Received: 1 November 2021 | Revised: 2 March 2022 | Accepted: 3 March 2022

DOI: 10.1002/capr.12528

ORIGINAL ARTICLE

WILEY

Barriers and facilitators of young people's engagement with webchat counselling: A qualitative analysis informed by the Behaviour Change Wheel

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Funding information
UCL MSc Behaviour Change

Abstract

Young people's engagement with online counselling remains an endemic obstacle faced by mental health services. This study utilises the Behaviour Change Wheel (BCW) framework to systematically explore the barriers and facilitators of young people's behavioural engagement with online webchat counselling. The current study defines behavioural engagement as any observable or active contribution by the young person in the webchat sessions, such as written verbalisation and self-expression. Semi-structured interviews with counsellors (n = 8) and open-ended questionnaire data from 43 young people (aged 18–25 years) were gathered and then coded. Nine core themes were identified including communication difficulties, the safety of the webchat environment, absence of face-to-face communication, ambiguity in messages or pauses, reaching goals, optimism about outcomes, pre-existing anxieties, mood or well-being and wanting/not wanting to attend. Using the BCW framework, these themes were mapped to broad intervention functions and behaviour change techniques (BCTs) to provide suggestions to optimise young people's engagement with online counselling. These include the application of persuasive design features, the use of social strategies, increased counsellor training and greater personalisation of the online therapeutic approach. Future research can determine the effectiveness of these proposed strategies and BCTs to enrich the emerging engagement strategy field and the wider digital and mental health behaviour change literature.

KEYWORDS
behaviour change techniques, behaviour change wheel, digital mental health support, online counselling, the COM-B model, webchat counselling

1 | INTRODUCTION

Mental illness among young people has been declared as one of the greatest disease burdens by the World Health Organization (WHO, 2016). In the UK, the prevalence of mental illness amongst 16- to 24-year-olds falls between 10% and 20%, accounting for over half the overall disease burden for this demographic (Knapp et al., 2016). Population studies have revealed that this demographic has exhibited a steady increase in internalising problems over the past 30 years (Blomqvist et al., 2019). Ensuring effective

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and appropriate provision to support young people's mental health is therefore of paramount importance.

There is increasing consensus that efforts should focus on the prevention of mental ill-health during adolescence to avoid the continuation of problems into adulthood, as evidence suggests mental health support at this stage of development can generate greater personal and social benefits than interventions delivered at other lifespan periods (McGorry et al., 2008). However, service-access barriers have produced a treatment gap for young people (Knapp et al., 2016). To bridge this gap, technologies, such as online counselling, have been embraced as an opportunity to overcome the barriers to traditional care such as stigma, geographical isolation and cost (Mallen et al., 2005).

The current study focuses on online counselling through faceless synchronous web-based chat occurring one-to-one with a trained counsellor or psychotherapist in 50 minute sessions, rather than other web-based psychotherapeutic interventions such as asynchronous web-based counselling, self-help therapy, website-based therapy, crisis lines or mental health apps (Barak et al., 2008). Despite rapid technological advancements that emulate face-to-face communication, such as videoconferencing, there are reasons to suggest there will be a continued space for text-based online counselling due to its unique advantages such as anonymity and confidentiality that can lead to emotional security (Barak & Grohol, 2011; Suler, 2010). Regarding effectiveness, Barak et al.'s (2008) meta-analysis found that there was no significant difference between the outcomes of face-to-face therapy and web-delivered psychological interventions, showing a medium effect size of 0.53, with lasting effects.

The effectiveness of online counselling, however, is tempered by continual reports of service-user disengagement, which can detrimentally affect the clinical effectiveness of treatment (Melville et al., 2010). However, no studies to date have explored the influences on young people's engagement with web-based online counselling. To address this research gap, this qualitative study examines barriers and facilitators to young people's behavioural engagement with online counselling, using both service-user questionnaires and interviews with counsellors. Using the Behaviour Change Wheel (BCW) framework, barriers and facilitators are then linked to specific intervention strategies to improve engagement.

1.1 | Engagement with webchat counselling

The term 'engagement' is inconsistently used across research focused on counselling for young people, often overlapping with adherence, retention, dropout and compliance. Engagement is dynamic, arising from behavioural and attitudinal components between the two actors: the service-user and the counsellor (Staudt, 2007). Whilst the dynamic and relational nature of engagement is recognised, the current study defines behavioural engagement as any observable or active contribution and/or cooperation by the service-user within webchat sessions regarding their personal change or improvement (Holdsworth et al., 2014).

Implications for Practice and Policy

- This study describes the barriers and facilitators to young people's engagement in webchat counselling and triangulates qualitative data from both young people (service-users) and counsellors.
- This study utilised systematic behaviour change theory and tools to identify appropriate and effective intervention strategies to improve young people's engagement in webchat counselling.
- Finally, this study highlights strategies to improve young people's engagement in webchat counselling, including personalisation of the online therapeutic approach.

While innovative strategies are emerging to improve face-to-face treatment engagement, little research to date has focused on strategies to engage people with webchat counselling and e-mental health support (for one exception, see Alvarez-Jimenez et al., 2020), with acknowledgement of a lack of guiding theoretical model to explore disengagement in the literature (Melville et al., 2010). To better meet the mental health needs of young people, the field could benefit from a systematic exploration to identify the barriers and enablers of young people's engagement with webchat counselling to improve the effectiveness of engagement strategies that are implemented in this context. Whilst previous research has relied upon quantitative methods, emergent qualitative methodologies have recently been recognised as effective avenues to understand and explore counselling interventions through the lens of those directly involved in counselling (Wester et al., 2021).

1.2 | Behaviour Change Wheel

The BCW is a systematic behaviour change approach, which can be utilised to identify barriers and facilitators that influence an individual's behaviour, which, in turn, can be targeted through intervention (Michie et al., 2011). At the centre, the BCW is the COM-B (capability, opportunity, motivation—behaviour) model (see Figure 1). The COM-B model posits that behaviour is the interaction between physical and psychological capability, social and physical opportunity and reflective and automatic motivation (see Table 1). Surrounding COM-B are nine broad intervention functions that can be used to enable behaviour change. These intervention functions are then framed by seven policy categories representing the channels through which interventions might be delivered (Michie et al., 2011).

The Behaviour Change Technique Taxonomy (BCTTv1; Michie et al., 2013) is a 93-item theory and evidence-based list of observable and replicable behaviour change techniques (BCTs). These techniques are described as 'active ingredients' that can be used alone or in combination to facilitate behaviour change (Michie & Johnston, 2012). Expert consensus allows for mapping BCTs to intervention functions linked to the COM-B domains. These BCTs can

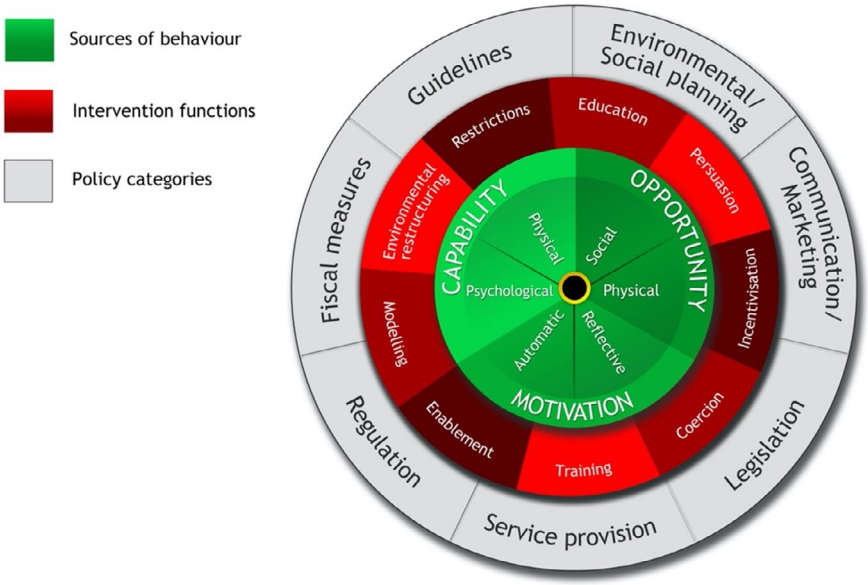

FIGURE 1 The Behaviour Change Wheel (Michie et al., 2014)

TABLE 1 COM-B components and their definitions (Michie et al., 2014)

COM-B construct	Definition
Physical capability	'Physical skill, strength or stamina'
Psychological capability	'Knowledge or psychological skill, strength or stamina to engage in the necessary mental processes'
Physical opportunity	'Opportunity afforded by the environment involving time, resources, locations, cues, physical affordance'
Social opportunity	'Opportunity afforded by interpersonal influences, social cues and cultural norms that influence the way that we think about things, e.g., the words and concepts that make up our language'
Reflective motivation	'Reflective processes involving plans (self-conscious intentions) and evaluations (beliefs about what is good and bad)'
Automatic motivation	'Automatic processes involving emotional reactions, desires (wants and needs), impulses, inhibitions, drive states and reflex responses'

then be applied to address identified barriers for optimisation in interventions (Michie et al., 2011).

The BCW approach has been used to optimise mental health interventions, such as those focused on the communication behaviour of professionals working with young people in relation to their mental health (Moran & Gutman, 2021) and those focused on the delivery of webchat counselling for young people (Richiello et al., 2022). In this study, the BCW could prove beneficial through the identification of BCTs to address barriers to young people's behavioural engagement with webchat counselling.

1.3 | Current study

In response to the wide-scale underutilisation of research with groups directly involved with counselling (Minton et al., 2021), this study will systematically explore the barriers and facilitators of young people's behavioural engagement with webchat counselling that arise from open-ended questionnaires with young people (service-users) and semi-structured interviews with counsellors, and then identify strategies that can improve engagement. Research questions include the following: (a) Using COM-B, what are the barriers and facilitators of young people's engagement with webchat counselling? and (b) Using the BCW, how can the experience of webchat counselling be optimised to improve young people's engagement through the mapping of identified barriers and facilitators to BCTs?

2 | METHOD

2.1 | Sampling and recruitment

This study was conducted in cooperation with a UK-based charity, The Mix, founded in 2016 to provide online mental health services to under 25s. The charity provides free mental health support via helplines, forums, articles, live peer-community chats and voluntary telephone and online webchat counselling. Counselling at the charity consists of up to eight sessions lasting 50 minutes, once per week. To volunteer with this charity, counsellors are required to have a level 4 qualification in counselling. Each volunteer counsellor uses their own therapeutic approach (such as CBT and person-centred approaches)

to facilitate the sessions. Volunteer counsellors have an initial training upon joining the organisation that covers the systems used to facilitate sessions (SalesForce and Amazon Web Services), safeguarding policies, cancellation and confidentiality policies, supervision requirements and the effectiveness of online counselling. During their induction period (1 month), volunteer counsellors have up to two service-users per week and are monitored on a weekly basis. After completion of the induction period, counsellors have up to four service-users per week and are monitored on a monthly basis.

Responses from a convenience sample of 43 service-users, aged between 18 and 25 years, were obtained between April and July 2020, after completion of their final counselling session. The sample size falls in line with similar studies in the literature (King et al., 2006). Due to ethical considerations, the researchers were unable to collect demographic information from service-users and data from those younger than 18 years. However, the typical service-users who utilise this service are females aged between 16 and 25 years, who primarily arrive at the service through Google searches (17%). Before counselling, service-users are asked what they want help with, whether they self-harm or have a drug or alcohol misuse issue and whether they are on prescribed medication. This information is available to the counsellor. On average, approximately one-third of service-users complete all scheduled counselling sessions.

A purposive sampling technique was used to recruit eight counsellors currently volunteering between April and July 2020. Whilst the researchers aimed for 12 interviews, the recruited sample size falls in line with past research in this area (Dunn, 2012; Hanley, 2006) and is deemed acceptable (Guest et al., 2006). The counsellors were recruited internally by the counselling team of the charity, who sent out an email with the study details to all eligible counsellors. Eligibility criteria included possessing or collecting hours for a level 4 qualification in counselling, counselling with the organisation for at least three months and being at least 18 years old. Counsellors were sent the participant information sheet explaining the purpose of the study, and a consent form. They signed and returned the consent form before the interview was conducted on Microsoft Teams.

For both samples, data saturation was reached, which was characterised as 'no new data, no new themes, no new coding' (Fusch & Ness, 2015, p. 1409).

2.2 | Procedure

2.2.1 | Ethical approval

The study was approved by the UCL Research Ethics Committee (07/07/2020).

2.2.2 | Young People

After the final counselling session, the charity collected open-ended survey questions electronically from service-users. Service-users were incentivised to complete the questionnaire with the chance to win a voucher. The four open-ended questions to investigate young people's engagement with counselling were: (a) What encouraged you to start your counselling with The Mix? (b) What would you say were the main barriers to starting counselling with The Mix? (c) What were the major influences that kept you engaged with your counselling? and (d) Did you encounter any issues that made it difficult to engage with your counselling? If so, what were they? All the data were anonymised.

2.2.3 | Counsellors

The semi-structured interview schedule consisted of questions based on COM-B (Michie et al., 2014) and broader exploratory questions. For example, COM-B orientated questions included: 'What do you believe are the benefits of engaging with webchat counselling for service-users?' (motivation); 'Are there any competing tasks or time constraints that influence how you conduct online counselling? If so, what are they?' (opportunity); and 'Are there any physical or mental attributes of the service-users which make it difficult for them to engage during the webchat counselling session?' (capability). Broader exploratory questions included: 'Can you recall a situation where you experienced particular ease engaging with a service-user?'; 'Can you recall a situation where you experienced particular difficulty engaging with a service-user?' and 'Do you have any feedback on how to improve the service-user experience?' Interviews were audio-recorded using Microsoft Stream. The duration of interviews was between 40 and 60 minutes.

2.3 | Data analysis

The recorded semi-structured interviews were anonymously transcribed verbatim by the first (GM) and second (MR) authors. The raw semi-structured interview and open-ended questionnaire data were exported to Microsoft Excel and coded separately, line-by-line. Braun and Clarke's (2006) guidelines for 'medium qualitative' thematic analysis were applied; a 'flexible, straightforward and accessible' (McLeod, 2011, p. 146) method for counselling research (Clarke & Braun, 2018).

During the immersion stage, GM became familiar with the data through transcription and checking the transcription against the audio-recording. First, transcripts from the interviews and the four open-ended questionnaire items were coded deductively using the COM-B model (Michie et al., 2011). Codes were compared for consistency, with a refined codebook in place for the remaining analysis. Next, interviews and questionnaire data were inductively coded by GM to generate themes within COM-B domains. Young people's (service-users) and counsellors' data were then triangulated to explore the consistencies and contradictions across the two data sources regarding young people's engagement with webchat counselling. Lastly, overarching themes that represent the core

barriers and facilitators to young people's engagement with webchat counselling were generated from existing inductive themes. Themes were deemed 'core' based on the frequency of coding and its centrality to the behaviour (engagement with webchat counselling). The second author (MR) further coded several of the transcripts independently using the developed codebook to facilitate refinement of the themes and ensure consistency in their structure and content (Nowell et al., 2017). An 83% agreement in the COM-B construct coding was found and considered acceptable (Campbell et al., 2013). Negotiations and reconciliations occurred to resolve coding discrepancies.

To identify intervention functions and BCTs, the procedure outlined in Michie et al. (2014) was followed. First, identified barriers were mapped to intervention functions and then to corresponding BCTs. BCTs were considered in the light of the APEASE (Affordability, Practicality, Effectiveness and cost-effectiveness, Acceptability, Safety and side effects and Equity) criteria (Michie et al., 2014). Using the APEASE criteria, the most appropriate BCTS were selected for this context.

3 | RESULTS

Nine core themes were identified, which are discussed below with the quotes of young people (YP) presented first, followed by the counsellors (C), when relevant.

3.1 | Psychological capability

3.1.1 | Communication difficulties (barrier)

An overarching barrier surrounded difficulties communicating in a webchat counselling context. Some young people seem to possess a skill or knowledge deficit in self-expression, whereby they struggle to communicate thoughts and feelings. This might be due to knowledge deficits regarding description of current states or skills in opening up to others, for example, 'I'm not great at opening up and talking about how I feel' (YP,7). Counsellors similarly recalled some young people having difficulties engaging when they are unsure of what to say. This may result in young people using one-word answers to engage, which can hinder the development of the therapeutic relationship: 'If they find it really difficult… to express themselves, or they don't really know what to say, … if they're kind of doing one-word answers, that can be quite challenging' (C,3).

Furthermore, in response to whether some young people are difficult to engage, counsellors highlighted the potentially detrimental impact of psychological condition on communication skills. For example, young people with autism may struggle to understand or respond to counsellors, which may affect the development of the therapeutic relationship and increase the cognitive effort required to engage: 'There was someone with autism, so they struggled to pick up on some things that we were talking about and they needed to go at a different pace' (C,2). Medication may also increase the mental effort to communicate with the counsellor and thus impact their engagement: 'If they're on medication it can make them feel quite disconnected and hard to engage with' (C,4).

3.2 | Physical opportunity

3.2.1 | Safety of the webchat environment (facilitator)

Young people noted that they valued the safety of the webchat environment and context, particularly the anonymous and confidential nature of the service, as it can facilitate the expression of thoughts and feelings: 'it was helpful to express my feelings in a safe environment' (YP,3).

Counsellors similarly suggested the anonymity and confidentiality of the service can keep young people engaged as it affords safety in that, 'they don't need to show who they are' (C,4) and, 'they could provide a totally anonymous name if they wanted to' (C,4). The use of webchat was also suggested to reduce the risk and fear of being overheard by their family, allowing their counselling to remain undisclosed. This may provide a sense of control over the situation and their efforts to help themselves, allowing space to engage more fully with counselling, for example, 'They can keep it secret from their parents… they can deal with it themselves, it's just a real power position' (C,3).

3.2.2 | Absence of face-to-face communication (barrier/facilitator)

Young people identified the absence of face-to-face communication as a facilitator as they could disclose more easily due to reduced inhibitions about contributing to the session and discussing difficult topics compared to past experiences of face-to-face counselling: 'Not seeing (the counsellor) in person I think allowed me to be more honest and say more during the sessions than if this had been face to face' (YP,13).

The counsellors additionally expressed how young people seemed to benefit from the facelessness and arguable depersonalisation of the service. For example, peripheral factors, such as a physical disability, that can cause anxiety or fear of judgement, are removed from the context. Such facelessness could be a novel factor for young people as, 'that sense of being young and feeling judged all the time, that's left at the door' (C,4).

However, young people also highlighted that the lack of face-to-face communication can inhibit the establishment of the therapeutic relationship and reduce feelings of connectedness, which can affect motivation to engage with the counsellor, for example: 'Difficulties not feeling very connected to the counsellor. I think largely to do with not knowing what they looked or sounded like' (YP,9).

3.3 | Social opportunity

3.3.1 | Ambiguity in messages or pauses (barrier)

Counsellors noted that the facelessness of webchat counselling can create ambiguity in their communication with young people, and vice versa. This can lead to misunderstanding and misinterpretation of content, pauses and tone, which can rupture the therapeutic relationship, for example: 'They can be misinterpreted; I can be misinterpreted… I had one situation… the young person just replied you don't understand what I want to say, goodbye' (C,7). This may be compounded by the fact that retrieving deeper meaning and making inferences about mood or how the young person feels beyond the written text is challenging: 'You're completely reliant on what they're typing, so I was finding it harder to get a sense of how my client was feeling on a deeper level' (C,8).

3.4 | Reflective motivation

3.4.1 | Reaching goals (barrier/facilitator)

Young people reported that reaching a goal or outcome they wished to achieve, such as understanding their thought processes, reframing issues, overcoming trauma or reaching a mental health end-state kept them engaged with webchat counselling, for example: 'My counsellor helped me to understand the effect my early childhood experiences may have had on my mental health and behaviour' (YP, 36). Counsellors further added how the CORE-10 (a session-by-session monitoring tool that assesses anxiety, depression, functioning and risk to self) can be used to track progress and goals with the young person: 'A recent client of mine had come really far with how she was feeling. We compared the two, and so that ended it in a nice way in the final session for her' (C,4). However, it appeared that young people who felt they were not reaching a solution to their problems found it difficult to engage, particularly those who felt they weren't 'getting a solution to my problems like I wanted' (YP,3).

3.4.2 | Optimism about outcomes (barrier/facilitator)

Young people's optimism surrounding counselling outcomes and holding beliefs that counselling would help them change seemed to facilitate their engagement, for example: 'I was really lonely… I thought it can't hurt me anymore if I just try it out and see how I get on' (YP,14). In particular, young people's beliefs that counselling would help them understand their moods, or that counsellors would provide explanations regarding their problems, seemed to sustain their motivation to engage.

Counsellors held similar views regarding optimism, with a trend of greater engagement of young people being exhibited when individuals themselves are motivated to solve or change something in their life that has led them to counselling, for example: 'they're like "I want to be doing this" and I'm like "ok, we're going solution focused"' (C,6).

3.5 | Automatic motivation

3.5.1 | Pre-existing anxieties (barrier)

A major barrier for the young people that emerged regarded pre-existing anxieties about using the service and conceptions of the counsellor. Young people discussed their fears of rejection by their counsellor, particularly if they had felt rejected or judged by counsellors in past counselling experiences. For example, 'I was scared of rejection which I've had a lot of when it comes to counselling' (YP,14). Concerns about the counsellors' abilities to help them with personal and individual issues were also highlighted by young people, for example: 'I was worried that they may have not understood asexuality' (YP,40). However, the privacy, confidentiality and absence of face-to-face communication can mitigate such negative emotions, for example: 'It felt much easier and less anxiety-provoking compared to meeting in person' (YP,13), demonstrating the interaction between the safety of the online environment (physical opportunity) and the alleviation of pre-existing anxieties (automatic motivation).

Counsellors additionally highlighted how some young people's anxieties about webchat counselling and communication stem from personal challenges, for example: 'dyslexia definitely' (C,6). However, counsellors noted that these difficulties were overcome when the young people were encouraged to type what they were feeling and not focus on spelling or 'perfect communication'.

3.5.2 | Mood or well-being (barrier/facilitator)

Positive sensations experienced during or after webchat counselling seemed to have a reinforcing effect on young people's engagement. This includes 'the reassuring and comforting feeling' (YP,6) after counselling as well as the direct impact on young people's well-being, such as 'seeing the difference in outcomes as I implemented CBT' (YP,13).

Counsellors further discussed how, 'just any form of communication can be good for mental health… getting them back into that prefrontal cortex operation and stabilization and coping' (C,6); thus young people simply sharing their feelings can boost their well-being. Counsellors additionally addressed how the control afforded by webchat means young people can 'take a break whenever they want and they will feel comfortable with that as nobody will look at them' (C,7), which is particularly valuable for anxious young people. However, counsellors highlighted the risk of young people struggling to perceive a positive relationship with the counsellor, which can lead to feelings of alienation and a low mood.

3.5.3 | Wanting or not wanting to attend (barrier/facilitator)

Young people who identified their own willingness to engage, for example, 'I was willing to tell her everything that was on my heart' (YP,37), appeared to have an easier time engaging and exploring their issues in comparison to those who were 'not wanting to open-up' (YP,22). This demonstrates how the low-level motivation of merely wanting to be there could be a prerequisite for successful engagement.

Counsellors further commented how some young people admitted they are only in counselling due to external factors, such as the encouragement of a parent or doctor, and thus have low motivation to participate in the therapeutic process. Nevertheless, counsellors discussed that even those who struggle to engage due to barriers related to psychological capabilities, such as the effects of medication on concentration, still 'have wanted to be there, they have really tried' (C,4).

3.6 | Suggested BCTs

The eight barriers were mapped to suggested intervention functions and BCTs using the BCW guidance to inform potential strategies to optimise engagement. BCTs included the following: *instruction on how to perform the behaviour*, *adding objects to the environment*, *social support*, *restructuring the social environment*, *demonstration of the behaviour*, *feedback on the outcome of the behaviour*, *information about health consequences and identification of self as a role model*.

4 | DISCUSSION

This study contributes to a limited body of research exploring the optimisation of young people's engagement with webchat counselling. The BCW framework enabled the systematic exploration of the barriers and facilitators of young people's behavioural engagement. Barriers included communication difficulties, ambiguity in messages and pauses and pre-existing anxieties. Facilitators included the safety of the webchat environment. Themes experienced as both a barrier and facilitator included the absence of face-to-face communication, reaching goals, optimism about outcomes, mood or well-being and wanting or not wanting to attend. Such opposing perceptions of the identified themes are possible as engagement occurs within a service-user's unique context with influences from factors at both the individual and environmental levels (Perski et al., 2016). The following discussion highlights potential BCTs to counter the barriers identified in this study and optimise young people's engagement with webchat counselling.

4.1 | Capability

A core barrier is the communication difficulties of young people, which includes skill and knowledge deficits in their self-expression and written interactions with the counsellor. The BCW posits that behavioural influences within psychological capability can be addressed through the intervention functions of education, training and/or enablement (Michie et al., 2014). Young people, for example, could be provided access to a video that includes techniques to frame and express emotional states and feelings, with useful examples to initiate conversations or new topics with a counsellor (BCT: *instruction on how to perform the behaviour*). A reflection sheet could also be provided before each session (BCT: *adding objects to the environment*). Such sheets have been used in face-to-face mental health treatment and have been generally well-accepted by both service-users and clinicians. Participants have found these sheets helpful in clarifying their own dilemmas, enabling them to plan how to bring up difficult topics and organise their thoughts (Dixon et al., 2016).

Furthermore, young people may struggle to engage due to the nature of their psychological condition or medication, falling in line with Perski et al.'s (2016) systematic review that found that mental health problems are negatively related to engagement with digital technologies. These service-users could benefit from greater counsellor training regarding awareness of the barriers that these individuals face when engaging with webchat counselling, including those with autism (BCT: *social support*, *unspecified*).

4.2 | Opportunity

A key facilitator identified was the safety of the webchat counselling environment, particularly the confidential and anonymous nature afforded by the webchat medium. This aligns with Geldard and Geldard's (2008) notion that confidentiality is a necessity to engage in counselling and is consistent with King et al.'s (2006) findings that online service-users felt safer and less emotionally exposed compared to telephone and face-to-face counselling. Similarly, the counsellors noted that the absence of face-to-face communication can facilitate engagement as it can reduce inhibitions about opening-up, which is known as the disinhibition effect (Suler, 2004).

Young people and counsellors, on the other hand, described how the facelessness of webchat can negatively impact the development and perception of the therapeutic relationship, regarded as one of the critical elements related to counselling efficacy (Mallen et al., 2005). Whilst the disinhibition effect may arise from the depersonalisation of the service, this may come at the expense of feeling connected to the counsellor. Webchat can create interactional and continuity problems due to the quasi-synchronous discourse, where time lags exist between sending and receiving messages (Danby et al., 2009). This unique turn-taking on webchat reduces the range of interactional practices afforded to the counsellor, such as active listening techniques like response tokens and hedges (e.g. 'Mmhm'). As a result, the counsellor's engagement can only be inferred rather than displayed (Danby et al., 2009).

One potential BCT is 'adding objects to the environment' (Michie et al., 2014). As young people expressed a lack of connection due to not knowing what the counsellor looked or sounded like, counsellors could send a short video in which their face is visible or an audio-bite introducing themselves. This could potentially humanise the counsellor for the young person and facilitate the therapeutic relationship and a sense of connectedness whilst retaining the valued facelessness. Counsellors could also implement Murphy and Mitchell's (2009) presence techniques such as 'descriptive immediacy', a technique to provide information regarding the counsellor's non-verbal behaviour, for example 'Wow! [smiling with wide eyes and a thrilled look on my face]'. These can be implemented to intensify the young person's experience of engaging with the counsellor through 'telepresence', the feeling (or illusion) of being in someone's presence without sharing any immediate physical space (Dunn, 2012). Such strategies could additionally moderate the disinhibition effect of opening up too quickly (Danby et al., 2009).

Many of the counsellors reflected upon the challenge of overcoming the ambiguity of messages and pauses, which can lead to relational ruptures and frustration from both parties. The clarity of intention is regarded as a prerequisite for productive communication and effective therapeutic change (Murphy & Mitchell, 2009). This is reflected in the finding that empathy, encouragement and feelings-orientated questions have weaker effects on engagement during online rather than face-to-face counselling, as the absence of verbal and non-verbal nuances can result in questioning of the counsellor's sincerity and genuineness (Williams et al., 2009). Ambiguity could be overcome with 'emotional bracketing', where square brackets are used to display warmth, understanding and tone down confrontations to service-user's messages by describing non-observable thoughts and feelings (Murphy & Mitchell, 2009). The intervention function 'modelling' could also be used, whereby service-users are encouraged to mirror counsellors' emotional bracketing (BCT: *demonstration of the behaviour*) to ensure their messages are not misinterpreted and counsellors can respond both accurately and effectively.

4.3 | Motivation

Both young people and counsellors described how young people's motivation of 'wanting or not wanting to attend' counselling affected their engagement, which has been identified in Perski et al.'s (2016) systematic review as a third variable that may be responsible for the association between increased engagement and positive outcomes. Self-Determination Theory (Ryan & Deci, 2008) posits autonomous motivations are driven by personal choice and interest. Therefore, identifying counselling as personally valuable and of importance could be associated with enhanced and maintained engagement (Ryan & Deci, 2008). In contrast, controlled motivations, such as being externally forced to attend counselling, are posited to weakly support engagement (Ryan & Deci, 2008). As treatment motivation should be a treatment target rather than a requirement (Holdsworth et al., 2014), focusing on efforts to cultivate personally relevant motivations and goals is arguably the most effective means to engage unmotivated service-users (Arnold et al., 2019).

Reaching goals was a core theme within reflective motivation. This falls in line with Short et al.'s (2015) model of user engagement for online interventions. They posit that increased motivation to engage with interventions (in this case, the counselling) occurs when the content and its delivery match the service-user's goals and need for cognition (the extent to which the service-user enjoys in-depth thinking), with the likelihood of sustained engagement occurring when the intervention proves usable and offers ongoing learning. In contrast, disengagement is the result of negative affect from the incongruence between the service-user's needs and what they are receiving, as well as perceiving counselling as irrelevant or ineffective (Short et al., 2015).

Besides tailoring content and ensuring relevance at the service-delivery level, the BCW suggests reflective motivation can be addressed through the intervention function of persuasion, which falls in line with Short et al.'s (2015) recommendations of persuasive design features. Counsellors alluded that comparing the CORE-10 at the first and final session was useful to overtly demonstrate progress to the young person. Therefore, completing the CORE-10 or other short psychological assessments prior to counselling sessions, which could be automatically and electronically sent to counsellors, may act as a persuasive strategy through providing feedback to the service-user on their progress (BCT: *feedback on the outcome of the behaviour*) and highlighting the positive effects of their counselling experience (Perski et al., 2016). Conscious processing of clinical progress at the reflective motivational level could, in turn, reinforce the feedback loop between the therapeutic intervention and reduced symptomology at the automatic motivational level that was discussed by both service-users and counsellors within the 'mood or well-being' theme. For example, 'The CBT has had noticeable effects on my mood, symptoms of my anxiety and depression' (YP, 16), highlighting the intricate relationship between reflective and automatic motivations.

The second core theme identified within reflective motivation was 'optimism about outcomes', whereby young people are more engaged when they hold optimistic attitudes towards the positive effects of counselling. Casey and Clough's (2016) review found that the provision of information regarding the efficacy of treatment can positively impact young people's perception of treatment outcomes. Mitchell and Gordon (2007) also found that when university students were exposed to a demonstration of treatment and reports of treatment efficacy, increases in credibility, expectations and perceived likelihood of using the treatment in the future were observed. As reflective motivation can be addressed through the intervention function of education, webchat counselling providers could adopt a similar approach by publicising the effectiveness of webchat treatment (BCT: *information about health consequences*) either statistically or anecdotally to facilitate optimism and positive attitudes towards webchat counselling.

Pre-existing anxieties about the service and counsellors, such as fears surrounding the communication of their problems and counsellor rejection, can act as barriers to engagement. As adolescence is recognised as a period where peer social influence is powerful (Prinstein & Dodge, 2008), a persuasive strategy could be useful to reduce their anxieties. Mediums such as online forums that foster supportive community values could be utilised, whereby service-users could discuss their own and read others' experiences with counselling, including the relevance and feasibility of others facing similar challenges (BCT: *social comparison*) (Yardley et al., 2016). Peer-to-peer contact and other features that decrease loneliness and foster a sense of community, such as online community forums, have been found to promote engagement in digital behaviour change interventions (Perski et al., 2016), and 'social strategies' have been explicitly encouraged by Doherty et al. (2012) to promote effective engagement with online mental health interventions.

4.4 | Limitations

Several limitations must be considered in the light of the findings. First, this study gathered data from the leading online mental health service for young people in the UK; thus, findings may not be applicable for digital services with different populations in other locations. Second, ethical considerations prevented data collection for those young people under the age of 18 using the service. Furthermore, the sample did not include young people lost to drop-out or attrition. It is also noteworthy that data collection occurred during the initial wave of the COVID-19 pandemic, which could have affected the number of counsellors and service-users that were recruited. Despite these limitations, the methodological triangulation of the data obtained from multiple sources (counsellors and service-users) enhances the validity of the analysis (Fusch & Ness, 2015).

5 | CONCLUSION

The BCW approach has been beneficial in the qualitative exploration of young people's behavioural engagement with webchat counselling, resulting in systematic strategy recommendations for optimisation. Without the use of the BCW framework, significant influences on engagement could have been easily overlooked. Using BCW further ensures that the strategies proposed are service-user- and counsellor-led rather than researcher-led, consistent with the principles of community-based participatory research and co-design that is strived for within youth service development and provision (Hanley, 2012).

These strategies can be utilised by young people's mental health services to provide this demographic with the mental health support they require. Future research should aim to examine the effectiveness of the proposed strategies on engaging young people with webchat counselling and whether this leads to increased efficacy in improving mental health outcomes. This would further both the emerging field of engagement strategy research and digital mental health service provision.

ACKNOWLEDGEMENT

We gratefully acknowledge the counsellors and Ms Bohdana Dock at The Mix for their support of this study.

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How to cite this article: Mawdsley, G., Richiello, M., & Gutman, L. M. (2022). Barriers and facilitators of young people's engagement with webchat counselling: A qualitative analysis informed by the behaviour change wheel. *Counselling and Psychotherapy Research*, *00*, 1–11. https://doi.org/10.1002/capr.12528