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| **STAFFORDSHIRE UNIVERSITY – (E-coversheet)**  **Please complete all grey shaded boxes and insert your assignment text on page 3.** Please ensure you record your student number as failure to do so will result in the loss of your anonymity.  **If you have a Learning Support Agreement, please also check whether you need to fill in**  **any of the Blue/Yellow shaded boxes.**  By attaching this cover sheet you declare that:  *I have read the University’s Academic Misconduct Regulations (including plagiarism) and the work I am submitting does NOT breach those regulations.* | | | | |
| **Student Number:**  22011564 | **Word Count (7000 words – Quantitative, 8000 words Qualitative & Mixed)**: 8748-qualitative | | | |
| **Assignment Title:** WHAT ARE THE EXPERIENCES AND PROFESSIONAL RECOMMENDATIONS OF MENTAL HEALTH PROVIDERS WORKING IN FRONT LINE DIGITAL CRISIS SERVICES? | | | | |
| **Disability Allowance:** Please only tick if appropriate.  *Written expression allowance*: If you have been formally assessed as having circumstances which affect your written expression (such as dyslexia or hearing impairment), tick the Written Expression Allowance box. Your learning support agreement will be checked and sympathetic allowance will be made for spelling and written expression when marking.  *Negotiated deadline*: For students who have a support statement that recommends negotiated deadlines you should negotiate with these with the MODULE LEADER via email, in advance of the original submission date. You will need to include a copy of the extension confirmation email at the end of your work. | | Written expression allowance | | |
|  | Negotiated Deadline: |  |
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| **REFLECTION ON FEEDBACK**  We want to help you to produce good assignments and to develop a wide range of skills while you are at University. To help us, to help you, please provide some answers to the following questions before submitting your assessment. This will help you reflect on feedback already received, develop your skills, and help us to provide you with relevant and personalised feedback.  This is an optional opportunity. We will still mark your work if you do not use this opportunity to help us give you more personalised feedback. |
| **1a. From your feedback on previous assessments what have you focused *most* on improving for this assessment?**  **Consistently tried to stay on top of the project and reflectively tried to take any feedback on bord** |
| **1b. What actions have you taken in making this improvement?**  Tried to balance my time |
| **2. What did you find most challenging when preparing this assessment?**  **I think ensuring I am providing rationale and telling a straight narrative throughout the research** |
| **3. What would you particularly like the marker to comment / give feedback on?**  Introduction and discussion |

**April, 2025**

**22011564**

Supervisor:J.Vernon

**Psychology and counselling , Staffordshire University  
Psychology Project Report**

WHAT ARE THE EXPERIENCES AND PROFESSIONAL RECCOMENDATIONS OF MENTAL HEALTH PROVIDERS WORKING IN FRONTLINE DIGITAL SERVICES ?

* I confirm that I have provided my supervisor with evidence of data collection (please tick): \_\_\_\_✓\_\_\_\_\_
* I can confirm that I have provided my supervosr with access to consent forms (please tick):\_\_\_\_\_\_\_ ✓\_\_\_
* I understand that it is my responsibility to ensure the statements above are correct. I also understand that if any of the information referred to above is missing, my project may not be given a pass mark.

Student’s signature:\_\_M.Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT ARE THE EXPERIENCES AND PROFESSIONAL RECOMMENDATIONS OF MENTAL HEALTH PROVIDERS WORKING IN FRONT LINE DIGITAL CRISIS SERVICES?

Abstract

 The research objectives are to understand the experiences of service providers and explore the professional recommendations of crisis service providers. Previous research focused on NHS front line staff and failed to explore the digital crisis service providers. Therefore, it is critical to conduct research that aids in giving service providers a voice to share their experiences and bring to light an often neglected and underexplored area of research. The research conducted utilised qualitative research methods and IPA analysis to produce a rich account of service providers' experiences. The results imply that crisis text lines are becoming inaccessible due to the increased demand for crisis support with long queues of 300 people and wait times of up to seven hours. Furthermore, results suggest that 60% of service users are young people. Results outlined that young people are predominantly utilising crisis text lines because of the insufficient support from services such as CAMHS. Furthermore, there is an increase in young people suffering from complex mental health issues and a decreased level of complex support available.  Consequently, the results provide scope that more children with complex mental health needs are turning towards Crisis text lines as their only form of support. Crisis text lines (a tier 1 service) were originally not designed as an intervention but as a filter so complex cases could go to high tier services (tier 3 and 4) on the CAMHS pyramid. The research brings to light that crisis text lines are more than “filters” and are not equipped to handle the surge in demand and complexity of children's mental health conditions .The clinical implication of the research is a recognition of the failing CAMHS pyramid that makes it difficult for young people to access support. The research disseminates information about a failing system so the NHS England board can improve the CAMHS service, focusing on clinical governance and consistent improvement. Moreover, further funding could be invested in crisis services and clinical support for children that are on the high tiers (tier 3 and 4) so there is a focus on evidence-based diagnosis, treatment and care for young people.

The researcher has outlined the abstract and will now be outlining the introduction and providing a rationale for why it is important to research crisis text lines.

The expansion of technology has provided an innovative way to offer mental health support through crisis text lines (Costa, 2024). The text-based service is an accessible, free ,24/7 and confidential messaging service that connects texters to a trained crisis volunteers (Pisani et al., 2022).Crisis text lines are a recently emerging modality of crisis support that has been increasingly used during and after the pandemic (Williams et al., 2020). Despite research indicating that the crisis text line service has facilitated over five million conversations there is a concerning  lack of research  about the  digital text based services from the service providers perspective  (Coady et al ., 2022).The research that has been conducted on the lived experiences of front line digital service providers is essential to gain more knowledge about the effectiveness of crisis text lines (Britton et al.,2024).Studies imply that crisis text lines are open to anyone in need of support  and there are no conditions or criteria to access the service  (Canady et al., 2025).Due to the highly accessible nature of  crisis text lines, there may be an opportunity to generate a deeper understanding of  a wide sample of people going through crisis  (Catenaccio, 2021). Consequently, researching crisis text lines that represent a wider sample of people aids in generating representative data that could provide scope and the justification for further funding and decision making around mental health policies (Filippetti et al ., 2022).

When researching the mental health crisis, past literature fails to explore the lived experiences of digital service providers and focuses on the lived experiences of NHS mental health staff such as doctors or psychologists (Willems et al.,2020). A  drawback of researching NHS mental health staff when attempting to capture a valid and rich account of the UK mental health crisis is considerable levels of stigma around crisis support (Perry et al., 2020).Past literature implies that NHS crisis staff have been reported to hold high levels of stigma and discrimination when providing patients with crisis support (Perry et al.,2020).Therefore ,it can be argued that the experiences of NHS mental health staff may provide a biased and unjust account based on stigma (Martin et al ., 2020).In contrast, studies indicate that crisis text lines often provide a fair meeting between the texter and the crisis volunteer , aiding in eradicating face to face judgement and discrimination (Slay et al., 2021 ).Consequently it can be debated that understanding the experiences of  digital service providers may generate a deeper understanding of crisis support that stems from an unbiased account  (Alimohammadi et al ., 2025). Also, studies suggest that people feel comfortable sharing more detail about their mental health due to the reduced level of judgment associated with the lack of in person contact (Thompson et al., 2018).Due to texters sharing detailed information about their mental health it can be argued that it is Paramount to understand the experiences of crisis text line volunteers because they may have witnessed the most honest account of what it is like to go through a crisis in the UK (Ryan et al ., 2022). Gaining a current insight to the crisis text lines and the level of crisis that people are facing within the UK can aid in disseminating a deeper awareness around the effectiveness of digital crisis services  (Hogan & Goldman , 2020).The research conducted can generate a wider knowledge on any improvements  needed to provide the best quality of care for service users    (McGorry et al., 2025).Therefore , It can be argued that crisis service providers can provide invaluable knowledge and recommendations that can improve mental health care and crisis support  (Oliveira et al ., 2021).

Evidence suggests that suicide is currently the leading cause of death amongst young people under the age of 35 (Ashworth et al., 2024). Moreover, there has been an increased surge of young people with mental health disorders, the NHS mental health and young person's survey results indicated a 10.8% diagnosis of children diagnosed with mental health disorders in 2017 compared to 20.3% in 2023 (Baranyi et al., 2025). The data indicates that the level of young people suffering with mental health issues is developing at a concerning rate (Holtz et al ., 2025). Furthermore, due to the increased rate of mental disorders there may be an increased demand for mental health support (Byrne et al., 2021).This aligns with data that indicates that as of the 8th September 2024 , 352,682 young people were waiting for a first time  contact with CAMHS (children and adolescence mental health services) (Han et al. , 2025).With a median wait time of eight months and a 90th percentile wait time of up to 2 years (Han et al., 2025). Literature suggests that CAMHS is overstretched, it can be described as a “Cinderella service” due to how neglected it is (Law, 2024). Past literature suggests there is an increasing number of children being turned away from the CAMHS service due to the extensive criteria needed to access support (Wintour, 2022).The CAMHS service works around a tiered system, the tiered system is often described as “flawed” because it makes it difficult for young people to access support (Appleton et al., 2021). The tier system breaks down access to mental health services based upon the child’s presenting condition (Gilmour, 2021). Specialist mental health services (tiers three and four) are reserved for children with “severe, complex or persistent disorders” (Gilmour, 2021).Consequently , research suggests that more children are needing intensive crisis care (Khan et al., 2023).Data implies there has been a 65% increase in annual admissions to children's acute psychiatric wards (tier 3 and  4  support ) (Han et al., 2025) .However, there is an extensive wait times for tier 4 admissions with a 71% increase in demands of tier 4 beds (Smith et al ., 2018).

Studies suggest that crisis text lines are dominant in suicide prevention for young people (Chen et al., 2024). young people may be reliant on crisis text lines with research suggesting that 76% of texters are under the age of 25 (Pisanni et al., 2022).Studies imply that more young people with complex mental needs may be accessing crisis text lines because of the lack of support in complex services (Wintour, 2022).However, crisis text lines (tier 1 ) are not designed as an intervention for complex mental health cases and are designed as a “filter "to ensure that the complex cases go to tier 3 or 4 ”(Cottrel et al ., 2004) .Results indicate that the influx of children utilisng crisis text lines is because of the lack of  support in each tier (Ramsey et al.,2019). Previous research fails to research tier 1 services and focuses mainly on tier 4 interventions within psychiatric wards (Valtenan et al ., 2025). Researching tier 1 services may aid in capturing an indepth understanding about decisions such as framework changes that could promote a better quality of care (Gailey-Luoma, 2024). Also, researching crisis services aids in generating a greater awareness about suicide prevention (Chen et al., 2024). Therefore, the research can disseminate information on how to improve crisis services to help prevent suicide amongst young people (Hawton & Pirkis 2024).

This research aims to answer the research question what are the experiences and professional recommendations of mental health service providers working in front line digital crisis services? In order to answer the research aims two objectives have been identified:

What are the lived experiences of crisis digital support providers?

What are their professional recommendations for future service provision?

Now that a literature has been reviewed and explored the researcher will now discuss the methodology of this investigation.

Methods

Why has the researcher used qualitative research methods and IPA analysis?

When considering which research method to choose it is suggested that qualitative research is specifically effective when researching sensitive areas of research such as  mental health (Silverio et al., 2022).Qualitative research is suitable because of the trusting relationship that the researcher builds up with the participant which may allow the participant to feel comfortable to express their lived experiences (Schmid et al .,2024).Building up rapport and empathy with the participant enables the researcher to keep the participant safe when talking about  sensitive topic such as mental health (Tribe & Morrissey , 2020). Therefore, being able to see the participants facial expressions and reactions to questions enables the researcher to stop the interview or take a break if the participant starts to feel distressed (Tribe & Morrissey, 2020). Furthermore,  qualitative research provides an opportunity for the researcher to ask follow up questions to generate a deeper meaning of the participants experiences (Denny & Weckesser, 2022).When considering what research analysis method to use research suggest that IPA (interpretive phenomenological analysis) provides the researcher with the best opportunity to understand the “deliberation of the participants lived experiences” (Alase, 2017). IPA is a vigorous and systematic analysis of data, and it may aid in generating rich data that stays close to the participants experience (Smith et al., 2022). Moreover, when researching emotionally laden topics IPA is suitable because of the focus on uncovering intimate aspects of the phenomena (Smith & Osborn, 2014). Consequently, IPA analysis aids in disseminating the intimate experiences of crisis service providers to the government and policy makers (Spiers & Riley, 2019).

Key philosophical underpinning of IPA

The fundamental underpinnings of IPA that have been informed by the three key areas of philosophy of knowledge “ phenomenology , hermeneutics and idiography ”(Smith et al ., 2022).Phenomenology is concerned with the detailed examination of the lived experience of the participants , phenomenology is defined as “Phenomenology is not only a description, but it is also an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences " (Alase, 2017). Therefore, it is concerned with the detailed examination of human lived experience (Alase, 2017). Hermeneutics is the concern of the theory of interpretation, interpretation can involve psychological and grammatical interpretation and is the guided understanding of an overarching structures of meaning in social life (smith et al., 2022).  interpretive analyst can add value to the data and produce a detailed analysis of the text itself, and the researcher can make connections throughout the data set (Smith et al., 2022). Research highlights that “the  analyst  brings their fore-conception (prior experiences and preconceptions) to the encounter, and cannot help but look at any new stimulus in the light of their own prior experience ”(Heidegger,2009).The aim should not be to relive the past but rather to learn new from it (Gadamer ,1977). According to the hermeneutic circle, the researcher needs to shift back and forth through the analytical process (Grondin, 2015).Idography is concerned with two parts: the particular an in depth of analysis of the induvial experience (Smith et al.,2022). Secondly, IPA is committed to understanding how particular experiential phenomena have been understood from the perspective of particular people, in a particular context (Tai, 2023).IPA targets small, purposively selected samples, Idiography can outline the process which moves from the examination of the single case to more general claims (Smith,1995).

Bracketing Reflection

Previous literature emphasizes that to deeply understand participants lived experiences the researcher needs to analyse data with an open attitude and mind and let unexpected meanings emerge (Chan et al., 2013). Research suggests that it is imperative that the researcher uses reflexivity to define positionality, honesty and openness in the interpretation of phenomena (Ugiagbe et al.,2025). The researcher volunteers at a crisis text line so it is a paramount practice while conducting IPA analysis to commit to vigorous reflexivity through reflexive journalling (Sydor, 2019). Reflexive journalling can bring to light the researcher's misconceptions and experiences within crisis text line phenomenon (Goldspink & Engward , 2018). The researcher has engaged in reflexivity through a reflexive journal (see appendix J) (Ugiagbe et al.,2025). Throughout the methodology of “bracketing” the researchers own personal experience,  the researcher does not impact the participants phenomenological understanding of crisis text lines (Gyollai ,2020).Bracketing is a “methodological device of phenomenological exploration that requires deliberate putting aside the researcher's personal belief about the phenomenon  throughout the phenomenological investigation” (Chen et al ., 2013).

Participants

When considering the recruitment of participants, literature suggests that the researcher should target a small and purposefully selected group of people to help generate themes amongst a data set (smith et al .,2022). The researcher purposely selected participants that all had experience of the phenomenon (working or volunteering on crisis text lines)  ( Alease , 2017).The researcher engaged in purposeful sampling , this is where the participants are selected based of a preset criterion relevant to the research question (Lopez & Whitehead ,2013).All participants had to meet the following criteria :aged 18 or over, worked or volunteered on a crisis text line, filled in and read the consent form and the information sheet and engaged in verbal and written consent of the consent form. Ensuring that the researcher engaged is written and verbal consent is essential, so the researcher respects the participants decisions (Noë et al., 2025). Moreover, there was a critical consideration about the number of participants needed to examine convergence and divergence between data sets (Joseph, 2014). Whilst recruiting participants the researcher considered past research guidelines “The clinical psychology doctoral program in Britain recommend that six to eight participants is appropriate for an IPA study as this size sample gives an opportunity to examine similarities and differences between individuals” (Smith & Pietkiewicz ,2014). In consideration of guidelines the researcher recruited 6 participants to generate a rich account of the phenomenon where convergence and divergence could be explored (Smith et al.,2022).

Ethical considerations

The research was approved by the ethics board at the University of Staffordshire. The board ensured that due to the sensitive topic explored that the researcher was protecting the participant by having a range of mental health services to signpost the participant to in the debrief form.  The research was checked to adhere to the British psychological code of ethics (British Psychological Society, 2018). The researcher is committed to demonstrating respect throughout the research process via the researchers communication skills , displaying open communication about data protection and informed consent  (British Psychological Society , 2018).The researcher has demonstrated respect through their ability to have in depth conversations about how the participants identity and organisations are protected within the research process (British Psychological Society , 2018).The researcher has displayed competence by collaborating extensively with their supervisor to ask any questions regarding ethical considerations that may be out of their scope of knowledge (British Psychological Society , 2018).Integrity is conducted within the research process when the researcher is honest about the dissemination of the participants data ensuring it will stay confidential and aligning with the  GDPR UK data protection act (2018) (British Psychological Society , 2018).The research was also checked to adhere to the BACP ethical framework (The BACP ethical framework , 2021).The researcher was demonstrating values such as being trustworthy  , responding with openness , honesty and empathy to ensure that the participant could build up trust with the researcher (The BACP ethical framework , 2021). It is important that trust is built between the participant and the researcher when handling participant data (The BACP ethical framework, 2021).

Materials

The research was advertised using a research poster (see appendix A) , the participant was able to message the researcher via email and then the researcher sent the information sheet (see appendix B) and the consent form (see appendix C) to the participant. The participants were interviewed using an interview schedule (see appendix E)After the interview, the researcher sent a debrief form (see appendix D) to the participant with signposts to appropriate psychological services to protect them if they were distressed by the interview (the BACP ethical framework , 2021) Furthermore,  ensuring that the participant feels protected from harm is a crucial underpinning of the research (Stewart , 2022).The interviews were conducted using teams and the researcher then conducted a verbatim transcription for each interview. Teams gave the researcher an opportunity to interview participants that were not geographically accessible (Archibald et al., 2019).

Procedure

Participants were recruited via the digital crisis text line community hub .The volunteer manager agreed to post the research poster (see appendix A) on the community volunteer hub where volunteers could then email the researcher if they wanted to take part in the research .The researcher  recruited participants  via purposive sampling , this is a non-probability sampling where the researcher decides who should be in the sample based on characteristics (Thomas, 2022). Studies imply that Purposeful sampling is designed to purposely choose participants that have the relevant experience relating back to the research question (Lopez & Whitehead ,2013). Whilst utilizing purposeful sampling the researcher was able to research experienced service providers that had been volunteering for the service over a prolonged period. The researcher messaged the long-term volunteers on the volunteer hub and explained to them what the research was about and informed potential participants that they were under no obligation to partake but if the participant was interested the researcher could send them further information. It is essential that the researcher explains to the participant that partaking in the research is voluntary so the participant can make their own free choices which are respected by the researcher (British psychological society , 2018).Then, if the participant consented to take part in the research,  the researcher sent them the consent form (see appendix C) and information sheet ( see appendix B) via email. The participants emailed the researcher the completed consent form and informed the researcher they understood the information regarding the information sheet and consent form. It is vital that the researcher disseminates the benefits and risks of the research study so the participant can make an informed decision about consenting to take part in the research (Josephson & Smale,2021). Informed consent is a legal requirement for any research involving human participation (Arellano et al ., 2023). After, the researcher and participant planned a date and time on teams that they could meet to conduct the interview. The researcher adapted the way an interview was conducted because one of the participants was deaf, the interview was conducted on the secure community hub platform over message. A one-hour semi-structured interview was conducted on Teams where the researcher reiterated and verbally explained the information regarding the consent form. The researcher underpinning honesty and integrity ensured the participant understood the limits to withdrawal, unique identifier and the freedom to stop at any point (Armond et al., 2021). Subsequently, ensuring the research was protecting the participant and fostering non-malevolence (Buchanan & Warwick, 2021). Online interviews allow for greater flexibility, it was the most suitable interview method because it allowed the researcher to interview volunteers all over the UK (Oliffe et al, 2021). As a semi structured interview was conducted, the researcher gained consent to record the interview and started the recording. The participant was asked 11 questions (see appendix E). Semi structured interviews gave the researcher greater freedom to ask to follow up questions that were not on the interview schedule leading to greater development and depth when exploring lived experiences (Ruslin et al., 2022). After the interview was finished the researcher stopped the recording and checked in with the participants to ensure they were feeling okay after the interview. After the researcher sent the participant the debrief form which outlined support services in case the participant needed support (appendix D).

Analysis procedure

The chosen method of analysis was interpretive phenomenological analysis IPA (Smith et al, 2022).  IPA is interested in lived experience and the main concern is to identify phenomena through its perception of people who live and practice (Ismail & Kinchen ,2023).IPA  is suitable when exploring lived experience of crisis volunteers because it is concerned in describing phenomena rather than explaining it (Ismail & Kinchen ,2023). IPA aims to produce in depth and rich data with a rigorous analysis process that allows you to generate  themes (Smith et al .,2022).The researcher printed out the raw transcripts and read over the data multiple times (see appendix F) trying to familiarize the researcher with the data , after the researcher had read through the data the researcher started to analysis the transcripts , colour coding the exploratory, linguistic and conceptual notes for each transcript  (see appendix G) .(Smith et al.,2022) The researcher then formulated the experiential statements for each transcript ( see appendix G) .The researcher organised each personal experiential statement and split them up into personal experiential themes (PETS).The researcher then created PETS tables for each participant (see appendix H). After the researcher started to find patterns, convergence and divergence between the data set, noting down similarities and differences between the data. The researcher started to Generate GETS (group experiential themes) . The researcher moved around each quote from the PETS tables of each induvial transcript to generate 3 GETS . The researcher created a GETS table which outlined the three GETS (see appendix I).

The researcher has extensively discussed the method section and will now be analyzing the quotes that have aided in generating GETS from the data sets : GET 1, the crisis text lines are in crisis , GET 2 , the crisis is becoming increasingly more dangerous and servere and GET 3,CAMHS is not “fit for purpose” .

Analysis

***GET 1: THE CRISIS TEXT LINES ARE IN CRISIS*** *–* OVERSTRETCHED AND UNDERFUNDED

A common theme that was generated across all the data was that the digital crisis text line has become incredibly stretched with the increased amount of people that are accessing the digital service. Furthermore, two of the participants had been volunteering for 6 years since the crisis text line was launched, and they both explained that over the 6-year period more people were accessing support via the crisis text lines. Participant March12 explained their experience of what it was like to volunteer when the service was launched:

*“I'd be lucky to get a single text during a shift”-March12, line 37-38*

They begin to explain they felt that

*“It was a relatively new thing, I felt it might not work, when it was so quiet, over the years more and more people are accessing the service”. -March12-line 86-87*

 The participants reflected on their concerns that the digital service would not work. The participant states that a lot more people are now accessing the service. In addition, a common issue that was identified throughout the data was an increase in people using the crisis service at night. Participant November16 states that:

*“if you go on in the evening you can see 300 people in the queue waiting up to 7 hours”.-November16- line 343-347*

These results are further supported when participant September25 was explaining their experience volunteering for the crisis service in the mornings, they state:

*“I go on at 5:30 in the morning when I have 30 conversations, it's all just check ins, in some ways maybe that's a blessing, maybe they have managed to find a way through the night, hope is what keeps me going”-September25-line 918-926*

The quote suggests that texters in crisis may not have made it through the night because of the long wait hours and lack of support. Furthermore, the way the participant questions if the texter has made it through the night with the quote “*Maybe they have made it through?”*  suggests that the service provider does not know if people in crisis have survived due to the lack of support throughout the evenings. Subsequently the use of the adjective *“hope”*suggests that the participant attempts to remain positive that the texter has made it through the evening. However, requiring “hope” is deeply concerning as service users and volunteers must rely on their own hope and optimism rather than being able to trust and rely on the crisis text lines for the 24/7 support that is advertised. The devastating implication is that people are slipping through the cracks and could have died due to suicide even when reaching out for support. Furthermore, needing “hope “suggests that the crisis services are not fit for purpose due to the high level of demand that the service cannot accommodate to.

In addition, participant October172 who also takes early morning conversations, stated that:

*“Texters can get aggressive when they have been waiting for 7 hours for support”-October 172 –line 184-187*

“Aggressive” is a powerful adjective to explain the intense anger that texters feel when they are not able to access support at night. “aggressive” suggests pure anger and neglect and hopelessness about the perceived help that is available to them. Furthermore, feeling intense anger about the lack of support, especially for people that are in a crisis, could increase feelings of hopelessness and isolation.

Furthermore, participant June43 stated that they feel triggered watching the number of people in the queue go up increasingly while volunteering:

*“Watching the number go up of people that need support can be triggering”.-June43 –line 283*

The use of the word “triggering” suggests how emotionally harmful and distressing it is for a volunteer to watch the queue of people in need of support. Therefore, it could be suggested that the participant feels an elevated level of pressure and guilt to support all the texters that need support. Furthermore, the quote implies that the number of people engaging with crisis text line is overwhelming and the demand cannot be met by volunteers. Another devastating implication of the quote is the number of texters that do get neglected because the service is too stretched to meet the demand of people that need crisis support.

**GET 2: THE CRISIS IS BECOMING INCREASINGLY MORE DANGEROUS AND SEVERE -** More mental health professionals are referring patients to crisis text lines

Participant March12 reflects upon the changes they have noticed in the 6 years they have been volunteering, they stated that:

*“I have noticed that over time issues become more serious and complex, back then it seemed that texters had one thing they needed to deal with now they have so much more to manage whether that's because they can't access support?”-March12 –line 113-118*

This quote suggests that service providers have been noticing that people are going through more intense levels of crisis and people are becoming increasingly more mentally sick. Also, it makes a case that crisis volunteers are having to handle conversations with extreme levels of crisis.

Participant March12 explains that mental health professionals have been signposting patients to the crisis service

*“a texter had been given our number from a psychiatrist, it is so sad”,-March12-line 116-118*

 The quote provides scope as to why the conversations have become more extreme over the six years because people are not being provided with the adequate level of support that is needed. When patients get referred to a psychiatrist, it implies they need intense mental health support. It is incredibly alarming that mental health professionals are referring people back to services that cannot give patients intense levels of psychiatric care. Subsequently, crisis volunteers are handling conversations with texters that need psychiatric support. Furthermore, this implies that patients are being neglected because they are not being provided with any level of psychiatric care. Moreover, psychiatric patients are being referred to services that are being run by volunteers not mental health professionals. Consequently, volunteers are being neglected because they must hold the space for texters with complex psychiatric needs. Overall, this makes case that patients across the UK may not be getting the adequate level of mental health care needed

This links to participant November18 that outlined their experiences of taking these high-level intense conversations:

*“There were loads of graphic questions about blood, I was feeling queasy, jittery wobbly and uneasy”.-November18-line 257-259*

It can be suggested that volunteers are expected to have conversations with texters that need complex and psychiatric care. The use of the adjective *“graphic" suggests* an element of something that is disturbing and horrifying to the human eye. The conversation had such a significant impact on the volunteers it physically shook them up with language like “*wobbly “and “jittery". The* adjectives suggest that the conversations are so emotionally intense ,traumatsing and disturbing that it caused the participant to have intense physical reactions to their body. Adjectives such as “wobbly” and “jittery” suggest that the participant was physically and mentally shaken up by the conversation and it could have deeper implications that the volunteer was deeply traumatized by the conversation.

Participant November18 then talks about how volunteering for a crisis service has had a detrimental impact to their mental health:

*“I've had flashbacks from it with some particularly graphic stuff”-November18-line 307-316*

 Furthermore, the conversations are so deeply traumatising and impactful that the participant has experienced a trauma response, experiencing flashbacks. The quote shows the deep levels of crisis people are experiencing and the deep psychological impacts for volunteers witnessing that level of crisis and pain.

Participant November18 had no previous mental health issues and had never struggled with their mental health issues before they experienced flashbacks from a crisis conversation:

 “I have never seen a doctor or nurse for mental health issues”-November18-line 321-326

The quote suggests that it is not about a volunteer's emotional strength, resilience, or their mental health but about the traumatising and dangerous details in the conversation which has caused the volunteer to experience flashbacks. If the conversations are causing such a deeply traumatising reaction, it makes the case is it ethical to hold that level of crisis as a volunteer?

June43 explain the crisis conversations can be horrifying to cope with:

*“The conversation was like a series of crime fiction, it was heartbreaking”. - June43-line 182-186*

Thue use of  “Crime fiction” implies blood, gore and horror and it again provides evidence that people are progressively getting more severely mentally sick and the only place they can turn to is the crisis text line. The participant has described the crisis conversations like a “series of crime fiction”, this implies that the conversation had multiple elements of gore and horror, and it again makes case for how texters are displaying highly dangerous symptoms such as self-harm and suicidal idealization and more people are at risk of dying from suicide. The quote implies that people are increasingly at risk of harm  to themselves .

***GET 3: CAMHS IS NOT FIT FOR PURPOSE -*** *The camhs mental health system is cracked into pieces and has no structure and strength to support young people*

Participant November18 revealed the hardships, and lack of support that young people are facing:

“In 45 minutes, I could write a short story about their life, and it is not because I am imaginative, it is because they have told me so much about their lives”.- November18-line 446-447

The quote implies young people feel psychologically safe enough to share personal and intimate details about their experiences enough to write a “short story.”

 It can be suggested that the participant has a lack of trust in the children's mental health system through the quote:

      “*Young people have been through so much, who else is there to listen to them?”-November18-line 446-447*

The participant recognises the trauma and pain that young people have faced but also acknowledges the lack of support that young people are facing within the uk. Furthermore, questioning the adequacy and the level of mental health support that young people have access to suggests that children are facing isolation and neglect.

Participant September25 explains how over half of service users accessing digital services are young people:

*“60% of service users being under 25”-September25-line 148*

 The quote suggests that increasingly more young people are reaching prominent levels of crisis, and the quote reinforces the implication that young people depend on crisis text lines as an emotional outlet and a suicide prevention strategy.

Participant November16 states that they have supported tiny children on the crisis text lines:

*“Tiny little children as young as 6”-November16-line 78*

Adjectives such as “tiny” and “little” suggest fragility, innocence, and an elevated level of vulnerability, there are devastating implications that a child as young as 6 could need crisis support. Furthermore, the quote implies that the mental health crisis is impacting children that are incredibly young, and young children may be dependent on crisis text lines for support.

A quote from November18 implies that small children are going through prominent levels of crisis:

*“a 9-year-old was trying to kill themselves”-November18-line 166-167*

The quote suggests that young children are experiencing terrifying mental health issues and suicidal thoughts.   It makes the case that crisis services are a lifeline for young children.

Participant September25 explains how after they had a conversation with a young person it had a major impact on their mental health:

*“I ended up sobbing, at the enormity of how horrid life can be for these youngsters”-September25-line 271-280*

  Adjectives like “enormity” and “horrid” feed into the horrors and the weight that young people are facing. The contrast in language from participant November16 describing the children as “tiny and little” and then participant September25 describing the mental health issues children face as “enormity” and “horrid”, it suggests that although children are so tiny and innocent, they may be carrying so much heaviness and trauma with them. The participant described their emotional reaction to witnessing the pain of young people as “sobbing”, sobbing suggests intense and heart wrenching level of tears, the pain that young people face is so intense and upsetting it made the volunteer physically sob uncontrollable tears. Furthermore, this makes scope for the elevated level of pain and crisis that young people are facing.

Participant June43 explains how broken the system is for young people that are under the *CAMHS service:*

*“I have seen it with CAMHS, I won't be seeing you again unless you are self-harming, what are they going to do ? Physically start harming themself again because they know the benchmark for support”-June43-line 697-700*

This quote describes how inaccessible children's support services are and it suggests that children are screaming for support and are physically harming themselves to access CAMHS . The devastating implication of the quote is that it implies that the CAMHS service is not designed for children to access the adequate support they need for their mental health needs. Furthermore, having a “benchmark” to access mental health support makes case for how overstretched mental health services are and because of the increasing demand in support, the “benchmark” seems to set high levels of criteria for young people to access support.

Participant June 43 explains how destroyed the children's mental health system is:

*“The mental health systems for young people are broken”-June43-line 699-700*

The adjective “broken” suggests weakness and fragility, it describes a system with a lack of strength and working structure. Furthermore, “broken” implies a system that is cracked and destroyed and not fit for purpose. It suggests that the system is failing and is neglecting young people. Again, linking to the adjectives “tiny” and “young”, it can be implied that children are incredibly vulnerable and in desperate need of protection and care.  However, throughout all data sets the mental health systems within the UK have been described as a failing and neglecting system that is not fit for purpose.  The lack of strength and working structure within the UK CAMHS system suggests that there needs to be a change in the system. Consequently, the lack of support could imply that young people could die due to suicide because of the lack of care in the mental health Servies.

October172 explains that all the crisis text lines do is refer people back to a system that is not fit for purpose:

*“All we do is refer people back to the NHS or a charity, so I understand why people feel trapped in a system that's broken”-October172-line 904-906*

The use of the word “broken” suggests that the system is so weak to the point where it is smashed into pieces. Furthermore, the participants describe how “trapped "people feel in the broken system. Trapped is the opposite of support, it is a lack of freedom and control over their support. Trapped suggests that NHS patients feel stuck and hopeless within a system that is not fit for purpose. Moreover, it provides scope that there needs to be a systematic change within the mental health systems to provide better levels of support where patients feel supported and safe within the system. The repetition of “broken” throughout suggests that service providers all share the same perspective that the NHS mental health system is not working to help support people within the UK. It can also be implied that there needs to be extra research to help pick up the pieces of a broken and deeply flawed system.

Participant September25 describes digital services as picking up the pieces of the neglected NHS mental health systems:

*“Charities should not have to fill in the cracks”-September25-line- 1113*

The use of the metaphor cracks, breaking and fragility is used throughout the research to explain the only support services that people have access to across the UK is the digital text-based service. However, it can be implied that the digital service cannot hold the weight of the broken mental health system. Furthermore, the quote suggests again that the UK mental health system is deeply flawed and broken because of the lack of support. Due to the lack of support from the NHS, crisis text lines are coping with the neglected patients that cannot access support.

The researcher has analysed the participants quotes within the GETS generated across the data set and will now be discussing the results, clinical implications, implications for further research, strengths ,limitations and a conclusion.

Discussion

The results highlight that crisis text lines provide an unjudgmental and comfortable space for people to share intimate details about their mental health and suicidal thoughts. This aligns with previous literature stated in the introduction that service users report feeling more comfortable to share in depth detail about their mental health due to the lack of stigma  (Thompson et al., 2018).The results suggest that crisis text lines are predominantly utilised by young people , indicating that 60% of the service users utilising the crisis text lines are under the age of 25, this aligns with previous research stated in the introduction that 76% of texters were also under the age of 25  (Pisanni et al., 2022).Similarly, literature implies that there has been an increase in the level of children that have been diagnosed with mental disorder in 2023, 20.3% of children had been diagnosed with a mental health disorder in the UK in comparison to 10.8% in 2017 (Baranyi et al., 2025).Consequently, studies suggest that children's mental health support services are under strain and cannot handle the increase of referrals , with a 35% increase in CAMHS referrals but  only a 4% increase in children receiving support (Wintour , 2022)Therefore, based on the results and  literature stated in the introduction it  can be implied that more children are engaging in crisis services because of the  increase of diagnosis of mental illness within children and the inaccessibility of the CAMHS service .Furthermore, the results have implied that the digital text based  service is becoming increasingly inaccessible and overwhelmed due to the long wait times in the evening  of up to 7 hours with at least 300 people in the queue waiting for support.  Results suggest that service providers have noticed that young people will text into crisis text lines because they cannot access the CAMHS support services due to the high criteria needed to access support. Subsequently, participants noticed that young people will purposely harm themselves to “prove” they are “ill enough” to reach the high criteria for support. Also, this links to previous literature stated in the introduction that children cannot access support because the CAMHS tier system makes it “impossible” (Appleton et al., 2021). The crisis text line is outlined as a tier 1 service  this is a preventative service ,ran by volunteers and not mental health professionals (Law, 2024).Previous literature stated that crisis text lines are designed as a “filter" so severe cases can go to tier 3 or  4 support, specialist services for children with complex disorders (Gilmour, 2021). However, the results suggest that the crisis service providers are handling dangerously complex tier 3 and 4 mental health cases. Consequently, the results suggest that crisis text lines are not “filters” for complex cases but are now the main providers for children with complex mental health issues (Law, 2024). Subsequently, due to the lack of support for children suffering complex mental health issues it makes the case that more children who have complex needs are turning to crisis text lines (Han et al., 2025) The results outlined that service providers are handling complex conversation such as a 9-year-old attempting to commit suicide and a young person that harmed themself so severely there was a considerable amount of graphic details about blood .Furthermore, another participant compared one of the crisis conversations to a “series of crime fiction” because of the graphic details witnessed when a texter was harming themselves  . The results suggest that due to the complexity of the mental issues displayed on the crisis text lines, service providers are experiencing flashbacks. Therefore, it can be argued is it ethical that volunteers are suffering from flashbacks due to the intense level of risk perceived in the crisis conversations? Also, the results outlined that multiple service providers have physically “sobbed” due to the graphic details of the horrors that children are facing. The research implies that children are going through complex mental health issues and there are more young people who are increasingly at risk of harming themselves and suicide. Previous literature stated in the introduction supports that implication that suicide is the leading cause of death for young people under the age of 35 (Ashworth et al., 2024). Although, the results and previous literature state that suicide and mental health crisis is a profound issue, young people are not receiving access to adequate mental health support. Previous literature supports this implication outlining that the CAMHS tier system is an outdated and broken  hierarchy that is failing at least 352,682 young people waiting up to two years for support (Han et al., 2025) .Therefore , it can be argued is it ethical that the only support young people can access is a crisis text line even when they are at imminent risk to themselves? Furthermore, due to the over-utilisation of crisis text lines explained in the results people in crisis are waiting up to 7 hours for support so cannot access crisis support when they need it the most. Therefore , it can be implied that more young people are going to die at the hands of a  poorly structured and inadequate mental health system .This aligns with  previous literature suggests that the CAMHS service is neglected ,overstretched and not fit for purpose because the service  cannot meet the demand of young people needing support (Smith et al ., 2018).

Implications for further research

There needs to be further research to understand more about how to help children that are suffering from a mental health crisis. Further research could be conducted to understand the experiences of young people utilising crisis text lines that could aid in generating a greater understanding of the effectiveness of crisis text lines and the support for young people in the UK.Also, further research could be conducted that aids in understanding how to improve the CAMHS service , bringing to light CAMHS workers experiences could aid in the dissemination of professional recommendations. Current research conducted implies that CAMHS Is currently outlined as an inadequate form of mental health care (Phang et al., 2024). Consequently, the results suggest that there needs to be further research done within the CAMHS service to understand children lived experiences. There has been further research conducted that implied that involving children in the decision process helped them feel more in control of their treatment (Cox, 2021). Also, there needs to be improved communication between mental health staff and young people about psychiatric admissions (Shajan et al., 2024). Therefore, further research could be conducted to understand how service providers can improve mental health care for young people. Future research could focus on the CAMHS tier system, and it provides a rationale to do a qualitive research project understanding the CAMHS staff experience of the effectiveness of the CAMHS tiered system. Furthermore, data suggests that utilising methodological triangulation, using more than one kind of method to study the phenomenon (qualitative and quantitative) could broaden the researcher's insights into the different issues underlying the phenomenon (Turner et al., 2017).  Previous literature suggests that further research could be strengthened by including quantitative research methods with the use of scales to generate a deeper understanding about the mental health crisis (Flick, 2022). Although interviews are an effective research method to generate a deep understanding about mental health, mixed methods could aid in a greater knowledge about crisis lines (Taherdoost et al., 2022). 

Clinical implications of the research conducted

Past reports have implied that there is a lack of clinical governance within the CAMHS services and a concern in the risk of safety and wellbeing in children (Mental health Commissions, 2023). Clinical governance involves the application of the best available evidence when making clinical decisions to continuously improve the quality of care that patients receive (Bassiony & Baddar, 2024). As discussed in the results the CAMHS tier system is not an adequate support system (Gilmour, 2021). Therefore, a clinical implication of the research is there needs to be an ongoing focus on the improvement of patient care, fostering clinical governance. Subsequently, there needs to be an increased focus on clinical treatment within the CAMHS services. Clinical psychologists focus on assessing, diagnosing and treating patients with complex mental health needs (Schubert et al., 2023).Furthermore, due to the increase in children not receiving complex support research suggests that there needs to be an increased number of mental health professionals that can provide the child with high intense clinical treatment involving evidence-based treatment plans (Dulcan , 2023). Consequently, further funding, resources and staff at a clinical level would mean that young people could get the adequate care and support needed for their complex mental health needs. Subsequently, focusing on improving treatment and support for children that are in tiers 3 and 4 could result in children having strong, evidence-based and clinical support systems. With increased funding and staff working at clinical levels it could aid in making mental health support for children more accessible. Furthermore, this results in children getting the adequate care needed and not having to rely on crisis text lines (a tier 1 service) that are not designed as a complex crisis intervention but just a “filter”. Moreover, crisis text line providers would not have to unethically handle conversations that are at a dangerous level of risk.

Strengths

A strength of the research conducted was that there was a high volume of data that stayed close to the participants lived experience (Smith et al., 2022).  Due to the participants' ability to share high volumes of data about the crisis lines it makes case that crisis text lines are valuable to produce a current insight about the mental health crisis. Furthermore, another strength was the unstructured interviews conducted aided in producing rich data, the opportunity for the researcher to ask to follow up questions enabled the researcher to create a participant led approach (Grant et al., 2019). Furthermore, a participant led approach enabled the researcher to extensively explore the participants experiences by “following” the participants dialogue about the lived experiences which aided in producing rich data (Vayena et al., 2016).

Weaknesses

Guidelines suggested that recruiting six participants would provide an account of divergence and convergence (Smith & Pietkiewicz ,2014). However, due to the rich interviews conducted with 6 participants, there was too much data for the researcher to dissect. Whilst interviewing participants about crisis text lines, the researcher noticed the high level of information that participants were able to talk about. Considering the high level of data produced, it is suggested that future researchers could utilise less participants. To improve the research, the researcher would recruit three participants (Smith et al., 2022). Moreover, three participants would make it easier for the researcher to dissect the data into PETS and GETS whilst analysing the data. Also, the researcher discovered that a limitation was the word count and time constraint whilst writing up the research. Therefore, due to the limited word count the researcher could not explore the fourth GET produced, the importance of volunteer peer connections. Further researchers looking to conduct this research could focus on understanding further about how connections between volunteers impacted volunteer retention.

Conclusion

The research aimed to understand the experiences and professional recommendations of service providers working on front line digital crisis services. The overall findings suggested that 60% of crisis users are under the age of 25. Moreover, crisis service providers are handling increasingly dangerous conversations in comparison to when the crisis service was launched six years ago. An explanation of young people with more intense and complex symptoms accessing the crisis text lines is the lack of support in the higher tier services (tier 3 and 4) on the CAMHS pyramid. Due to the lack of complex care in the CAMHS services, more young people are engaging in tier 1 services as their main form of support. Consequently, more young people are texting in when they are at immense risk of harm such as a 9-year-old trying to kill themselves and children severely harming themselves. The crisis conversations have had a profound emotional impact on the participants causing them to “sob” and have “flashbacks”. A limitation of the research was the sample size of six was too large due to the high volume of data produced. The high sample size made it increasingly difficult to dissect the data. The researcher would suggest recruiting a smaller sample size of three. Implications for further research are exploring the lived experiences of young people neglected by the CAMHS tier system. Further qualitative and quantitative research could be conducted to understand further about crisis text lines from a service provider's and service users' perspective. Clinical implications are to improve the CAMHS service by investing in clinical treatment and staff that focuses on an evidence-based treatment plans for children.

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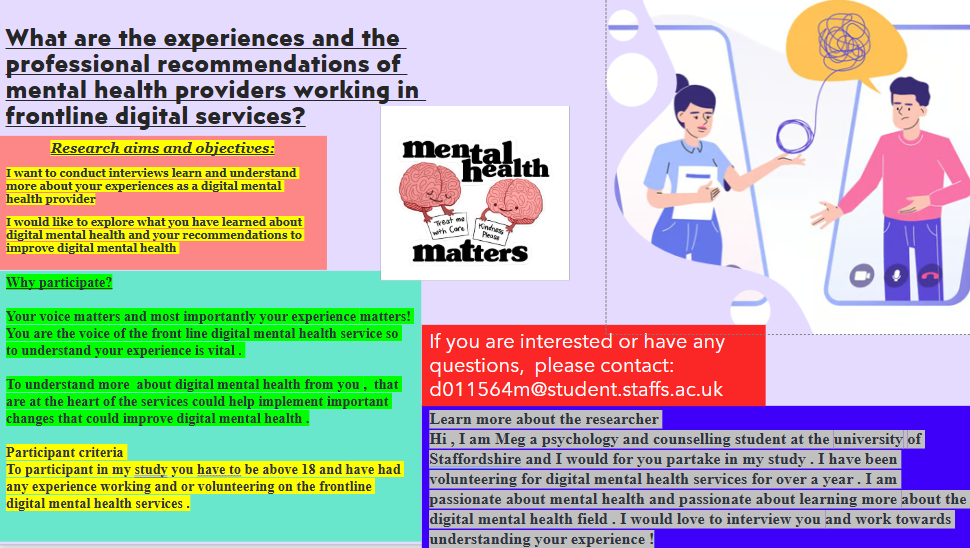
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Appendix A



Appendix B

|  |  |
| --- | --- |
| **INFORMATION SHEET**        What are the experiences and professional recommendations of mental health providers working in a frontline digital service? |  |
| **Megan Dean**  [**D011564m@student.staffs.ac.uk**](mailto:D011564m@student.staffs.ac.uk) | **James Vernon**  [**James.vernon@staffs.ac.uk**](mailto:James.vernon@staffs.ac.uk) |

Text Box 2, Textbox, Picture

**INVITATION PARAGRAPH**

I would like to invite you to participate in this research project which forms part of my undergraduate psychology degree at University of Staffordshire. The research will be conducted by Megan Dean. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve.

Please take time to read the following information carefully.

**What is the purpose of the study?**

I am conducting a study looking at What are the experiences of mental health providers working in a frontline digital service?

**Who has given approval for this study?**

Approval for this study has been granted by University of Staffordshire, Department of Psychology, Ethics Committee.

**TAKING PART**

**Why have I been invited to take part?**

I am recruiting participants over 18 years of age to take part in this study. Participants should also meet the following criteria:

*Have worked and or volunteered in front line digital mental health services*

**What will happen if I take part?**

I am asking you to take part in a study lasting approximately 1 hour . This will involve answer 11 questions about your experience working in digital mental health

The study/experiment will take place online.

**Do I have to take part?**

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway. Once you have read the information sheet, please feel free to ask any questions that will help you decide about taking part. If you decide to take part, we will ask you to sign a consent form.

**What are the possible risks of taking part?**

There may be some small risks to taking part, these could include discomfort or distress from sensitive topics/viewing sensitive images etc.

**What if I am upset by anything during the course of the study?**

If this happens, you might like to take a break, or if you prefer, you can decide to end your participation and withdraw from the study at that point.  If you decide to withdraw, I will provide you with a copy of the debriefing sheet, which contains information about sources of support you can access if there is anything you wish to talk about in confidence. Yop has until the 1st of March to withdraw as research process and analysis may already have been conducted, please contact me before the 1st of March to withdraw your participation on [d011564m@student.staffs.ac.uk](mailto:d011564m@student.staffs.ac.uk)

**What are the possible benefits of taking part?**

Aside from any incentives discussed above, there are no direct benefits to you as a participant. However, the research may help us to better understand your impact and changes within the digital mental health field .

**What if I change my mind about taking part?**

You are free withdraw at any point of the study, without having to give a reason. Withdrawing from the study will not affect you in any way.

You can also withdraw your data from the study after you have finished participating, up until **March the 1st because the research may already have been analysed and processed by March the 1st .**

after which withdrawal of your data will no longer be possible as the data will already have been processed. To withdraw from the study, please email me with the unique code that we identified at the beginning of the study

If you choose to withdraw from the study, we will not retain any information you have provided us.

**What if I don’t want to answer any particular questions?**

If you do not wish to answer any of the questions that I ask you during the interview / that are included in the study, please just say so and I will move on to the next question.

**What if I don’t want you to include certain things I’ve said in the research?**

If during the interview you say something which you decide you do not want me to include in my study, then please just say during the interview that you would like that omitted from the analysis and the completed report. Alternatively, you can notify me up until the 1st of March if you do not wish to have certain aspects of your data in the research on [d011564m@student.staffs.ac.uk](mailto:d011564m@student.staffs.ac.uk).

**DATA HANDLING AND CONFIDENTIALITY**

**Will the information I give you be kept confidential?**

The information obtained will be treated with the strictest confidence throughout the study and the data will be stored safely in a secure location to which only the researcher has access. Your data will be processed in accordance with the data protection law and will comply with the General Data Protection Regulation 2018 (GDPR).

**Data Protection Statement**

The data controller for this project will be University of Staffordshire. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under the data protection law is a ‘task in the public interest’ You can provide your consent for the use of your personal data in this study by completing the consent form that has been provided to you.

**Who will have access to the recording /transcript of the recording?**

The researcher, academic staff from the Psychology department, and possibly an external examiner will have access to the transcribed interview. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability. Questions, comments and requests about your personal data can also be sent to the University of Staffordshire Data Protection Officer. If you wish to lodge a complaint with the Information Commissioner’s Office, please visit [www.ico.org.uk](http://www.ico.org.uk/)

**Who will see the finished report?**

The final report will be seen by the researcher’s supervisor and a second marker from the Psychology department, and possibly by an external examiner.  In addition, the completed report may also be made available to future University of Staffordshire students for teaching/reference purposes.

**What will happen to my interview recording/transcript?**

Interview recordings will be destroyed after the transcription process. Transcript data will be kept in secure storage (to which only the researcher has access) for ten years, according to departmental policy, and it will be destroyed after that.

**What will happen to the results of the study?**

The results of the study will be disseminated in the final written report and in a student conference presentation. Sometimes there is a chance that results might be included in an article that is published in a peer-reviewed journal. If the research is written up for academic journal publication your anonymised transcript may be stored permanently in an online research data repository.

**FURTHER QUESTIONS**

**Is there anyone I can talk to about the study before I take part?**

If you wish to talk to someone else about my study before taking part, then please feel free to contact my project supervisor (Contact details located on the top of this form).

**What if I have further questions, or if something goes wrong?**

If this study has harmed, you in any way or if you wish to make a complaint about the conduct of the study you can contact the study supervisor or the Chair of the University of Staffordshire Ethics Committee for further advice and information:

Ethics Committee   
Research, Innovation and Impact Services   
University of Staffordshire   
Cadman Building   
College Road   
Stoke-on-Trent   
ST4 2DE

[ethics@staffs.ac.uk](mailto:ethics@staffs.ac.uk)

**I know a friend who may be interested; can they participate in your study?**

Yes, as long as your friend meets the criteria mentioned above. Your friend should contact me directly to discuss the study and make arrangements to take part. My contact details are given below.

**If you have any further questions, please do not hesitate to contact me/ feel free to ask. Thank you for your time.** Contact me via email [:d011564m@student.staffs.ac.uk](mailto::d011564m@student.staffs.ac.uk)

**Thank you for reading this information sheet and for considering taking part in this research.**

Appendix c

Text Box 2, Textbox, PictureText Box 2, Textbox, Picture

|  |  |  |
| --- | --- | --- |
| **Megan Dean**  [**D011564m@student.staffs.ac.uk**](mailto:D011564m@student.staffs.ac.uk) | **James Vernon**  [**James.vernon@staffs.ac.uk**](mailto:James.vernon@staffs.ac.uk) | |
| I am over 18 years of age, and I voluntarily agree to participate in a research project conducted by YOUR NAME, an Undergraduate Psychology student at the University of Staffordshire. | | **Yes/No** |
| I have read the information sheet and understand that this research is being conducted as part of a BSc psychology undergraduate degree. | | **Yes/No** |
| I understand that I am being asked to participate in an interview (lasting approx. 1 hour) and respond to a series of 11 open questions. I understand that the interview will be audio recorded, and I may stop the recording at any time, without penalty, by informing the researcher accordingly. | | **Yes/No** |
| I understand that I may withdraw from participating without penalty if Iso wishand my data will be destroyed. I have been informed that withdrawal after March the 1st from participation will not be possible. | | **Yes/No** |
| I understand I will be fully protected in accordance with the Data Protection Act of 2018, and in compliance with the British Psychological Society ethical guidelines, and that my data will be kept confidential and anonymous until they are securely destroyed. | | **Yes/No** |
| I understand that if I so wish I may have a copy of the recorded interview and or/transcript. | | **Yes/No** |
| I understand that my name and any personal details will be anonymised in any report based on this study. I agree that any of the data I provide may be used in the researcher’s report and possibly used for publication in academic journals. | | **Yes/No** |
| I understand that in the case that a report is published based on this study, the fully anonymised data may be made available for the use of other researchers for an indefinite period of time and if the research is written up for academic journal publication my anonymised data may be stored permanently in an online research data repository. Otherwise, they will be kept until ten years after the article has been published, and then destroyed. | | **Yes/No** |
| I am willing for the finished report to be used for teaching purposes at University of Staffordshire.  **(Please note that is possible to consent and participate in the research even if you do not agree to this).** | | **Yes/No** |

If you have any further questions about this study, please contact the researcher or the Project Supervisor (details above).

James vernon

[James.vernon@staffs.ac.uk](mailto:James.vernon@staffs.ac.uk)

**[Unique Identifier].**

Please write a unique identifier

Month of birth and house number

July4

Appendix D

A close up of a logo

Description automatically generated, Picture, Picture

**Participant Debrief**

**What are the experiences and professional recommendations of mental health providers working in frontline digital services?**

**Megan Dean**

**[Researcher Contact Details]** [**d011564m@student.staffs.ac.uk**](mailto:d011564m@student.staffs.ac.uk)

**Supervisor: James Vernon**

**Supervisors contact** [**details:James.vernon@staffs.ac.uk**](mailto:details:James.vernon@staffs.ac.uk)

**Participant Number/Pseudonym: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for taking part in this study. The purpose of this study was understanding front  line providers providing mental health support The research questions for this study were **What are the experiences and professional recommendations of mental health providers working in frontline digital services?**

For more detailed explanations, or if you wish to know the results of the study, please contact the researcher using the contact details below.

[D011564m@student.staffs.ac.uk](mailto:D011564m@student.staffs.ac.uk)

Your details will be kept confidential at all times, and complete anonymity will be maintained. Interview recording will be destroyed once the transcription process has taken place. Transcript data will be kept in a University Sharepoint system, which will only be accessible to me and academic psychology staff This data will be destroyed after ten years.

In the case that a report is published based on this study, the fully anonymised data may be made available for the use of other researchers for an indefinite period of time . Otherwise, they will be kept by University of Staffordshire until ten years after the article has been published, and then destroyed.

If you wish to withdraw your data you need to contact the researcher using the code you provided earlier, before March . No other information is required, and you will not be asked to provide a reason.

If you have been affected by some of the issues raised in this study, and would like to talk to someone in confidence about it, you may wish to contact the following organisation(s):

**1.            The Samaritans (24/7 support)**

Tel: 116 123. Email: [jo@samaritans.org](mailto:jo@samaritans.org). Website: Samaritains

**2.**            **Shout (free, confidential, 24/7 text support & mental health resources)**

Text: 85258

**3.           Mind for support with your mental health – information about extra support**

  Website -https://www.mind.org.uk/information-support/types-of-mental-health-         problems/mental-   health-problems-introduction/support-services/

**4.            Support line Mind : 0300 102 1234**

               Opens 9am-6pm Monday - Friday

**5.            NHS- Mental health services**

              Website : <https://www.nhs.uk/nhs-services/mental-health-services/>

Thank you again for your participation.

Appendix E

Research questions

1)Tell me about yourself and your job within digital mental health?

2) What made you want to work in the digital mental health field?

3) What do you enjoy about working in the digital mental health services?

4) What have you learned about working in the digital mental health services?

5)How has your view on digital mental health services changed after you have worked in them?

6) What are any challenges you have faced working in digital mental health services?

7) Could you tell me about any barriers that you feel like you may face while working in digital mental health services?

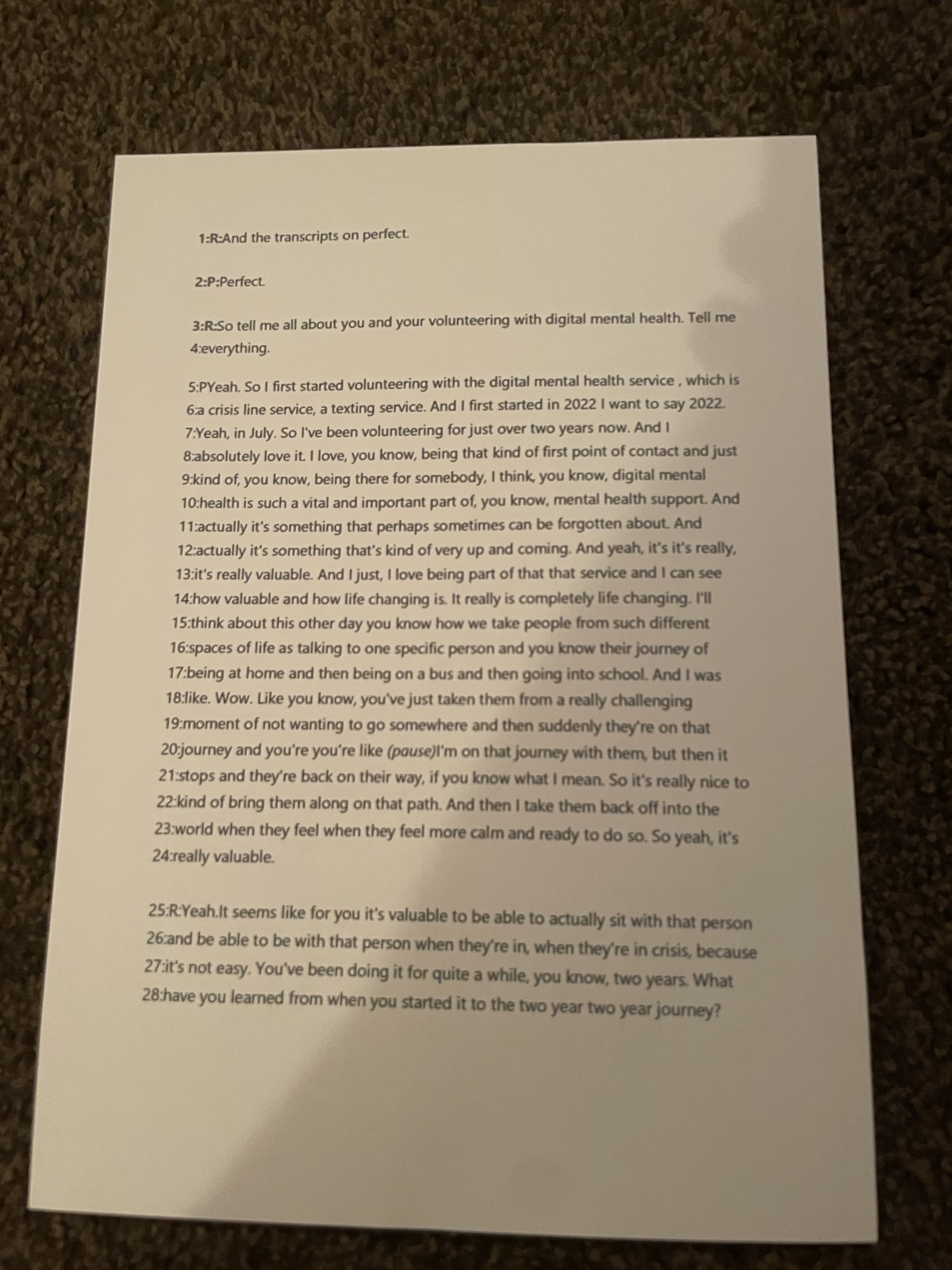
8) Could you tell me more about what your recommendations would be to improve digital mental health services?

9)Could you tell me more about what the future of digital mental health means to you?

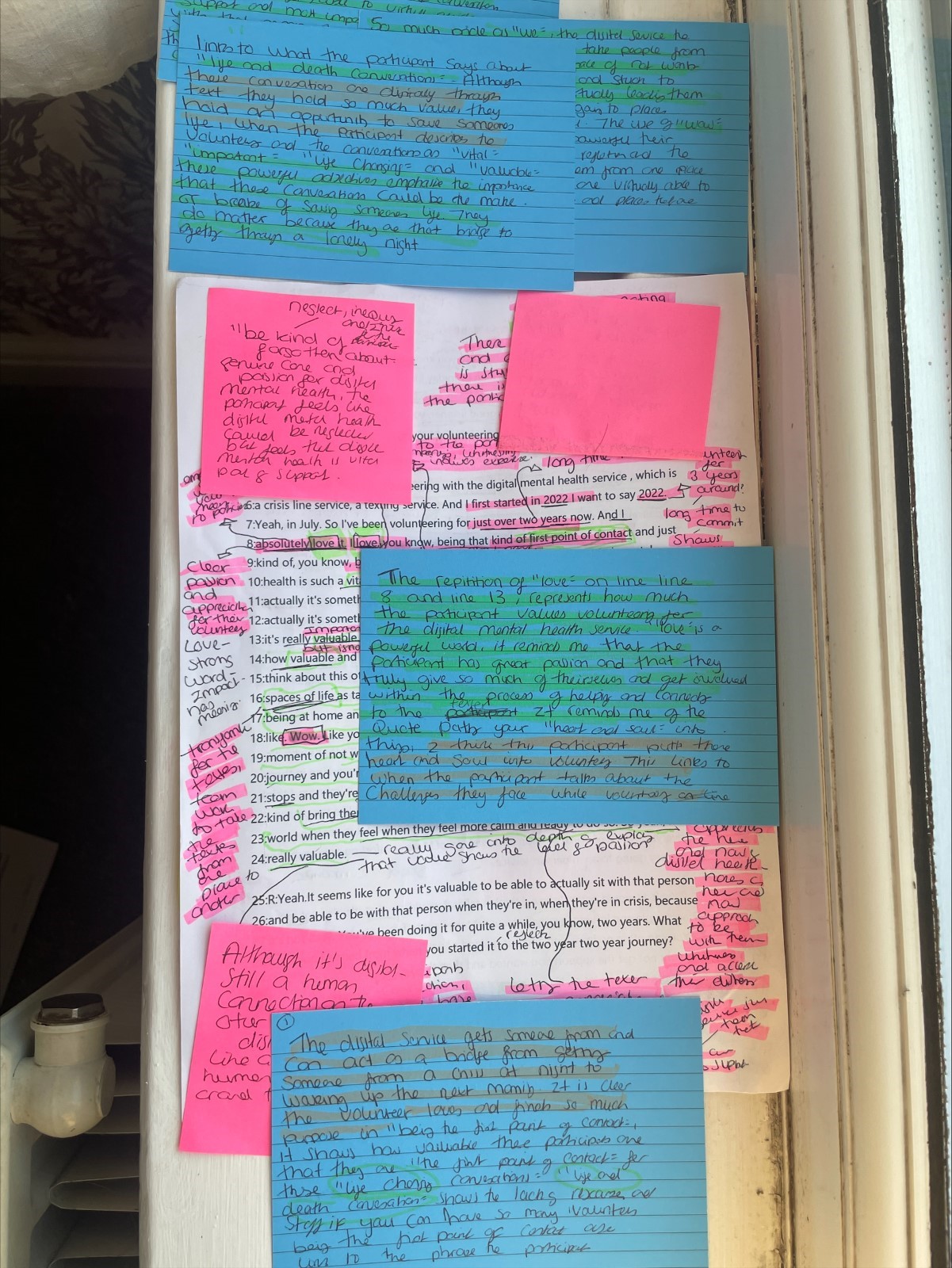
10)How could the digital mental health services help support and Facilite change within the services?

11) Is there anything we haven't spoke about

Appendix F-raw transcription



 Appendix G- analysed page of transcription



Appendix H- PETS table

|  |  |
| --- | --- |
| **Digital services aid in the eradication of barriers to access mental health support** | **“its a lot more accessible and a lot less invasive, it takes a lot of emotional and physical courage to walk into a clinic “- line 60**    **“you often wait a long time to see someone in person ”- line 303**  **“These services are completely overwhelmed ”- line 302**    **“even moving out of your bedroom is very tricky. So I think that's a really great, accessible way. Sometimes you don't want to leave the house and you know, there are people that struggle and, you know, physically disabilities, you know, long term health conditions like there's there's so many different aspects and hurdles” line 64-68**    **“you can meet them in the space wherever they are “- line 114**    **“you can go from youngest 6-94”-line 78**  **“**  **“online can create a safer space because you are not looking directly at the person , its all annoymous “- line 287-288**  **Digital services can be transformative to texters lives and the volunteer is able to take them from a place of crisis to a calmer state**  **“it's really valuable. And I just, I love being part of that that service and I can see how** |
| **volunteering for crisis service is challenging and it can have a great negative and positive impact on the volunteer** | **“I love being that first point of contact and just being there for someone”**  **“learning how to gently approach things with such delicacy and such. You know, it's, it's so it's so powerful”- line 175-177**    **“it heartbreaking when they are young experiencing that level of pain ”-line 155-156**  **“it challenges your brain and makes you a better supporter , how can I put my experiences to the side “- line 145**  **“I didn't realise that what I was reading was not normal “- line 541**  **“I am not an angel , I am just doing my good bit – line 545**  **“Technically letting them in my space” – line 569**  **“Immerse myself into these conversations “- line 217**  **“I started to realise its a challenging thing and I am going to take a big 3 months break when going through a life stress of a masters “- line 518-519**  **“the  general public probably would never have encountered some of the,some of the experiences that we could do”- line 511** |

Appendix I – GETS table

|  |  |
| --- | --- |
| GETS |  |
|  |  |
| Digital services are in crisis | **“not many as at the start, I'd be lucky to get a single texter during a shift”- line 37-38- March12**      **“it was a relatively new thing so I felt like it may not work, especially when the platform was so quiet. but over the years more and more people aren accessing digital Mental health  services”- line 86-87  - March12**    **“there are always a need for more volunteers and hours , I dont think I have ever logged into the volunteer space and they dont need someone to come on ”- line 341, November12**    **More volunteers at night time when the number of people in need of crisis support increases significantly**  **“more volunteers, especially at night, night times are when generally most people feel more alone. Things feel so much worse during the quiet times”- line 167-170- March12**    **“Watching the numbers go up for the people that need support can be triggering “- line 283- June43**  **Service users waiting up to five hours at night for crisis support**  **“If you go on in the evening you can see 300 people in the que waiting 3 4 5 6 7 hours , its overstretched now ”- line 343-347 –November16**    **“if I wake up at like 5:00 AM and I can't go back to sleep, I'll go on and then I'll  be clicking the button to help people, and then I've noticed they've been waiting like 4 hours, five hours and I just. And then by the time like, they've fallen asleep, hopefully. And it's like, you know, then we can't reach them” -line 400-404- November16**  **“already have queues at night and that you know I go on at 5:30 in the mornings when I might have 30 conversations in that time, twenty of whom is all check ins. , there are a lot of people who I have checked in with on numerous occasions but never actually got to have the full conversation,  And in some ways one goes. Well, you know, maybe that's a blessing. Maybe they've managed to find a way. You know, I hope is what keeps me going “- line 918-926 September25**    **“They can be quite aggressive In their initial Conversation (*pause)* Yeah. You know, when you get, you get told you this and whatever else. But then you know that it's not aimed at you “- line  184-187-October 172** |
| The crisis conversations are becoming increasingly more dangerous and severe | **“People turn to the digital service , they can't access support from other places, texters mention being given our number by their GP or psychiatrist which is so sad, I even had a texter call 111 and got told to use our service ”- line  83-85- March 12**      **“I have noticed that over time issues appear more serious though, and more complex”-line 113-114- March12**    **“back then is seemed texters had 1 thing going on that they struggled with, but now they have so much more to manage, whether it's because they can't access support, or just the yay the world is now, I'm not sure”- line 116-118-March12**  **“which was a young woman who was again in the act of trying to take her own life” - line 254-255- November18**  **“ there was a 9 year old trying to kill themselves “- line 166-167- November18**  **“to me and there was loads of graphic questions about blood. , I was feeling queasy ,jittery and wobbly  - line 257-259**  **“I've had flashbacks from it , with some with some particularly graphic stuff,   line 307-316- November18**  **“**  **I don't have other mental health problems. ”- line 181-182-November18**    **It was like picking up an entire series of crime fiction. And it was all one person. And it was just heartbreaking”-  line 182-186-June43**  **“There were a lot of tears. There were a lot, a lot of tears”- line 226-227-June43**  **e a doctor or a nurse for mental health problems. You know, I'm pretty much grounded, like, you know, fortunately for me. So this this is the work. Actually affecting my own. “- line 321-326-November18-June43**  **“It was like picking up an entire series of crime fiction. And it was all one person. And it was just heartbreaking”-  line 182-186-June43**    **“You know, all counsellors have to have supervision, and yet we were supposed to be doing you know,  traumatic work at times,  without any supervision at all, nobody to talk to, I mean completely bonkers “ - line 524-528-November18** |
| Young people are in a mental health crisis | **“Young people, you know who've been through so much ,I've thought after the conversation. Who else is there to listen to them, and how much we can learn in that 45 minutes to one hour? You know, you can learn so much of their life “ listened to, for not for free “446-47**  **“ there was a 9 year old trying to kill themselves “- line 166-167- November18**    **“tiny little children to fully grown adults , you can go from youngest 6-94”-line 78-November16**    **“I  ended up sobbing  I realised how much that conversation with that young person had affected me. You know, just I just felt so so sad for them. You know, how can like, you know, sometimes the enormity of how horrid life can be for some youngsters just hit you, you know”- line 271-280-September25**    **“I think it's just access to things and access to support. The problem is we are all so overstretched every kind of resource is so, so overstretched. And I think the one that hurts or I've seen first hand is like camhs . I won't be seeing you again unless you start self harming. So what are they going to do the next week? Because they know what the benchmark is to be able to get or to be heard, or to be seen. They physically have to start harming themselves.**  **nd it's just like*(pause*) how broken is everything. “- lines 697-700 June43**    **when I see young people especially falling through so many gaps, and the people who are meant to be there for them, who say that they're there for them aren't, I think that's the thing that makes me angry “- lines 441-446- June43**    **“60% of service users are young people”-September25-line 148**    ***“All we do is refer people back to the NHS or a charity, so I understand why people feel trapped in a system that's broken”-October172-line 904-906***    ***“Charities should not have to fill in the cracks”-September25-line 1113*** |

Appendix J-Bracketing my experiences – a journal entry

