" OR "internet therapy" AND "engagement" OR "attending" OR "attend" OR "engage" AND "computerised cognitive behaviour therapy" OR "ccbt". Searches were limited to scholarly journals and peer-reviewed journal articles for the time period 2009–2019 and included only English-language articles where full text was available. All searches were completed in November 2019.

2.2 | Eligibility criteria

Studies retrieved from the searches were transferred to Mendeley to facilitate removal of duplicates and assessment against the inclusion and exclusion criteria (Figure 1).

Studies included a population sample of students aged 18 years or older, which focused upon those attending higher education and related explicitly to mental health. Additionally, eligible studies included an online therapy intervention via computer, smartphone or other computer-mediated devices delivered synchronously (by text message, chat room, Voice over Internet Protocol [VoIP], instant messaging or videoconferencing) or asynchronously (by email, online discussion boards) or via an independent programme or application, for example cCBT. Qualitative studies reporting on engagement, attitudes and experience, access, adherence, repetition, completion, attrition, dropout, premature termination or non-usage were considered for inclusion.

The database and *Google Scholar* searches followed the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) protocol (see Figure 2 for a PRISMA flow diagram of search process), generating a total of 1,315 records. Following a screening by title and removal of duplicates, 181 records were screened by abstract according to the inclusion and exclusion criteria; of these, 151 records were excluded. The full-text articles were then read, and of the remaining 30 records, 24 records were excluded that were either unpublished, did not focus upon mental health, did not relate explicitly to higher education and where the population sample was below 18 years old. Thirteen additional records were identified within the articles as potentially eligible but were further excluded due to not relating to mental health, not focusing on engagement or not pertaining to online therapy. The remaining six studies were deemed to meet the inclusion criteria for the review, subject to quality appraisal.

2.3 | Quality appraisal

The final papers identified through the PRISMA process were assessed for methodological quality using an adapted version of the guidelines prepared by the National Institute for Health and Clinical Excellence (NICE, 2009), devised by Ersahin (2014). The criteria considered to assess the quality of the papers focused upon (a) the aims of the research, (b) the study design, (c) the recruitment and data collection, (d) the data analysis, (e) the findings/interpretation, and (f) the implications for research.

The overall quality assessment of the papers resulted in four of six papers being rated as high quality and two of six papers rated as medium quality (due to lack of clarity regarding ethical considerations of the studies). Due to the limited number of papers involved in the review, it was decided to include all six in the analysis.

Inclusion	Exclusion
• Participants: aged between 18yrs +, in Higher Education, Students, related to mental health	• Participants: under 18yrs, not in Higher Education, not students
• Intervention: Online therapy o Interventions delivered via computer / Smart phone / other IT devices o Type of interventions: Synchronous: text message /chat room / VOIP / Instant messaging / video conferencing or Asynchronous: Email / Online discussion boards or Independent: Programme / Application e.g. Computerised cognitive behavioural therapy (cCBT)	• Intervention: Not mental health, not technology-based
• Outcomes: Engagement o Attitudes and experience o Accessing, adherence, repetition and completion o Attrition, drop-out, premature termination or non-usage	• Study type: Not a study
• Study type: Qualitative	
• Publication status: Published studies	• Publication status: Unpublished studies due to possible lower methodological quality
• Country of origin: Worldwide	
• Language: English Language	• Language: Not English language

FIGURE 1 Inclusion and Exclusion criteria
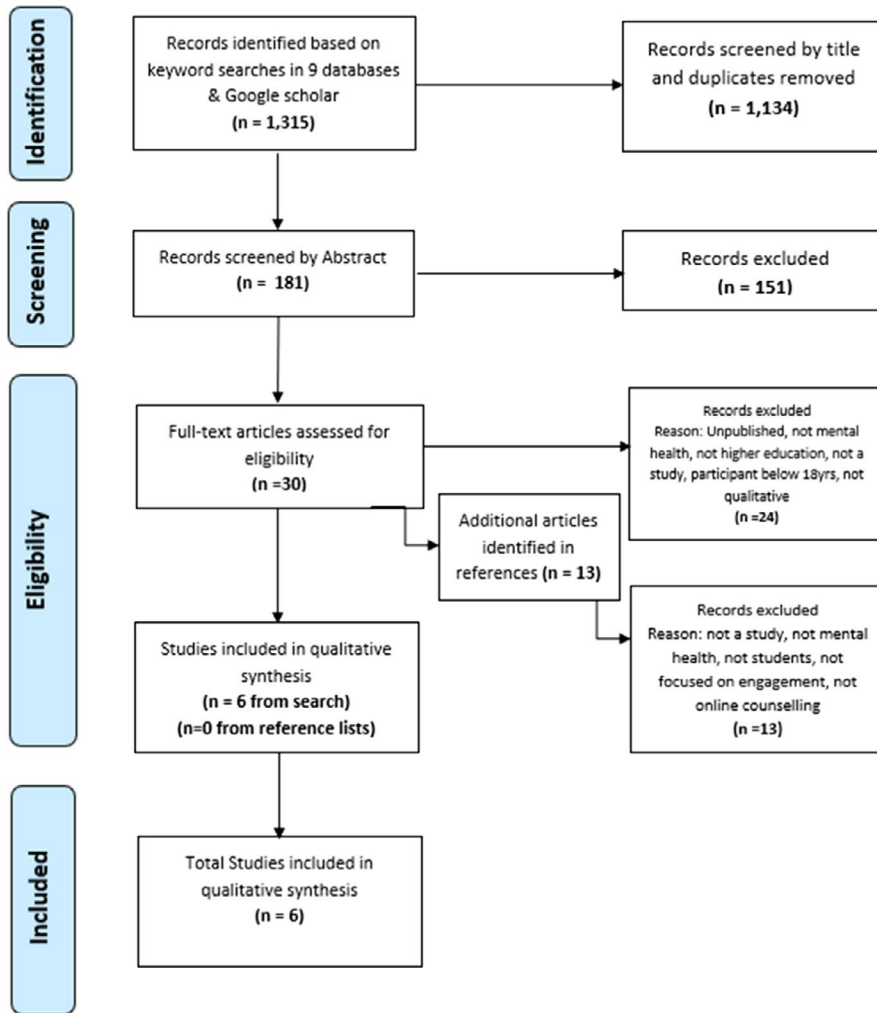
FIGURE 2 PRISMA flow diagram of the systematic search process

2.4 | Data extraction and synthesis

The results/findings sections of the six papers that were identified were utilised as data for thematic synthesis in this review (Thomas & Harden, 2008). Thematic synthesis is an example of integrative synthesis that is often more deductive when concepts in primary research are clearly defined (Flemming et al., 2019). There are three stages to the process of thematic synthesis, including the following: (a) line-by-line coding, (b) development of descriptive themes, and (c) generation of analytical themes. The analysis involved both deductive analysis of the data and exploratory inductive analysis. Themes were explicitly looked for that reflected motivating and demotivating factors related to student engagement with online therapy. Within these high-level categories, a more explorative inductive analysis was conducted to present the nuances reported in the papers.

2.5 | Ethical considerations

This review was a desk-based study that did not include human participants. As such, the study was conducted in accordance with the University of Manchester ethical guidelines, the British

Psychological Society (BPS, 2014) and Health and Care Professions Council (HCPC, 2012) research guidelines and the National Institute for Health and Care Excellence guidelines (NICE, 2012) for undertaking systematic reviews.

3 | FINDINGS

The systematic search process (Figure 2) identified six peer-reviewed journal articles for thematic synthesis in this review.

3.1 | Characteristics of Included Studies Table

A summary of the characteristics of the six identified articles was produced and is reported in Figure 3 below. This included the author(s) and year of publication, the primary aim and focus of the article, the sample, the research design and the location of the author. The referenced numbers within the findings section relate to the numbered papers on the characteristics table.

All of the papers focus upon therapeutic work with HE students aged 18 years or older. As indicated in Figure 3, the primary

FIGURE 3 Characteristics of included studies

No.	Author (year)	Primary Aim and focus	Sample	Design	Location
1	Dunn (2012)	Online therapy relationship and therapeutic engagement. Focus: Asynchronous (by email) counselling experiences.	University students (n=10)	Qualitative (IPA)	Portsmouth, UK
2	Fang et al (2017)	Understand benefits, challenges & experiences of online therapy. Focus: Experiences of text-based online therapy.	Undergraduate students aged 18-45yrs (n=33)	Qualitative (Content analysis)	Toronto, Canada
3	Mishna, Bogo & Sawyer (2013)	Perspectives of cyber and face-to-face counselling. Focus: Benefits & challenges of cyber and face-to-face counselling for students.	Undergraduate students aged 18yrs-34yrs (n=34)	Qualitative (Grounded theory)	Toronto, Canada
4	Walsh & Richards (2017)	Evaluation of students' experiences and engagement with internet-delivered treatment programme for anxiety.	Students aged 18yrs to 34yrs (n=7)	Qualitative (Thematic analysis)	Dublin, Ireland
5	Richards & Timulak (2012)	Helpful and hindering events in therapist-delivered vs self-administered online CBT in college students.	University students 19yrs to 59yrs (n=80)	Descriptive-interpretive qualitative analysis	Dublin, Ireland
6	Richards & Timulak (2013)	Satisfaction with therapist-delivered vs self-administered online CBT in college students	University students 19yrs-59yrs (n=80)	Descriptive-interpretive qualitative analysis	Dublin, Ireland

aim and focus of the papers varied, but each explicitly focused upon the experiences of students accessing online therapeutic services.

3.2 | Summary of findings from data synthesis

The findings from the six papers are presented in three major strands. Firstly, the motivating and demotivating factors are presented. Following this, a final strand of unique factors is presented. This final strand included elements that did not naturally fit into either of the first strands but related directly to the students' experience of accessing online therapy. Sixteen subordinate themes were identified from the data synthesis that fit into these three overarching strands. Figure 4 illustrates these subordinate themes and includes the number of coded references observed in the papers in parenthesis.
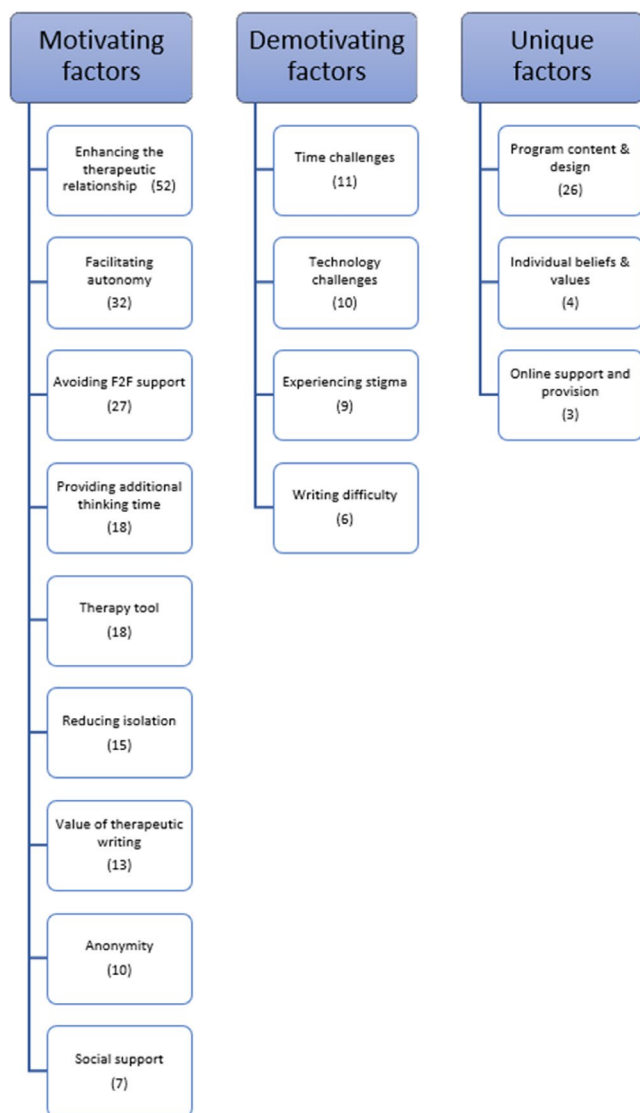
3.3 | Motivating factors

Factors motivating individuals to engage with online therapy were evident in all six studies and were strongly linked to the client's personal experiences of, and feelings about, engaging in online therapy. These motivating factors were categorised into the following nine subordinate themes: (a) enhancing the therapeutic relationship, (b) facilitating autonomy, (c) avoiding face-to-face support, (d) providing additional thinking time, (e) therapy tool, (f) reducing isolation, (g) the value of therapeutic writing, (h) anonymity, and (i) social support.

3.3.1 | Enhancing the therapeutic relationship

Clients reported greater engagement with online therapy when the therapy was more personalised, offering support and understanding, acknowledgement, a sense of being heard and cared about (1–5).

Motivating factors	Demotivating factors	Unique factors
Enhancing the therapeutic relationship (52)	Time challenges (11)	Program content & design (26)
Facilitating autonomy (32)	Technology challenges (10)	Individual beliefs & values (4)
Avoiding F2F support (27)	Experiencing stigma (9)	Online support and provision (3)
Providing additional thinking time (18)	Writing difficulty (6)	
Therapy tool (18)		
Reducing isolation (15)		
Value of therapeutic writing (13)		
Anonymity (10)		
Social support (7)		

FIGURE 4 Themes identified in findings

even when you didn't even read the email yet, you know that somebody is caring for you.

(Mishna et al., 2013, p.173)

Further, in Dunn's (2012) analysis of semi-structured interviews, 10 former email counselling clients revealed aspects of the therapeutic relationship necessary for positive engagement in therapy. These included the establishment and maintenance of clear boundaries, consistent unconditional positive regard and not feeling judged by the therapist. Clients were seen to be more inclined to engage in face-to-face therapy after a positive experience of the therapeutic relationship in online therapy (1).

I felt she honestly cared about me and my problems and I felt better about counsellors in general which made me feel more comfortable meeting someone in person.

(Dunn, 2012, p.323)

In both Dunn (2012) and Fang et al.'s (2018) studies, the findings supported the idea that the online environment can offer relational distance within the therapeutic relationship, and create a sense of security, and that this is preferred over relational absence (i.e. computerised cognitive behavioural therapy).

email just gives you that little bit of distance that protects you.

(Dunn, 2012, p.321)

3.3.2 | Facilitating autonomy

Dunn (2012) linked the client's feelings of disempowerment in face-to-face therapy to the perceived positions of power between the therapist and client. In contrast, in online therapy the clients in the study reported a greater locus of control with the therapy process.

if my issues were made light of or if I was told that I was overreacting...I could just ignore the advice if I wanted to and not reply. I guess it has to do with a feeling of having more control over the counselling and the directions it would take.

(Dunn, 2012, p.323)

Distinctive advantages of online therapy reported in Fang et al.'s (2018) study included 'autonomy and agency in the counselling process' (Fang et al., 2018, p.1781). In their study, clients report having autonomy over when and how they chose to engage with online therapy as being a factor that maintained engagement in online services.

typing stuff out in whatever order I feel like, taking as much time as I need to, directing the conversation however I want and in whatever order I want...this is one of the things that drew me to this programme.

(Fang et al., 2018, p.1781)

3.3.3 | Avoiding face-to-face contact

Clients reported experiencing difficulty with direct or face-to-face contact. This linked with fear and preconceptions of judgement, criticism and the perception of wasting another person's time (1–4).

I don't like counsellors because I always feel kind of guilty that I'm wasting someone's time and it's very intimidating sitting one on one with someone and chatting about yourself.

(Walsh & Richards, 2017, p.26)

Consequently, for some, engaging in online therapy seemed to be a safer and less intimidating alternative for seeking support.

3.3.4 | Providing additional thinking time

In five of the studies (1–5), asynchronous online therapy was offered to participants either by email, text-based or programme-based formats. Individuals reported that thinking time was important to them (1). Furthermore, convenience for those living at long distance, support being available 24/7 and flexibility with lifestyle, especially during examination and holiday periods, were key motivating factors for engagement with online therapy (2–4).

> you know it's easy, it fits into your lifestyle, it's convenient.
>
> (Walsh & Richards, 2017, p.22)

3.3.5 | Therapy tool

Clients report using past online therapy sessions as a 'therapy tool' (1–4), notably being able to refer to previous work to gain a sense of progress and accomplishment, as well as a set of resources available in the practice and acquiring of new skills. Having a record of the therapeutic work completed appeared to motivate clients to engage with the therapeutic work as it facilitated change and acted as a therapy tool for use in the present and future. Fang et al. (2018) reported the provision of instant resources, such as online tools and links, also encouraged engagement in online therapy.

> you can read back over the reply again and again. This helped me and I did it a lot. I would read them at different points throughout the week and in various different frames of mind.
>
> (Dunn, 2012, p.322)

3.3.6 | Reducing isolation

Findings in four of the papers (1–4) reviewed reported that clients engage with online therapy due to their experience of physical and psychological isolation. For instance, findings in Dunn's (2012) study suggest that difficulty asking for help and self-doubt can psychologically isolate clients, preventing individuals from seeking help face-to-face. Engagement in online therapy for these clients can therefore be within personal levels of tolerance and reduce psychological pressure and the sense of isolation.

> I had a problem with asking for help...online therapy attracted me because I thought it would indicate to me whether I was worthy of talking to someone and getting help.
>
> (Dunn, 2012, p.323)

3.3.7 | Value of therapeutic writing

Mishna et al. (2013) report the value of written communication as being cathartic, reducing avoidance and feeling more legitimate for students engaging with cyber counselling. The cathartic quality of writing was similarly reported in two of the other studies (2,4). Some students appear to feel greater confidence typing or writing, rather than verbalising their feelings and experience (1).

> instead of just writing into a journal where no one would see it, it's like now someone is reading this and responding in a way that's really good.
>
> (Mishna et al., 2013, p.174)

3.3.8 | Anonymity

There is a level of safety and comfort reported in the findings of studies within the review (1,2,4,6). Clients reported being hidden or concealed in this way of working. In some cases, a desire for anonymity in counselling was reported, described in Dunn's (2012) findings as being similar to a confessional. The desire for, and comfort with, being detached or hidden is connected intrapersonally for clients with other subthemes of isolation and autonomy.

> I was hoping to remain totally anonymous even to you, my councillor.
>
> (Fang et al., 2018, p.1780)

3.3.9 | Social support

Walsh and Richards' (2017) study reported on students engaging in a programme of online therapy that also offered community support. Findings in this study suggest that students experienced reassurance, support, validation and a sense of community whilst maintaining a sense of anonymity. This helped students to feel less alone and more motivated to engage with the platform. As only one study offered this type of support, the significance of this cannot be extended too far. Further studies exploring the helpfulness of community support alongside online therapy could therefore be investigated.

> it was good to like, know that other people were accessing it and have a sense of like community and know that like you weren't alone it.
>
> (Walsh & Richards, 2017, p.25)

3.4 | Demotivating factors

It is clear from synthesis of the findings of the papers that there are factors that demotivate individuals from engaging with online

therapy. Four subordinate themes were identified. These were as follows: (a) time challenges, (b) technology challenges, (c) experiencing stigma, and (d) writing difficulty. It is critical to gain a clear understanding of the factors demotivating clients from sustained engagement with online therapy in order to improve services and meet the demands of students experiencing psychological difficulty.

3.4.1 | Time challenges

Findings in three of the studies reviewed (2,4,6) suggest that students underestimate the commitment of time and effort required to engage with online therapy, perhaps mistaking it for a 'quick fix'. However, once they engage with the process, those involved in the studies reported gaining a clearer understanding of what is involved and what is expected. This process can lead to high rates of dropout. Conflicts with other priorities such as educational demands and pressure also result in dropping out of the online process (4). Findings in two of the studies reported frustration with the time needed in online therapy, the involvement of a lot of work and resistance to do the work due to the time commitment required (2,6).

> It seems to require a lot more effort than a session in person.
>
> (Fang et al., 2018, p.1783)

3.4.2 | Technology challenges

Two out of six studies found technology to be a demotivating factor relating to engagement in online therapy. The key issues reported related to the difficulty of navigating support online, administration issues (such as difficulty logging in or being disconnected), boundaries being interrupted by technology, and confusion and frustration navigating the nuances of online communication (2,5).

> I hit the wrong button and saved a draft instead of sending out the email! It seems that technical difficulties keep happening to me.
>
> (Fang et al., 2018, p.1782)

3.4.3 | Experiencing stigma

Individuals continue to experience stigma regarding seeking psychological help and support. Students reported feelings of shame and fear of judgement for needing counselling and fear of exposure or wasting the counsellors' time (1,2,4).

> I do feel that people generally look shamefully on people who need counselling, like they can't deal

with their problems on their own. And prior to signing up..there was an element of shame in myself, for this same reason.
>
> (Dunn, 2012, p.322)

3.4.4 | Writing difficulty

One of the studies in the review highlighted that writing may be a challenge for some individuals and because online therapy is heavily dependent on the client communicating their feelings and experiences by writing, students may be more inclined to dropout for this reason. The key challenges reported relating to writing difficulty were frustration with the difficulty experienced trying to communicate, a lack of guidance with the writing process, uncertainty and self-doubt about writing ability and being overwhelmed with the effort needed to engage by writing (2).

> I felt a little frustrated with myself. I think it is difficult for me within this email format to actually reflect on what I am saying, even if I revise it.
>
> (Fang et al., 2018, p.1782)

3.5 | Unique factors

During the synthesis process, it was evident that certain factors were impacting levels of engagement both positively and negatively that were specific to the individual or the design/type of online therapy. The three subordinate themes identified were programme content and design, individual beliefs and values, and online support and provision.

3.5.1 | Programme content and design

This subtheme comprised 26 of the coding references across three out of the six papers. It is clear from the data that how individuals access, navigate and engage with online therapy programmes, whether self-administered or facilitated by a therapist, can encourage or demotivate clients to maintain their engagement. Factors such as having the ability to track achievement, monitor progress and gain new information and skills (e.g. relaxation techniques) proved important. Other factors such as difficulty navigating online platforms, an overwhelming design, being text heavy, disengaging content and lack of identification with programme features (e.g. unrealistic examples and complicated programme structures) negatively impacted engagement (4–6).

> When an item I'd completed was ticked off of my to do list, it provided me with a sense of accomplishment and motivation.
>
> (Walsh & Richards, 2017, p.22)

3.5.2 | Individual beliefs and values

Walsh and Richards (2017) reported that successful maintained engagement in online therapy depended upon personal characteristics such as how self-motivated the individual is. Findings in their study were supported by Fang et al.'s (2018) study reporting that individuals who are conscientious, goal-driven and self-motivated, with a high level of self-efficacy, found engaging with online therapy more comfortable and helpful.

> I wanted to use the programme to gain the relevant skills and strategies to tackle my personal issues.
>
> (Walsh & Richards, 2017, p.25)

3.5.3 | Online support and provision

Differences in the counsellor response method and structure of therapeutic interventions online can facilitate or interrupt the therapeutic relationship and therapeutic process (1). In Dunn's (2012) findings, individuals reported the importance of consideration of language and text formatting in online therapy. Adapting language, text format and style to meet the needs of clients may help them to feel heard and understood.

> the way [my counsellor] responded to my emails was perfect. She wrote between my paragraphs, addressing each issue as I had raised it, then I could do the same for my reply. It helped to see clearly as issues were addressed and clarified.
>
> (Dunn, 2012, p.322)

4 | DISCUSSION

The findings of this study can help to guide services and improve the effective provision of psychological support to potentially vulnerable HE students. Within the three main strands highlighted in the analysis (motivating factors, demotivating factors and unique factors), 16 subordinate themes were identified offering further insight and providing answers to the research question, 'What factors serve to influence higher education students' levels of engagement with online therapy?' In summary, these highlight that the students in the studies were relatively positive towards online therapy. They found the flexible nature of the resources being offered helpful and this appeared to increase the likelihood that they would engage with therapy. In contrast, however, the nascent development of online services also came through in the reports from those in the studies. Technological limitations and personal concerns about engaging with mental health and well-being services were not always overcome by the mediated services on offer. Below, we discuss these elements in more detail.

Six out of the nine subthemes generated under the main theme 'motivating factors' relate to the value of humanising the clients'

experience of online therapy. Clients are motivated to engage with online therapy when their experience is personalised, and they receive understanding, acknowledgement, caring and support from another human being in addition to clear boundaries, consistency and non-judgement. Providing online support services that embrace the value of the therapeutic relationship is therefore critical, particularly during extended periods of isolation. Equally, the research indicated that the support of others experiencing psychological difficulties, shared via forums or online communities, offered individuals a sense of reassurance, validation, belonging and greater motivation to maintain engagement. Such a finding is echoed in studies of students seeking psychological support through similar means (e.g. Hanley et al., 2019; Hyperoptic, 2019). The experience of communicating via technology for HE students is arguably more normalised and comfortable for this population. Considerable efforts and inroads have been made to couple this prolific use of technology with the increased demand for psychological support. Stand-alone online therapeutic programmes have become more prevalent, and in the effort to expedite these services swiftly, coupled with finite human resources (before the COVID-19 pandemic), the importance and significance of the human factor in the online therapeutic arena is arguably in jeopardy of being lost. Such a shift in therapeutic provision would contrast many of the engaging factors noted in this synthesis. As such, this could have serious implications for the provision of self-administered online therapy and online therapy facilitated by an untrained online supporter.

The studies also reflected that online therapy can mitigate initial difficulties with direct interpersonal contact. For instance, Dunn's (2012) paper reports that face-to-face therapy can be intimidating, with some individuals fearing being analysed and judged by the therapist and thus feeling overly self-conscious and finding themselves unable to form the words to communicate. These findings are consistent with studies such as Hanley et al.'s (2019) study exploring how young people use online forums for support. Online therapy therefore has the potential to offer psychological support to HE students that is within their locus of control and level of tolerance.

Higher education students can experience greater agency in online therapy. They can choose how and when they engage, factors that are often motivated by the perception of privacy and anonymity. Further, some students reported utilising online therapy as a tool for the present and future (notably returning to therapeutic interchanges that had been stored). Bohart and Tallman (2010) describe client agency as critical in the therapeutic process in contributing towards a successful outcome. Findings in Hanley's (2009, 2012) work examining the quality of the working alliance in online therapy with young people similarly indicate the importance of client agency when working therapeutically online. This is concordant with Chickering's (1969) 'seven vectors' theory of identity, particularly managing emotional well-being and moving through autonomy. Accordingly, the wide provision of an online therapeutic resource has the potential to offer ongoing support in the psychological development of young adults.

Significant factors demotivating HE student's engagement in online therapy relate to the limited perception, expectation and

understanding of the work and time required to engage with the online therapeutic process. As such, it is arguably the responsibility of therapists to find ways to inform, educate and raise awareness of the therapeutic process, a factor that is not different with face-to-face therapy but needs to be tailored to account for the different media it is offered in. Technology removes many of the physical barriers that traditional therapy can encounter; for instance, it can increase accessibility to support by providing time and space (Harris & Birnbaum, 2015; Pattison et al., 2015). Where one barrier may be removed however, practical technological challenges emerge in their place and can negatively impact upon levels of engagement. The research informs us that some HE students disengage from the online therapy process due to individual difficulties and challenges with the process of writing itself. Findings in King et al.'s (2007) study, focusing upon the motives and experiences of young people who choose Internet instead of face-to-face counselling, are consistent with this. They highlight the challenge and concern that feelings may be lost in text or not fully understood by the therapist.

Counsellors, psychotherapists and psychologists are well positioned to further develop and communicate standards and policies for online therapeutic practice to therapists and clients. Similarly, as stigma continues to be a factor affecting individuals' engagement with online therapy, it is arguably the responsibility of professionals in these fields to continue raising awareness about mental health and well-being so as to destigmatise the seeking of psychological help and support. As such, this review contributes to the idea that the role of therapists, and thus the training of therapists, stretches beyond the therapy room itself.

4.1 | Strengths, Limitations and Future Research

This systematic review is the first to bring together the literature focusing upon how HE students experience engagement with online therapy. The hope is that findings inform future research and development of online services and better support the increasing numbers of HE students experiencing psychological difficulty. There are limitations to this study, however, which must be highlighted and considered. Firstly, the limited capacity of the paper only permitted a broad thematic synthesis of the data, which with more time and resources could be deepened and potentially investigated further. A thorough search was conducted of the library databases; however, unpublished and grey literature was not included in the search strategy, which may have limited the final articles selected.

The work highlights numerous gaps in the understanding of online work. For instance, further development of strategies to support individuals who may find writing more arduous will help increase the accessibility of online therapy. Similarly, future research and analysis of existing online therapy platforms and programme content and design may further aid our understanding of what structures, modalities and content HE students find helpful or unhelpful. Explorations into these arenas will help inform the shaping of existing platforms and design of new platforms to better meet the needs of users and expectantly reduce attrition rates of such services.

In addition to the above, future research should consider the lessons learnt from the expedited transition of therapeutic face-to-face services to online during the COVID-19 global pandemic. In particular, topics such as how services have evolved or been experienced as helpful, unhelpful or differently to previous online provisions would further the understanding of how HE students engage with online therapeutic resources.

5 | CONCLUSION

This paper set out to review the existing literature exploring how HE students engage with online therapy. Doing so has highlighted a series of factors that are likely to both motivate and demotivate individuals from such engagement. Specifically, students appear to view online therapy positively, but they can be inhibited by both personal issues, such as the stigma associated with seeking help for issues related to their mental health and well-being, and practical issues, such as technological failures. Therapeutic services therefore need to ensure that information about the work they offer online is clear and transparent and that the platforms they work on are secure and stable. These findings resonate with the findings exploring online work with other groups, such as younger populations, and highlight the need for more research focusing upon this growing arena. Online therapy is moving at such a pace, particularly given the impact of changes to modes of delivery during the COVID-19 pandemic, that research needs to keep abreast of these changes to support the development and reflect upon the appropriateness of such changes. Student populations are 'digital natives', and the expectation that therapeutic support is provided online is only likely to grow.

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