

# **Exploring the barriers to online based training program for mental health in Bangladesh and approaches to overcome the barriers:A Qualitative Study**

Tanjir Rashid Soron, Shahana Parveen, Nafisa Huq, Chaman Afrooz Chowdhury

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# Exploring the barriers to online based training program for mental health in Bangladesh and approaches to overcome the barriers:A Qualitative Study

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## Abstract

**Background:** Technology has transformed the access to information and our learning landscape. During the COVID-19 crisis the accessible and affordable information with appropriate use of technology for healthcare became critical to train health professionals and fight with misinformation. This online based training is gaining increased attention during the last couple of decades both in developed and developing country. The mobile and internet coverage and speed of the internet has significantly improved, and this network coverage opens the opportunity to use the online based training programs for the huge grass root health care service providers. Though the health care providers receive some sort of training specifically for maternal and child health, contraceptives and other common physical illness, they hardly have any opportunity to receive the mental health training. Online based mental health training program for the community health care provider and volunteers can be good option for Bangladesh to reduce its' wide mental health treatment gap.

**Objective:** This study aimed to find out the potential barrier of the online based mental health trainings for the volunteers who are working in the community to promote mental health and well-being and reduce the mental health stigma in Bangladesh. We also attempted to find out the approaches those might minimize the barriers. The findings of this study will help to develop a realistic expectation and also will provide the insight to predict and prepare to mitigate the challenges of the training implementation.

**Methods:** To understand the complexity of the online based training for mental health we conducted two batches of training with the students who are the mental health volunteers working in the community. We conducted Focus Group Discussions at the end of the 3 days long training of each batch and In-depth Interviews were conducted with also the trainers to find out the barriers of these online training program. The interviews were conducted in Bangla those were recorded transcribed, translated and thematically analyzed.

**Results:** We found the most common barriers to online mental health training was the lack of physical presence, technical issues (e.g., network disturbances, device integration problems), cost of internet, electricity issues, and privacy concern. Moreover, participants reported physical strain of sitting in front of desktop and laptop for the training and many of them were concerned about the about privacy breaches, accidental content sharing, and maintaining constant vigilance online.

**Conclusions:** The online based training opened the window to help millions of people at a time however we to be careful about the barriers those threatens the successful implementation of this programs.

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## Original Manuscript

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### Abstract

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**Keywords:** Digital learning, Barriers, Potential of online learning, Community mental health, Mental health

## Introduction

Mental health care has never been very easy for most of the people living in the least developed countries and it has been documented 90% of people are deprived of any form of mental health services in many Low and Middle Income Countries and a major contributor to the global health burden<sup>1,2</sup>. Bangladesh a rapidly developing, Low and Middle Income Countries facing the same scenario where more than 92% mental health treatment gap is a major threat for public health<sup>3,4</sup>. The country has a pluralistic health system that suffers from both a shortage of trained professionals and their inequal distribution<sup>5, 6</sup>. Mental health care is mostly limited to urban areas and access to psychiatrists and other mental health professionals are scarce<sup>7</sup>. Mental health supports are only accessible in a divisional tertiary level, where psychiatrists work at public medical college hospitals located within cities. According to WHO only 260 psychiatrists for a country with population exceeding 162 million leading to huge mental health treatment gap<sup>8</sup>.

Bangladesh has a strong network of 15000 community health clinics and more than 185,000 community health workers from government and nongovernment organizations<sup>6</sup>. These primary health care providers and clinics are of utmost important to reduce the mental health treatment gap as it can be the source of accessible low-cost, effective treatments<sup>2, 9</sup>. Moreover, The World Health Organization (WHO) and other national and international organization are advocating the integration of mental health into PHC<sup>10</sup> and many countries have initiated the process in different forms<sup>11</sup>.

Kohort and his colleagues considered community based mental health care provide more effective and acceptable support and care through ongoing contact with community and family support than traditional care<sup>12</sup>. Moreover, a community based mental health programs in India have shown substantial increase in equitable contact coverage for depression and improved mental health literacy<sup>13</sup>. Another study found community mental health workers provide a greater positive effect on symptomatic relief, social functioning and satisfaction with care in patients with common mental health disorders compared to usual care<sup>13</sup>. While considering the investment and program designing, we need to consider that the mental disorders affect beyond the individual's well-being and normal functioning, it severely impacts the family and the whole community. Hence, mental health care and service need adequate attention and investment.

In Bangladesh, Community clinics have been established to provide integrated health and family planning services from a single primary health care center at the village level where community health care providers (CHCP) play the pivotal role in serving the community through these centers. In addition to them, the health assistants (HA) and family welfare assistants (FWA), and other community health workers of different national and international organization provide domiciliary services. Moreover, the role different health care and social volunteer including the student volunteers' role is utmost important. If we can train these huge numbers of grass root healthcare workers and volunteers the mental health treatment gap can be minimized. We can train the interested local volunteers to work as community mental health workers and it may be possible to start community based mental health service in Bangladesh with a short course of training for the community health workers. However, training them with usual traditional classroom base face to face training program will cost a huge amount of budget and manpower that is difficult to implement in Bangladesh. This resource constrain can be solved by using digital health technology in the mental health care that is still evolving globally. The mobile network and internet coverage extended to almost every family in Bangladesh. Online and mHealth services (voice call, complaint suggestions, and care advice through SMS, etc) have been running in the country for about two decades<sup>14, 15, 16</sup> and the use of technology to improve community health worker's general caregiving outcomes has been proved to make significant increase in the outcomes of caregiver gain (ie, positive aspects of

caregiving), knowledge, bonding, reduction of anger-hostility, and negative mood<sup>17</sup>. An earlier study also showed internet-based learning appeared similar efficacious as traditional forms (face to face lectures or course) of education and training<sup>18</sup>.

During the pandemic the online learning became essential and more popular. However, it is necessary to have a clear understanding how the online training program can successfully be implemented and what are the possible barriers. Many research has found that limited resources, such as Internet availability and quality, as well as an electrical power supply could be potential barriers to online learning<sup>12</sup>. This factors along with the lack of training, and preparation for the use of online learning platforms were found to cause dissatisfaction in learners<sup>13</sup>. This study therefore aimed to address this gap by exploring and analyze the critical factors which may impact the implementation of online training program for community mental health volunteers in Bangladesh.

## Methodology

To explore the potential barriers of the online based mental health program we designed an online based training program for the students who were voluntarily working for the mental health in different sites in Bangladesh. We organized two online based mental health training in two batches. There was a total of 10 participants in 2 batches who were recruited from different social and volunteer organizations including the student volunteers support group of Telepsychiatry Research and Innovation Network Ltd. The training was conducted using the zoom platform from the office of Telepsychiatry Research and Innovation Network Ltd that is located in the capital city Dhaka. The training program was 3 weeks long two hour long 2 classes per week using the online platform developed by <http://trin-innovation.com/>.

The aim of the training was to orient the volunteers about the common mental health problems, the early identification of mental disorder, common psychological technique of Relaxation, CBT, Stress management and Peer Counselling, when and where to refer a person with mental health problem.

In the Qualitative part of the study Mixed Method Study was conducted where we conducted 4 FGDs:

We conducted 2 FGDs- each after the completion of the training of each batch

- FGD with the rural communities in Jashore
- FGD with experts from mental health, technology and policy makers

Based on the literature search, a list of questions (schedule or script) and topic guides were prepared as guidance for the focus group discussions. In the two online training batches, 10 young participants joined in each batch. The participants were recruited from different geographic location and based on their interest in mental health. These FGDs were conducted by one the facilitators of the training sessions and of these focus group discussions took up to 90 minutes.

The FGDs with online training participants were conducted online and the other one FGDs were conducted face to face.

IDI: 5 IDI with senior leader of the Bangladesh Association of Psychiatrists, IT Professionals, trainers of the training and participants.

There were pre and post training evaluation survey to assess the level of knowledge transferred and overall effectiveness of the training.



### **Online Trainees:**

The researcher conducted three FGD after the end of each of the training to find out in details the nature of the barrier they face during the training program, how this training helps them in learning common mental health problems, support and referral. A 60-90 minute semi-structured open group discussion was conducted with participants and recorded electronically with permission from them.

### **Online Trainers:**

The mental health professionals (trainers) and IT experts who maintained the online platform was interviewed to find out their experience and the barriers they countered while organizing and conducting these online training programs.

The researcher used storyboards during the focus group discussion. The other tools used in the discussion include scenario-based design<sup>17</sup> and collective imagination<sup>18</sup>.

### **Topic guide:**

A predefined topic guide was developed with guidance of expert to find out the key barriers most of the barriers of the online training. It included socio-demographic questions, number of class the trainee participated, questions about internet connectivity, challenges related to effective and easy understanding and question answer, benefit of the online learning, challenges adjusting and adapting the training their life, 5 key barriers they encounter during the training program. The topic guide is attached with the appendix.

### **Analysis:**

The electronic voice recordings (or video recordings) of interviews and focus groups was first transcribed in the local language and English. Interview transcripts were verified for accuracy by the interviewee whenever possible. Transcripts were then entered into a qualitative software program (NVivo 10) in order to manage the data.

### **Ethical Approval:**

Ethics approval was obtained from the Independent University, Bangladesh, Ethical Review Committee.

### **Results**

The following section discusses the major themes that were found out from the qualitative analysis of the data. There were five major themes found in the qualitative analysis of the data. They were – communication barriers, technical barriers, environmental obstacles, stress, privacy and confidentiality issues. Each themes covered subsequent sub-themes. The details of the major themes and associative sub-themes are described in details on the subsequent section.

Table 1. The themes and sub-themes of the barriers to online training

	<b>Theme</b>	<b>Sub-theme</b>
<b>Barriers to online learning</b>	Communication barriers	Absence of non-verbal interaction, absence of physical presence
	Technical barriers	Network related disturbances, device integration, electrical disturbances, platform issues

	Environmental obstacles	Geographical location, weather, Household disturbance - frequent interruptions by others, family situation,
	Stress	Physical stress: Long-term exposure to device and work, violation of work-life boundaries
		Emotional stress: Feeling on edge and hyper vigilant, Loneliness, Isolated, Fear and insecure feeling in online platform
	Privacy and Confidentiality	Violation of privacy and confidentiality, Opportunities for harassment
		Accidental unmute or other platform related mistakes, Fear and hyper vigilant, repeated checking
		Increased insecurity in female: Appearance, Safety

## Thematic description of outcomes:

### Communication barriers

Participants reported facing some communication barriers during the online mental health classes. Their main concern was the absence of non-verbal interaction due to the online mode. The direct presence of facilitators who could help to keep the attention alive also caused a gap in learning as reported by the participant. Following are some major barriers found in the present study.

**Absence of Non-verbal interaction:** Participants reported that there was lack of eye contact or interaction between the participants and they were unable to see each other in comparison to physical classes. As cited by the participant, “People’s body language or gesture isn’t observable at all. There’s no eye contact or interaction between us, we don’t see each other like we used to in face-to-face classes” (Participant – 3; FGD – 2).

They also faced that most of the time due to technical or other difficulties participants remain only present in audio form, so it is difficult to say whether the participants are actually learning or engaging in other activities. Participant reported feeling like they are talking to themselves, “It’s like I am talking to myself” (Participant – 5; FGD – 1).

**Absence of physical presence:** Some participant felt that the confirmation that participants are actually learning something is difficult to ensure without seeing some kind of non-verbal indication. As one participant said, “I don’t know whether they are listening or engage in some other activities. There’s no way to ensure how much they are actually learning without seeing some kinds of non-verbal indication” (Participant – 7; FGD – 2).

Absence of the actual presence made the participant less alert while in physical classes they would be more alert and the facilitator would help in the process of learning mental health related topics as one participant reported, “If I could see the person in-front of me then I would’ve been more alert. I would’ve known that if my attention dwells the facilitator will drag it back to the classroom” (Participant – 3; FGD – 2).

## Technical barriers

The main technical barriers faced by and reported by participants include – network related disturbances, difficulties with device integration, electricity disturbances and platform connectivity. One of the participants said, “The network isn’t good enough. The wi-fi connections suddenly go off in the middle of the session, which is very distressful. While using mobile data, the network sometime disturbs and get slowed down” (Participant – 11; FGD -2).

**Network-related disturbances:** Participant reported having low network coverage in certain area and due to the lack of wi-fi connection the participant was unable to go to their hometown as cited, “I wasn’t able to go to my hometown due to the lack of wi-fi connection in the area” (Participant – 14; FGD – 1).

**Device integration:** Participant also reported finding it difficult to connect mobile or computer with online platform and facing delay and stress due to that as one participant said, “Sometimes the mobile or PC don’t integrate with the online platform. That caused a lot of delay and stress” (Participant - 19; FGD - 1).

They reported facing difficulties with integrating devices and as a result finding it difficult to open camera or to speak, often participant complain about the mike or camera not functioning properly. A participant said, “Device integration problem such as – sometimes when asked to open camera or to speak out, people complain that the mike or camera isn’t working” (Participant – 3; FGD – 1).

**Electrical disturbances:** Some areas have poor electrical supply and wi-fi connection and it get disconnected. The absence of electricity is another significant problem while taking online classes as reported by participant, “The absence of electricity or wi-fi disconnection is so frequent that there are a lot of times while we couldn’t attend a particular class or session” (Participant – 3; FGD – 2)

Although electrical disturbances or wi-fi disconnection is infrequent, it still takes 5-10 minutes of times during which a large proportion of session might be lost. As one participant said, “It doesn’t happen frequently. But when it does happen, almost 5-10 minutes of session got away” (Participant – 3; FGD – 2).

**Platform issues:** Participant reported facing some difficulties with few platforms that are used in Bangladesh because they don’t integrate with device used by the participant as the participant reported, “Sometimes some suggested platform doesn’t integrate with the devices properly” (Participant – 1; FGD – 1).

## Environmental obstacles

The environment was a source of obstacle in the learning process for some participant. For example – geographical location, weather, house-hold disturbance and some family situations were reported as major source of barriers by the participants in this study. They are described below -

**Geographical location:** Some participants said the location of their residence was a significant distressing factor during the online mental health classes, even going to the outskirts of Dhaka city caused disturbances and stress regarding the network and electricity disturbances, “Yes, this is a significant problem. When I go somewhere outside of Dhaka, or even in outskirts of Dhaka, I feel a lot of stress regarding the network, electricity etc.” (Participant – 5; FGD – 2)

One participant reported simply staying in Dhaka to attend training and classes, “There was once a time when I simply stayed in Dhaka only to attend some classes” (Participant – 6; FGD – 2).

**Weather:** The weather such as rain can cause network disturbances and leading to learning difficulties. As one participant said, “There was a lot of rain the other day, it caused network disturbances” (Participant – 1; FGD – 1).

**House-hold disturbances:** Most participants agreed that in online form of learning the usual classroom or professional environment is absent. The home environment is not always well-suited to host professional communication. Often time the usual house-hold noises and frequent interruptions by other family or house-hold member causes significant challenges. As participant cited, “When we connect from there’s always someone talking or coming to room or roaming around which is awkward and causes distractions” (Participant – 5; FGD – 2).

Sometime family situation could hinder the process of learning by diverting attention, as one participant reported being on edge and concerned about the aged parents thinking that they will call or need something anytime, “My parents are very aged. So, I always stay on edge and concerned, whether they are calling me or they need me or something” (Participant – 6; FGD – 2).

For example, during the Corona outbreak, some family members were affected by the virus and participants had to attend some online class, “Some may have COVID-19 patients at home, and yet have to attend the online learning” (Participant – 5; FGD – 2).

## Stress

Participant reported feeling more physically exhausted and tired and emotionally disturbed in online classes then in normal face-to-face classes. Some of the physical struggle that emerge from online learning are as follows:

### *Physical stress*

The online learning session sometimes poses some physical stress and discomfort that makes session undesirable and a significant barrier to comfortable learning experience. The lengthy exposure to technology and sitting for too long in front of devices are the primary factors identified as physically stressful to participants. As some said, “Long time sitting in front of gadget is tiring. Sometime it causes some health difficulties like – headaches, ear pain or eye soreness” (Participant – 3; FGD – 1).

Also, participant reported maintaining personal and professional time difficult, specifically the lack of boundary between personal and professional time due to home class. Some suggested that the stress of being active online all the time sometimes led to unhealthy lifestyle development. Saying that there are no boundaries between personal and profession time, “When the learning was face-to-face, the activities took place only on professional areas and on professional time zone. Now it’s like happening all the time, we have to stay active all the time in case we miss something” (Participant – 3; FGD – 2).

Not only the online activities go on for long time than usual, they had the feeling that the work or classes are happening all the time and they had to stay alert all the time for the fear of missing some new update which causes significant level of stress, one participant said, “Sometimes the communication goes on for long time than usual work-hours. We have to stay alert and online all the time or risk not receiving information. There’s no separate period for personal time and study time. Staying alert all the time causes stress” (Participant – 4; FGD – 3).

### ***Emotional stress***

Feeling of loneliness was experienced by few participants. This led to being withdrawn and communicating less in some participant as they reported, “During classes, I often feel like I am alone-single and contact less” (Participant – 7; FGD – 2).

A participant reported feeling isolated and alone, and keep wondering whether others left the sessions or not, “I feel marginalized, and keep thinking whether others have left the session” (Participant – 8; FGD – 2)

Participant reported checking repeatedly to see if others are listening to the topic, “There’s a chance that no one is listening and I am talking to myself. So, I frequently check for the participants to respond on particular topics I am discussing” (Participant – 11; FGD – 2).

Again, online session demands a constant vigilant state meaning that even with isolation participants have to remain active and are afraid of missing something important. Fear of missing something important is reported by a participant, “When we are engaged in other activities, our unconscious mind always feels on guard, feel afraid that we may have miss something” (Participant – 9; FGD – 1).

Participant reported feeling stressed and frustrated of remaining active all the time. So, fear of missing something important often manifest in feeling frustrated and on the edge, as one participant said, “Because of online mode, we have to remain active 24/7, fearful that we may have missed some mail thread or communication. This is really very frustrating” (Participant – 2; FGD – 2).

### **Privacy and Confidentiality**

**Easy to violate:** Participants reported that maintaining privacy and confidentiality is more difficult in online sessions than face-to-face sessions. Especially whether someone is recording something and what content is being recorded caused significant privacy and confidentiality concerns in one participant, “Who is recording from where and what is being recorded is very hard to track on online” (Participant – 3; FGD – 2).

Anyone can record anything and share it with people without permission, so there is always some insecurity and fear regarding this aspect as one participant said, “It is difficult to maintain privacy. Sometimes people record stuffs without knowledge or asking permission first” (Participant – 11; FGD – 2).

**Risk of online harassment:** There is another concern that has been raised by the participant. Since in online form the physical presence is absent, participant think it is far more feasible to harass, “In online it is more feasible to harass people than face-to-face” (Participant – 11; FGD – 2).

**Accidental exposure:** The participants reported numerous situations where they or someone close to them faced some embarrassing situation. Mainly the accidental unmutes, accidental video sharing or screen sharing that caused some embarrassment and feeling on edge the entire time. As reflected in participant statement, “Sometimes the unmute button gets pressed and the facilitator/trainer had to address it. That’s embarrassing and I keep thinking what did I talk or how much I talked in meantime” (Participant – 11; FGD – 2).

**Fear of accidental exposure:** Participant reported that the fear of accidental unmute is so stressful that they keep praying to Allah, “This always causes fear. I keep thinking Allah am I sharing something, am I unmute. It is really stressful” (Participant – 10; FGD – 2).

**Repeated checking:** This led participant to be involved in repeated checking behavior as one participant recalled something embarrassing happening to someone else in the class, “During class, I repeatedly check and re-check the mike and video options. There were some embarrassing situations where the mike was open which disrupted the class. So, now I always have to be constantly alert” (Participant – 3; FGD – 2).

**Insecurity:** In online session participant had to communicate through online platform which is new and created concern about their appearance and presence in some participant. As some participant said, “I was self-conscious when we first started online class. But I got used to it now” (Participant – 9; FGD – 2).

**Insecurity in female:** Few reported that it is more difficult for female to participate in online communication than male. The fear of being subject to harassments is more prominent in male than in female in online platform as one participant said, “I think female are more insecure than male in areas of cyber bullying” (Participant – 6; FGD – 2)

**Appearance concern in female:** The primary concerns being female are more concerned with appearance and therefore may feel shy and insecure, “Female are more concern, so they may feel more shy or self-conscious” (Participant – 6; FGD – 2).

## Discussion

Training community mental health workers in Bangladesh could serve as a useful strategy to increase the access to mental health services by integrating mental health care into primary care and community level. Bangladesh has large resources of community health workers which trained and mobilized effectively could help in reducing the burden of mental health illness. However, recent COVID-19 outbreak is taxing for both health and economic structure of any low to middle income country. Designing online training program to train the population, while also maintaining health precautions and safety could be cost effective as well as easily accessible. However, there could be some barriers to online based training program. So, the current research was designed to assess and explore the barriers while providing training.

The research was formative qualitative research. Two training programs designed to meet the objectives of the research was conducted throughout the June, July and August, 2021. The participants provided their experience through detailed focus group discussion after each training sessions. The thematic and three layers of coding analysis found five major themes - communication barriers, technical barriers, environmental obstacles, stress, privacy and confidentiality issues.

The primary and major barriers to online learning as reported repeatedly by majority of participants are communication barriers. Communication is pivotal to learning process. One of the first and foremost things in learning is interaction between the teacher and students. Whether it is in-vivo or online, smooth and meaningful communication is the key to learning. Participant reported that the online platform created some interaction barrier such as – absence of non-verbal communication and physical presence of facilitators of the mental health training. As suggested by prior research that students prefer face to face learning because online platform lack classroom environment especially face-to-face interactions with peer and lecturers<sup>19</sup>.

While in face-to-face learning, the presence of the presenter provides a major form of sense of stability and attentiveness, therefore absence of this create associative distraction and lack of complete learning experience. Holding onto the concentration without the presence was reportedly found to be difficult in the present research. This is partly due to the psychological significance and potential relevance to learning<sup>20</sup>.

The second major barriers to online mental health training pertain to the difficulties that are commonly faced due to the technical obstacles such as – network related disturbances, difficulties with device integration, electricity disturbances and platform connectivity. Technical difficulties such as poor internet connectivity, inaccessible subscriptions, technical literacy plays a crucial role and significant barriers to online learning process<sup>21</sup>. Dhawan (2020) has reported that although online learning platforms and multimedia integration are growing people still experience various technologies difficulties as well as overall motivation to engage<sup>22</sup>.

So, physical, psychological and environmental condition plays crucial role in the learning experiences. If learning environment is stressful, it could hinder the process of learning and cause significant barriers. Physical stress coming from lengthy exposure and difficulties in maintaining personal and professional boundaries were major stressor reported by the participant. In addition, the online learning processes are perceived as more emotionally stressful than normal learning session by participants. Research on the similar field used the term “zoom fatigue” to further highlight the condition<sup>24</sup> and few research explain the emotional and physical burden of lengthy exposure to technology as stressful and debilitating<sup>23, 24</sup>.

Online platform is often devoid of any emotional connection. So, participants reported feeling isolated and lonely and emotionally disconnected. Social isolation and stress are reported in previous research as significant emotional burden for student in digital learning<sup>25</sup>. Another factor that contributes to emotional stress is the constant vigilant state, fear of accidental screen sharing or accidental sharing of other content or getting accidentally unmuted or opening the video while unprepared etc. Privacy and confidentiality issues are other major obstacles in online training mainly because anyone can record anything and share it with people without permission. The fear of being subject to harassments is another concern reported by participants that inhibit the online process.

Participant reported being concerned about presence and appearance. In the online platform this concern about appearance and presence can become stressful, cause fear and insecurity and significantly impede the learning process. Few reported that it is more difficult for female to attend online communication than male due to this concern as female are more concern about their appearance.

Sometimes the surrounding environment becomes a major source of barriers to learning. Participant reported environmental obstacles such as – geographical location, weather and disturbances from family environment as significant barriers to online learning. As prior studies used the term “digital divide” meaning population and areas with access to stable internet and network connectivity and those who do not have any<sup>26</sup>. Geographical location especially in remote rural areas where connectivity and technical availability is poor could lead to significant interaction and learning disturbances<sup>27</sup>. Similar result has been found in this research. As Roger (2003) pointed out that these individuals become the “disadvantages group of people in society due to the lack of access to the Internet”<sup>28</sup>.

Most participants agreed that in online form of learning the usual classroom or professional environment is absent. The home environment is not always well-suited to host professional

communication. Often time the usual house-hold noises and frequent interruptions by other family or house-hold member causes significant challenges as found in this and prior research<sup>29</sup>.

Despite all of these barriers, the flexibility of access, saving time, mobility, cost effectiveness and other conveniences make the online platform more attractive to young people<sup>30</sup>. Similar finding shown in this research and prior research reflects the materials, presentation and interactive content play a pivotal role in the satisfaction with the online learning process<sup>31</sup>. The recommendation to improve the quality and satisfaction of the online teaching reflect the flexibility<sup>32</sup>, reducing inequality to space and time<sup>33</sup>, ensuring capable IT-based platform and cloud-based services<sup>34</sup>.

This study and the prior research show that even with all the barriers online based learning have much potential. However, overcoming these barriers is of utmost importance to ensure the benefits of online learning. Therefore, before designing any form of online training the barriers need to be carefully considered.

Bangladesh, MH Gap and online training.

## Limitation

The study followed an explorative study design with mainly focusing on qualitative interviewing. A mixed methodology that confirms the qualitative themes with statistical accuracy may add some deductive sense in the overall results. A survey following the qualitative phase would have provided some insight into the generalization of the data derived from the qualitative themes. Due to limited time constrain, the quantitative data collection couldn't be carried out. Sample size was limited and numbers of interviews – both in-depth interview and focus group discussion was limited.

## Conclusion

Overall online training is beneficial in many ways. Even with all the barriers given effectively designed and delivered, it could serve as an effective mode for reaching people, developing awareness through mental health education and reducing the overall mental health treatment gap.

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