Barriers for Effective Adaptation of Online Psychological Services by Clients (Particularly Young Adults) in Harare Urban

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ABSTRACT

This article examines the barriers that hinder the successful adoption of online psychological services, emphasizing the perspectives of clients. While digital mental healthcare has expanded in response to technological advances and growing demand for accessible support, clients continue to face significant challenges that limit engagement and satisfaction. Common obstacles include unreliable internet connectivity, concerns about privacy and data security, and doubts about the confidentiality of therapeutic exchanges. Additionally, the absence of in-person interaction often reduces the sense of personal connection, leaving clients uncertain about the effectiveness of remote therapy. These issues directly influence clients' willingness to participate, the perceived outcomes of sessions, and overall satisfaction with online services. Through a detailed literature review and quantitative analysis, this study identifies and evaluates the client-cantered hindrances that obstruct the adaptation of online therapy. By foregrounding the client experience, the research aims to inform strategies that enhance delivery, foster trust, and improve the accessibility and quality of digital mental health care.

Keywords: Hindrance on adaptation of online therapy services

INTRODUCTION

Counselling has long been a cornerstone of mental health care, evolving from traditional face-to-face interactions to new digital formats shaped by technological progress. The rapid rise of online communication tools in the 21st century has opened opportunities for clients to access psychological support virtually, without the need for physical meetings. Although online therapy—often referred to as e-therapy, tele-therapy, or cyber-counselling predates the COVID-19 pandemic, the global health crisis accelerated its adoption as a necessary means of sustaining care during periods of restricted movement. Historical precedents, such as Freud's use of letters and the emergence of online self-help groups in the early 1980s, demonstrate that remote forms of psychological support have long existed.

Despite these developments, the transition to digital therapy has not been seamless for clients. Many continue to face barriers that hinder effective engagement with online services. Concerns about privacy and confidentiality, limited access to reliable internet, and the absence of in-person interaction often reduce trust and weaken the sense of personal connection with therapists. These challenges are particularly pronounced in developing contexts, where infrastructural limitations and cultural expectations further complicate adoption. This study therefore focuses on examining the hindrances to online psychological services from the clients' perspective, highlighting how these barriers affect participation, satisfaction, and perceived outcomes. By focusing on the client experience, the research seeks to provide insights that can guide improvements in accessibility, trust, and quality of care in digital mental health services.

LITERATURE REVIEW

Global perspective

According to a study conducted by Mwakere et al., (2018), the Global Perspective on Online Psychological

Services shows a rapid growth but uneven adoption. The global tele-health industry is expanding at an annual rate of 11.8%. Despite this growth, only 38% of Americans report to be using tele-health for medical or mental health needs, compared to much higher participation in traditional in-person therapy. Surveys indicate that while 60% of respondents would consider tele-therapy, actual uptake is far lower, reflecting a gap between intention and practice. Key deterrents include performance risk, privacy concerns, and lack of personal connection, echoing findings from Bangladesh (Kabir, 2018) where security and social risks reduced willingness to use mobile counselling. Meta-analyses confirm that tele-therapy is equally effective as in-person therapy for conditions such as depression, anxiety, and PTSD, however, client satisfaction and trust remain higher in traditional therapy, with many preferring face-to-face sessions for severe mental illness or crisis situations. In high-income countries, 70% of people with mental illness still do not receive treatment, highlighting that even where infrastructure exists, uptake of both online and offline services is limited. In developing nations, adoption of online therapy is even lower due to poor internet access, limited digital literacy, and cultural reliance on physical consultations. The global perspective shows that clients' reluctance, not effectiveness is the main hindrance to online psychological services. While teletherapy offers convenience and comparable outcomes, trust, privacy, and cultural expectations continue to anchor clients to traditional in-person therapy, Harmony et al. (2021)

Regional context

A few studies on technology uptake and acceptance were also undertaken in the Sub-Saharan region. In Nigeria, Adesinasi (2021) performed study to determine the level of understanding and adoption of mobile counselling among users. A total of 270 people were questioned. When compared to the number of clients who already had counselling services online, it was revealed that there was a high awareness of mobile counselling but a low uptake. The biggest disadvantages are perceived credibility and healthcare cost, while social influence, perceived usefulness, related reward, perceived self-efficacy, compatibility, awareness, and perceived ease of use have all been identified as factors of mobile counselling adoption in Nigeria. Despite the promise, uptake of telepsychiatry remains low. Challenges include poor internet penetration, digital literacy gaps, cultural preference for face-to-face interaction, and mistrust of online platforms. Adolescents and young people (10–24 years) in Africa experience high rates of mental health disorders but face limited engagement with digital interventions due to inequities in access and affordability. Telehealth services are concentrated in urban centers, leaving rural populations where mental health needs are often greatest largely excluded.

National and local insights

According to a study conducted by Chitungo and Munongo (2018) healthcare systems are under-resourced, with 70% of the population living below the poverty line and limited investment in mental health infrastructure in Zimbabwe. Internet penetration in Zimbabwe was 59.3% in 2021, below the global average of 63.5%. This restricts access to online therapy, especially in rural areas where connectivity is weakest. While telehealth services expanded during COVID-19, adoption of online psychological services remains drastically lower than in-person therapy, largely due to privacy concerns, unreliable internet, and lack of trust in digital platforms, Harmony et al. (2021). Many Zimbabweans continue to prefer face-to-face counselling, viewing it as more personal and trustworthy, which further limits the shift to digital services. In both Africa and Zimbabwe, clients' perspectives reveal that online therapy uptake is hindered less by effectiveness and more by access, trust, and cultural expectations. While digital platforms could bridge the mental health gap, especially in underserved regions, poor infrastructure, privacy concerns, and preference for face-to-face interaction remain the strongest deterrents.

Objectives Of the Study

1. To establish sociocultural factors affecting uptake of digital psychological services.

2. To ascertain other factors affecting adoption of online counselling services.

3. To proffer strategies for enhancing the improved adoption of electronic psychological services by clients.

Research Approach

The rese Qualitative research was considered to be the most applicable for this research because it allows participant express their opinions, experiences and feelings in detail and meaning of their actions can be

interpreted (Xiong, 2022). The other strength of qualitative research is its ability to provide complex and textual descriptions of individuals experience on a certain phenomenon (Oranga and Matere, 2023). In addition, use of open -ended questions and probing during interviews offers participants the opportunity to respond freely in their own words unlike having to make a choice on from fixed responses (Oranga and Matere, 2023).

Research Design

The researchers employed a phenomenological research design. As a school of thought, phenomenology focuses on people's subjective interpretations and experiences of the world (Oranga and Matere, 2023). Notably, phenomenology design looks at the "lived experiences" of participants in a study with the aim of exploring how and why participants behave in a certain way based on their own perspective (Oranga and Matere, 2023).

Population and Sampling

The sample size for this research study is 12 people which is 4 university students, 4 employed young people and 4 unemployed young people. These respondents were selected through convenience and judgemental sampling. It entailed selecting study participants based on their availability and the researchers' judgement.

Data Collection

The researchers used structured interviews and questionnaires in acquiring the data for this research. According to Ruthale (2020), a semi-structured in-depth interview is an interview in which the interviewer asks a particular set of predetermined questions. In this interview questions were created and planned in advance and this means that all the interview respondents were asked the same set of questions. This helped the researchers in getting in-depth information from the participants as they were able to explain further on different aspects in their answers. There are several advantages of structured interviews which include that they have a high response rate; there is room for probing for more information; there is immediate data collection, there is greater accuracy of data; it can be utilized when responses are of a technical nature; the non-verbal responses are also captured; they give the researchers an opportunity to ask more questions and the responses for the research are spontaneous.

Data Analysis

The researchers employed thematic analysis to generate theme for deriving meaning on the data collected. Dawadi (2020) postulates that thematic analysis is a qualitative method where the researcher use to systematically organise and analyse complex data that would have been collected. The data analysis process involved translation of responses into meaningful categories. Interpretation of data from the study was according to the theme that emerged from the interviews. One of the benefits of thematic analysis is that its flexibility in identifying, describing and interpretating themes within a set of data (Dawadi, 2020). The research findings are related to the aim and objectives of the study as well as research questions. The first objective was to establish socio-cultural factors affecting uptake of digital psychological services. The second objective was to ascertain other factors affecting adoption of online counselling services and lastly to proffer strategies for enhancing the improved adoption of electronic psychological services by clients.

Theme 1- Sociocultural Factors

Under the broad theme sociocultural factors affecting uptake of online services among young people a total number of five sub-themes emerged. These are informal support services, stigma, preference to face to face counselling and lack of trust to digital counselling, The sub-themes will be presented in the sections below.

Sub theme 1- Seeking informal support

Findings indicated that participants sought psycho-social support from other sources that are not mental health

facilities. The participants indicated that in the event of stressful situation, they would engage family members, friends and pastors to help them solve their problems. Other participants indicated that they just manage their issues on their own as students. Participants had this to say:

"I seek help from my family members and friends who normally counsel me when I face a problem. My family and friends normally comfort me when I am stressed."

"When I am stressed, I approach my pastor so that he or she my counsel and pray for me. This has really helped me in the past. I believe my pastor is a good counsellor."

"We are Shona people in the event of a mental problem I consult spiritualists for so that they help, me identify the root cause of the problem. Seeking online- mental health services is the last option. I have not engaged any health care worker to help me solve my problems."

"Normally when I have a problem, I share it as a story with my friends. I disguise names and location so that people will not identify me. I realized that when I share my problem as story people will share so many views which I will select and implement. This has worked for me in the past."

Sub theme 2 - Stigma

Participants indicated that having a problem requiring mental health services was challenging. They expressed that different individuals have different views about seeking mental health services such that it was a hindrance to utilize online mental health services. When asked about the challenges participants face when they need mental health services, participants expressed that they were shy, fear of being treated differently, lack of understanding regarding issues from the support system. Participants had this to say:

"The moment people hear that I am seeking mental health services, they start treating me different. Others will think I am a mad person."

"When I encounter a problem, my friends will think I was bewitched and seeking mental health services will not solve my problem."

"The moment people realize that I have a mental problem they isolate me. Some will stop borrowing or asking for change from me because of that.

Sub theme 3 - Lack of trust on digital platforms

Participants indicated that one of the social factors that hinder uptake of online counselling service was lack of trust on digital platform. Participants had this to say:

"I don't feel safe sharing my personal struggles online. There's always the fear that my information could be leaked or misused. I think the platforms are not secure enough, and that makes me hesitant to trust them with sensitive psychological issues."

"For me, I don't see the costs or confidentiality as much of a problem. My issue is more about the lack of personal connection. Talking to someone through a screen doesn't feel the same as sitting in a room with them. It feels distant and less effective."

Theme 2 - Economic Factors

Findings from the study indicate that economic factors hinder participants from seeking online mental health services. A total number of three sub themes emerged from the interviews. These are financial constraints, lack of internet and these will be discussed below.

Sub theme 1 - Financial Constraints

Findings from the study indicate that participants believe that seeking online mental health services is costly. They expressed that they lived hand to mouth so they could not afford to seek mental health services. Participants had this to say:

"Honestly, the biggest issue for me is the cost. Online therapy sessions are often priced higher than what I can afford as a student. Even when they say it's convenient, the financial burden makes it inaccessible. I would rather not use the service at all if I can't sustain it."

"I do not seek mental health services because I cannot afford it. I give priority to look for money for my upkeep at the university."

"It is better I use the money for seeking mental health services for my upkeep rather than give that money to someone so that we just sit and talk."

"I do not afford online counselling services, I am just a student, I do not have the resources."

Theme 3 Strategies / interventions to increase uptake of online counselling

Under the broad theme of strategies / interventions to increase uptake of mental health services among informal traders. A total number of five sub themes emerged. These are provision of resources, knowledge and awareness and internet access. These are discussed in detail below.

Sub theme 1- Provision of resources

Most of the participants indicated that one of the ways of improving uptake of online mental health service was provision of resources. Participants had this to say:

1. "For me, the biggest challenge is resources. I don't have the money to pay for devices or data bundles that would allow me to connect to online therapy. Even if the services are available, without the basic resources I simply cannot access them."

2. I would use online counselling more if I had reliable internet. Sometimes the connection is poor which makes it difficult to access the services online counselling."

3. "I think giving students access to private rooms with computers on campus would make online counselling easier."

Sub theme 2 - Knowledge and awareness

Participants indicated that they lacked knowledge about these online services hence the low uptake. It would be noble for stakeholders to raise awareness about the effectiveness and advantages of these online therapy. This was reflected in the statements below.

1. "I don't really know how these online psychological services work. No one has explained them to us, and I don't have the knowledge or skills to navigate the platforms. Because of that, I feel excluded and unsure about even trying to use them."

2. "They only talk about face- to- face counselling. If there was more information about online services, I would consider using the service."

Sub theme 3 - Internet access

Stable and reliable internet service provision would enhance the uptake of online services. Respondents had this to say:

1. "Internet access is the main issue. In my area, the connection is either too expensive or not reliable. Without stable internet, it's impossible to attend sessions or communicate properly with a therapist online."

2. "Sometimes the network is not reliable, so I worry the session will freeze or cut off. That discourages me from trying online counselling."

SUMMARY OF THE FINDINGS

Respondents' responses highlight how structural inequalities not just personal preference are limiting access to online psychological services among young people. This contrasts with university students' concerns (cost, safety, confidentiality), showing how different client groups face distinct hindrances. These findings are also in sync with the findings by Barak and Grohol (2021), who outlined that the use of ICT has offered opportunities in communication although the uptake for online psychological services is still very low. Tate and Zabinski (2019) asserted that clients find it less difficult disclosing themselves to counsellors via electronic means than face-to-face approach. This is because demographics such as gender, age, and name may be hidden. Other studies also proof that honesty may be compromised; clients may feel less defensive, fearless, and less vulnerable (Kotsopoulou et al., 2015; Mishna et al., 2019). This is because they cannot see the therapist during interactions. In addition to, they do not have to contend and make meaning of the therapist's instantaneous emotional feedback signals which may affect emotions and delivery (Maples & Han, 2018). The research findings reviewed that language and cultural barriers also play a significant role in hindering the adoption of digital counselling services. The respondents outlined that some platforms may not always be available in local languages or culturally appropriate formats, creating barriers to effective communication between therapists and clients. They also added that not much has been done in terms of tailoring digital counselling services to the cultural and linguistic needs of Zimbabwean populations to enhance accessibility and relevance.

Ethical Considerations

Kumar (2021) identified four main ethical considerations; ensuring participants have given informed consent, ensuring no harm comes to participants, ensuring confidentiality and anonymity and ensuring that permission is obtained. Ethical issues were considered when the research was conducted.

Privacy and confidentiality issues were respected through ensuring that respondents understood that their input in the interviews was not going to be used for any other purpose other than the study being conducted. Anonymity of participants was also ensured.

CONCLUSION

The researchers concluded that there are several barriers hindering the adoption of digital counselling services in Zimbabwe such as limited access to reliable internet infrastructure; the digital literacy gap, which affects many Zimbabweans, particularly young adults and lack of proficiency with technology; language and cultural barriers; not much has been done in terms of tailoring digital counselling services to the cultural and linguistic needs of Zimbabwean populations to enhance accessibility and relevance; privacy and security concerns which also contribute to hesitancy in adopting digital counselling services; stigma surrounding mental health which remains prevalent in the Zimbabwean society, discouraging individuals from seeking help for psychological issues; resource constraints, including limited funding for technology infrastructure and a shortage of trained mental health professionals; resistance to change which is a natural reaction when people are asked to change; poor communication; lack of knowledge, and the underestimation of the complexity of the change process by mental health practitioners.

RECOMMENDATIONS

After having effectively analysed the findings from this research, the researchers came up with the following recommendations.

1. Infrastructure Improvement: The government and its stakeholders should enhance internet connectivity and expand the availability of reliable electricity to ensure that individuals across Zimbabwe can access digital counselling services without disruptions.

2. Technology Access: the government should also increase access to digital devices such as smartphones and computers, particularly to young people and underserved areas. Government subsidies or partnerships with technology companies could help make devices more affordable.

3. Digital Literacy: Mental health institutions should also partner in initiatives to provide training and educational programs to improve digital literacy skills among the population, particularly among older adults and those in rural areas who may be less familiar with technology.

4. Privacy and Confidentiality: Mental health institutions should also implement robust data protection measures to ensure the privacy and confidentiality of counselling sessions, which is essential for building trust among users.

5. Strengthen Institutional Support: School, universities and community organisations should integrate online counselling into their mental health programs. In addition, promote uptake of online counselling services during orientation, through emails, campus events and mental health weeks.

6. Public Awareness Campaign: Mental health institutions should also launch public awareness campaigns to educate the population about the benefits of digital counselling services and reduce stigma surrounding mental health issues. This could involve collaborations with local community leaders, healthcare providers, and media outlets.

7. Offering Subsidised or Free Online Counselling: Financial barriers can be reduced through partnerships non- governmental organisations, government or education institutions.

REFERENCES

1. Akbulut-Bailey, A. Y., Motwani, J., & Smedley, E. M. (2021). When Lean and Six Sigma converge: A case study of a successful implementation of Lean Six Sigma at an aerospace company. International Journal of Technology Management.
2. Akbulut-Bailey, Asli & Motwani, Jaideep & Smedley, Everett. (2012). When Lean and Six Sigma converge: A case study of a successful implementation of Lean Six Sigma at an aerospace company. Int. J. of Technology Management.
3. Al Owad, A., Karim, M. A., & Ma, L. (2019). Integrated Lean Six Sigma approach for patient flow improvement in hospital emergency department. Advanced Materials Research.
4. Al Owad, Ali, Karim, Azharul, & Ma, Lin (2014). Integrated lean Six Sigma approach for patient flow improvement in hospital emergency department. Advanced Materials Research.
5. Al-Haddad, S., & Kotnour, T. (2015). Integrating the organizational change literature: a model for successful change. Journal of Organizational Change Management, 28(2), 234-262. https://doi.org/10.1108/JOCM-11-2013-0215.
6. Anders, C., & Cassidy, A. (2019). Effective organizational change in health care: Exploring the contribution of empowered users and workers. International Journal of Healthcare Management.
7. Armenakis, Achilles & Burnes, Bernard. (2015). Organizational Change: A Focus on Ethical Cultures and Mindfulness. Journal of Change Management. 15. 1-7. 10.1080/14697017.2015.1009720.
8. Assarlind, M., Gremyr, I., & Backman, K. (2019). Multi-faceted views on a Lean Six Sigma application. International Journal of Quality & Reliability Management.
9. Austin, John & Bartunek, Jean. (2003). Theories and Practices of Organizational Development.10.1002/0471264385.wei1213.
10. Bassey, A. O., Solomon, E. H., & Omono, C. E. (2014). An analysis of the application of change management in organisations. Academic Research International, 5, 481- 486.
11. Bassey, A. O., Solomon, E. H., & Omono, C. E. (2019). An analysis of the application of change management in organisations. Academic Research International.
12. Bateh, J., Castaneda, M. E., & Farah, J. E. (2013). Employee resistance to organizational change. International Journal of Management & Information Systems (IJMIS), 17, 113-116. Retrieved from www.cluteinstitute.com.
13. Bennebroek Gravenhorst, Kilian & Werkman, Renate & Boonstra, Jaap. (1999). The change Capacity of Organizations: General Assessment and exploring Nine Configurations. Power Dynamics and Organisational Change III (1999).
14. Van de Ven, A. H., & Sun, K. (2011). Breakdowns in implementing models of organization change. Academy of Management Perspectives, 25(3), 58-74. doi:10.5465/amp.2011.63886530.

15. Van den Heuvel, M., Demerouti, E., Bakker, A. B., & Schaufeli, W. B. (2013). Adapting to change: The value of change information and meaning-making. Journal of Vocational Behavior.

16. Van den Heuvel, M., Demerouti, E., Bakker, A. B., & Schaufeli, W. B. (2013). Adapting to change: The value of change information and meaning-making. Journal of Vocational Behaviors

17. Vouzas, Fotis & Psychogios, Alexandros & Tsironis, Loukas. (2014). The Road Towards Lean Six Sigma: Sustainable Success Factors in Service Industry. Nang Yan Business Journal.