BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

CLIENTS` PERSPECTIVES ON ONLINE COUNSELLING IN HANDLING SUICIDAL

CASES IN ZIMBABWE: A CASE OF FRIENDSHIP BENCH CLIENTS. MILTON

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A DISSERTATION SUBMITTED TO THE FACULTY OF SOCIAL SCIENCES AND HUMANITIES, DEPARTMENT OF SOCIAL WORK AT BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

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ABSTRACT

Online counselling is still a new phenomenon in Zimbabwe and hence associated with a lot of challenges. The study sought to explore the perspectives of clients on online counselling in handling suicidal cases in Zimbabwe, to identify the challenges associated with online counselling in handling suicidal cases in Zimbabwe and to recommend strategies to address the challenges associated with online counselling in handling suicidal cases in Zimbabwe to ensure effective provision of online counselling. The study utilized a qualitative research approach which made use of in depth and key informant interviews as data collection methods. The study found that most of the clients opt for online counselling because of its privacy and anonymity and affordability as compared to traditional face to face counselling. It also identified the lack of technological infrastructure resulting in ineffective intervention for suicidal cases. Network challenges also emerged as a major challenge inhibiting the effective provision of online counselling when handling suicidal cases in Zimbabwe. Flexible provision of counselling services can address the network challenges. The study therefore recommends the development of policies which promote and improve the provision of online counselling when handling suicidal cases in Zimbabwe, awareness campaigns to educate clients about online counselling in handling suicidal cases as this is a new phenomenon in Zimbabwe, the integration of online counselling practice in the training of its service providers such as social workers, counsellors and psychologists. Lastly, the study recommends further researches to be administered to increase the knowledge base on online counselling in Zimbabwe.

DECLARATION FORM

I **Lisah Nyagwande** studying for the Bachelor of Science Honours Degree in Social Work, cognizant of the fact that plagiarism is a serious offense and falsifying information is a breach of ethics of Social Work research, truthfully declare that:

1. This research report titled **Clients' perspectives on online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients. Milton Park Harare**, is a result of my own work and has not been plagiarized.

2. I have followed research ethics of Social Work.

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APPROVAL FORM

I certify that I have supervised **Lisah Nyagwande (B201238B)** in carrying out this research titled **Clients' perspectives on online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients. Milton Park**. Harare, in partial fulfillment of the requirements of the Bachelor of Science Honors Degree in Social Work and recommend that it proceeds for examination.

Supervisor name……………………..……Signature…………………..Date…………….

Chairperson of the Department of the Board of Examiners

The Department Board of Examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by **Lisah Nyagwande (B201238B)** titled **Clients' perspectives on online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients**, in partial fulfillment of the Bachelor of Science Honors Degree in Social Work and recommend that it proceeds for examination.

Chairperson name………..…………Signature………………..……Date……….………

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Department of Social Work

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Supervisor's name ___Ms R. Mugi_____ Signature _____

Chairperson name ___P. J. Njovi_____ Signature _____

Date___03/10/24_____

DEDICATION

This project is dedicated to my parents, Mr. and Mrs. Nyagwande. I am deeply grateful for your unwavering support and inspiration during my academic pursuits.

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LIST OF ACRONYMS AND ABBREVIATIONS

CBT   Cognitive-Behavioral Therapy

FB   Friendship Bench

HICs   High income countries

LMICs   Low- and middle-income countries

NGO   Non-governmental Organization

PST   Problem-Solving Therapy

REBT   Rational Emotive Behavioral Therapy

WHO   World Health Organization

YOU FB   Youth Friendship Bench

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CHAPTER 1: INTRODUCTION

1.0 Introduction

This chapter outlines an introduction to the study, which investigates clients' perspectives regarding online counselling for suicidal cases in Zimbabwe. The chapter encompasses the study's background, the problem statement, the study's justification, the study's aim, the research questions and objectives, delimitations, the study's limitations, and a definition of terms.

1.1 Background of the study

According to Gladding (2013) counselling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education, and career goals. Through counselling, clients can develop new ways of feeling, thinking, and behaving as well as learn how to make decisions and solve problems on their own. Counselling is defined as a professional partnership that enables varied individuals, families, and groups to achieve mental health, wellness, education, and career goals, (British Association of Counselling and Psychotherapy 2021). The simplest definition of counselling is a very brief, theory-based, interpersonal process of treating developmental and situational issues for people who are essentially mentally sound. Counselling activities follow specific phases from start to finish and are governed by legal and ethical guidelines. Gill et al. (2020) define online counselling as the delivery of psychosocial therapies to clients who are physically separated from the service provider in real time through the internet and communication technology.

Since the corona virus's origin, people have been forced to stay indoors in an effort to stop the virus's spread. The implementation of lockdown regulations by the Zimbabwean government, like

by other governments, encouraged physical separation between individuals and diverted attention from providing in-person counselling services. According to Noor & Griffiths (2020), these stay-at-home policies and social distancing led to a new level of social isolation, which in turn created psychological and emotional stress. In response, a number of national organizations, including Friendship Bench, launched an online platform to see clients who require mental health treatments in addition to those who are suicidal. According to Chibanda (2011), Friendship Bench is a research-based organization that started out as a study to look at a low-cost psychological intervention for common mental health issues including anxiety and depression that would be provided by lay health professionals at the primary health care level. The Friendship Bench, which served as the case study for this study, employs trainee counsellors to offer in-person and online therapy in addition to mental health awareness programs. Online counselling has fewer clients than physical counselling (face-to-face counselling), which contributes to the massive treatment gap in mental health that exists both nationally and internationally. According to Chibanda et al. (2015), there is a significant treatment gap in Zimbabwe for major mental illnesses such depression and anxiety, which when untreated, clients may develop suicidal thoughts.

Counselling ethics include respecting human rights, acceptance, competence, confidentiality, and client self-determination. In the process of developing the client, the counsellor offers challenge, inspiration, and creative guidance and support in managing and resolving practical, personal, and relationship issues. This leads to goal achievement and self-realization. Counselling is an essential practice because of the benefits it offers, such a private, safe place where people may express their feelings without fear of rejection or negative consequences especially for people with sensitive issues like suicide. According to Buku (2016), preserving interpersonal relationships, helping

people understand themselves, and helping them build effective communication and interaction skills are some of the advantages of counselling.

Numerous research has been done, for instance, in the United States on the opinions of clients regarding internet counselling for suicidal problems, however, the findings could not apply to other nations or cultures. Furthermore, a lot of research has been done using self-report questionnaires, which could not accurately reflect the viewpoints and experiences of participants. According to a 2019 study done in Nigeria, university students' suicidal thoughts were linked to a number of variables, such as depression, substance abuse, and a lack of family support. However, the study did not look at the role that counselling plays in preventing suicidal thoughts (Omoaregba et.al 2019).This means that not enough study has been done on internet counselling and how clients view it when dealing with suicide thoughts.

Musingafi et al. (2015), conducted a study in Zimbabwe that revealed that a number of barriers such as access to technology and a lack of awareness about online counselling may impede the effectiveness of this approach. Phillips & Fitzgerald (2017), investigated the use of online counselling in Australia and concluded that it might be useful in lowering the risk of suicide. However, Baumeister et al. (2019) contend that there is a dearth of research that explicitly addresses the role of online counselling in preventing suicide in Africa, so this study explores various client viewpoints regarding online counselling in addressing suicidal issues in Zimbabwe.

1.2 Statement of the problem

Typically, counselling is thought to entail the counsellor and client being in the same physical location. Both the client and the counsellor benefit a lot from these conventional methods of

conducting counselling sessions. When a therapist interacts with a client in person, they can easily detect their nonverbal cues, such nodding and sobbing, which can be challenging to convey through online platforms like WhatsApp text messaging. Offering counselling services in person allows the counsellor to demonstrate several counselling techniques, including empathy offering, without any obstacles. The way in which physical sessions are provided is, however, evolving due to the COVID-19 pandemic, technological advancements, and globalization. Online counselling has become increasingly popular, but little is known about the experiences and perspectives of clients regarding online counselling in handling their suicidal issues. Consequently, this research aims to explore clients' perspectives on online counselling in handling suicidal clients. Challenges faced by clients include network issues and the counsellor's inability to express certain counselling skills which makes it more challenging to act swiftly to support individuals who are intending suicide. Although online counselling is becoming more and more popular for treating suicidal concerns, little is known about the experiences and viewpoints of clients using online counselling for suicide issues. Thus, the purpose of this study is to investigate how clients view online counselling for suicidal cases.

1.3 Aim of the study

The aim of this study is to explore the clients` perspectives on online counselling in handling suicidal issues in Zimbabwe.

1.4 Research Objectives

1. To explore the perspectives of clients on online counselling in handling suicidal cases in Zimbabwe.

2. To identify potential challenges associated with online counselling in handling suicidal cases in Zimbabwe.

3. To recommend strategies that can be used to address challenges associated with online counselling in handling suicidal cases to strengthen the effectiveness of online counselling in Zimbabwe.

1.5 Research questions

1. What are the perspectives of clients on online counselling in handling suicidal cases in Zimbabwe?

2. What are the potential challenges associated with online counselling in suicidal cases?

3. What are the strategies that can be used to address the challenges associated with online counselling in handling suicidal cases to strengthen the effectiveness of online counselling in Zimbabwe?

1.6 Assumptions of the study

The study makes the assumption that online counselling for suicidal individuals is a useful intervention that can help clients. It is therefore assumed that clients see virtual counselling sessions as helpful for both their therapeutic journey and suicidal thoughts. According to this presumption, online counselling can achieve comparable results to in-person counselling techniques in terms of lowering suicidal thoughts, enhancing mental health, and encouraging flexible coping mechanisms. The study also makes the assumption that clients' opinions of online counselling may be favorable or unfavorable. This study also makes the assumption that participants will be open to discussing their experiences with online counselling for suicidal individuals.

1.7 Significance of the study

The purpose of this study is to explore clients` perspectives regarding the use of online counselling for suicidal individuals. From the opinions of the clients, this research project will shed light on the efficacy of online counselling for suicidal clients, information that may influence future policies and initiatives. The perspectives of the clients will help the Friendship Bench counsellors become more skilled at engaging with clients who are struggling with suicide thoughts. By taking into consideration the difficulties involved with using online counselling to handle suicidal cases, this research seeks to address the dearth of knowledge that currently exists on this topic and increase the number of organizations and experts providing this service. Donors or funders of online counselling organizations will also learn more about the non-materialistic and material resources required to improve the effectiveness of online counselling in helping suicidal clients. Program managers, legislators, and community-based health workers may find the study's findings helpful in developing new online mental health interventions tailored to the unique context of suicidal clients or in enhancing those that may already be in place. The study's conclusions will educate community members who contemplating suicide about the availability of online are counselling, which is uncommon when compared to in-person sessions. Additionally, the results of this study will help mental health professionals decide when online counselling is acceptable and when in-person assistance may be more beneficial.

1.8 Limitations of the study

Factors that are outside the researcher's control and could impact the study's outcomes are known as limitations. The study's advancement is impeded by multiple obstacles. It's possible that not all clients who have used internet counselling for suicidal instances are like the study's participants.

The clients' capacity to remember and appropriately articulate their experiences and perspectives may place restrictions on the amount of data that may be gathered from them. Another problem that the study anticipates is financial limits. The research study is self-funded, and the researcher is responsible for covering the costs of calling respondents, delivering consent forms to them, and paying for transportation to collect data. To plan a solution to this obstacle, the researcher is going to operate on a very strict budget.

1.9 Delimitations

The limits that a researcher places on a research endeavor are known as delimitations. Delimitations are defined by Marshall& Rossman (2016) as the parameters of the study that fall under the researcher's purview. The study focused on Friendship Bench individuals who had suicide thoughts and had undergone online counselling. It was geographically restricted to the Harare branch of the organization. Friendship Bench is one of the organizations in Zimbabwe that provides both in-person and online therapy, which is why the researcher selected it. Because Friendship Bench is located on several continents, the study's findings might not accurately represent the overall efficacy of online therapy for suicidal clients there in Zimbabwe and elsewhere.

1.10 Definition of key terms

1.10.1 Counselling

Counselling is a professional connection between a counsellor and a client that strengthens individuals, families, and groups to achieve psychosocial wellness, be knowledgeable and professional objectives (Gladding, 2014).

1.10.2 Online counselling

Online counselling has been defined as a form of counselling where the counsellor and the client engage in a therapeutic relationship through the medium of the internet or other technologies where an interactive connection is achieved such as video conferencing, Skype, telephone and instant messaging (Hall, 2020).

1.10.3 Suicide

Turecki & Bent (2016), define suicide as a lethal self-injury act with some indication of a death-related intent.

1.11 Ethical considerations

Before beginning the study, the researcher will first seek permission from Friendship Bench. The informed consent ethic will be used by the researcher to make sure the respondents are aware of the advantages and disadvantages of taking part in the study. In order to protect the privacy and confidentiality of the client information, the researcher will likewise uphold privacy throughout the study. In accordance with research ethics, the investigator will further utilize anonymity to guarantee that study participants will not utilize any personally identifiable information. In order to maintain anonymity and privacy, the study will use pseudo names on the documents where data will be recorded rather than the actual names of the respondents.

1.12 Dissertation outline

This chapter outlines an overview of the study on clients' perspectives on online counselling in handling suicidal issues in Zimbabwe, containing a background of the study, the statement of the problem, the objectives of the study, research questions, and the significance of the study as well

as the limitations and delimitations. The second chapter focuses on literature review on the phenomenon of clients` perspectives on online counselling in handling suicidal issues as well as the theoretical framework used. The third chapter focuses on the research methodology which was used by the researcher to carry out the study. The forth chapter provides a presentation and discussion of the research findings obtained from the study. The last chapter presents a summary, conclusions and the recommendations that were drawn from the research findings.

1.13 Chapter summary

This chapter focused on outlining the background of the study, its significance, the study objectives, and the statement of the problem, the research questions, and assumptions of the study, the limitations and delimitations as well as the ethical considerations. It forms the introductory chapter to the research study and its basis was to introduce the research and to justify its purpose and intention.

CHAPTER 2: LITERATURE REVIEW

2.0 Introduction

This chapter focuses on literature review on the phenomenon of clients` perspectives on online counselling in handling suicidal issues. It also describes the theoretical framework used in this study which is the Client-centered approach by Carl Rogers, linking it with the research objectives and bringing out its relevance to the study. The chapter focuses on literature relating to the perspectives of clients on online counselling in handling suicidal issues, the challenges and ethical considerations associated with online counselling when handling suicidal issues and strategies that can be implemented to address the challenges associated with online counselling in handling suicidal issues.

2.1 THEORETICAL FRAMEWORK

A theoretical framework is a set of concepts, theories and assumptions that guide a research study. In the context of this study on online counselling in handling suicidal cases in Zimbabwe, the researcher utilized the client- centered approach developed by Carl Rogers which focuses on the importance of the therapeutic relationship and the clients` own experiences and perceptions.

2.1.1 Client-centered therapy approach

The client-centered approach, a type of psychotherapy also known as person-centered therapy and developed by Carl Rogers, was used in the study. It is predicated on the idea that clients are the

ones who have the most experience in deciding what to explore and how. The client-centered approach assists clients in exploring the outcomes on their own, with the counsellor serving only as a guide to help them make decisions. It centers on the idea that clients are the real experts, and counsellors serve only as process facilitators.

The client-centered approach fosters a therapeutic relationship between the client and the counsellor and offers a safe atmosphere in light of this research study. The client-centered approach offers insightful information on the opinions of clients who have participated in online counselling. By using this strategy, the researcher can give the participants' voices and opinions more weight, enabling them to express their ideas, emotions, and experiences honestly and without fear of rejection. By using the client-centered approach, the researcher will carefully listen to the participants' narratives in order to fully comprehend their distinct perspectives. This approach is based on the idea of unconditional positive regard, which creates a secure environment in which people can share their delicate perspectives on suicide concerns and online counselling. The emphasis of client-centered approach is on the subjective experiences and feelings of the client. In this study, the client-centered approach is beneficial because it enables the researcher to gather rich and detailed information about the obstacles and perspectives of the clients regarding online counselling for suicidal cases.

2.2 The History of Online Counselling in Zimbabwe

Online counselling in Zimbabwe has its roots in traditional face to face counselling as well. According to Richards et al. (2012), in Zimbabwe, physical counselling has existed since pre-colonial times. This indicates that psychotherapy was available in Zimbabwe prior to the arrival of white settlers. According to Charema & Shizha (2008) and Rupande & Tapfumaneyi (2013),

counselling originated in Zimbabwe prior to colonization, when elders, spiritual leaders, and traditional healers gave direction and counsel to community members in both individual and group settings. Muchinako et al. (2013) conducted a qualitative study which revealed that the Shona held traditional beliefs regarding the causes of mental diseases in their culture. These beliefs included ancestral spirits, sorcery, witchcraft, avenging spirits known as "ngozi," heredity, and witchcraft.

According to a study by Muteswa et al. (2019), traditional perceptions of suicide that it is a dishonorable conduct brought on by witchcraft were a major factor in suicidal thoughts. According to Richards et al. (2012), European colonists founded a psychology department and brought counselling psychology with them when they built the University of Rhodesia. This indicates that many counsellors emerged from this University, and that the scientific profession of counselling originated in Southern Rhodesia, or Zimbabwe as it is now known. In addition, counselling as a profession developed further after Zimbabwe gained its independence. Thus, HIV/AIDS programs in post-colonial Zimbabwe were the first to include counselling services.

In addition to health care settings, child welfare departments and non-governmental organizations are now providing mental health counselling services.

In particular, The Friendship Bench (FB) is one of the NGOs in Zimbabwe that provides online counselling for mental health issues. Created in Zimbabwe in 2006, the Friendship Bench (FB) program offers Problem-Solving Therapy (PST) by a qualified lay health professional (Friendship Bench, 2021). Furthermore, this organization trains university students to work as peer counsellors and mentors online through a project called Youth Friendship Bench, which makes use of trainee counsellors (Wallen et al., 2016). Furthermore, Wallen et al. (2021) point out that the Friendship Bench online counselling was developed after the Facebook study experiment in 2016 revealed

obstacles in contacting individuals with serious mental health issues, such as suicidal ideation. In order to enhance the number of people who receive online counselling, Friendship Bench online counselling was implemented.

In 2019, the COVID-19 outbreak in Zimbabwe led to the imposition of indoor confinement as a means of controlling the virus's spread. According to Noor & Griffiths (2020), lockdown regulations, implemented by the Zimbabwean government as well as other governments, encouraged physical separation between individuals, which had an impact on the provision of physical counselling services. These stay-at-home policies and social distancing led to a new level of social isolation, which in turn created psychological and emotional stress. In response, a number of national organizations, including Friendship Bench, established an online portal for clients in need of mental health services to access counselling services online.

2.3 INTERVENTIONS USED IN ONLINE COUNSELLING FOR MENTAL HEALTH

The same theoretical frameworks that inform traditional therapy for mental health interventions also inform online counselling interventions. Client-centered therapy and cognitive-behavioral therapy are covered in this section.

2.3.1 Cognitive-Behavioral Therapy (CBT)

One intervention utilized in online counselling therapy for mental health difficulties is cognitive-behavioral therapy (CBT). Cognitive therapy and Rational Emotive Behavioral Therapy (REBT) are two therapies that are included in the CBT category. Research supports the effectiveness of cognitive-behavioral therapy in treating symptoms of anxiety and depression (Vallury et al., 2015). CBT has been incorporated into a number of online counselling sessions and has demonstrated

efficacy in addressing the range of mental health issues that people may encounter. Compared to waitlist control, Ciuca et al. (2018) discovered that twelve weeks of online cognitive behavioral therapy (CBT) decreased the symptoms of panic disorder in Romania. Furthermore, Kashimoto et al. (2016) demonstrate the efficacy of an online cognitive behavioral therapy program for people with social anxiety. Online cognitive behavioral therapy (CBT) interventions have been created for a range of mental health conditions. Rapid Response Service (2018) reports that Australia's public health agencies have been using the Mood GYM program as an intervention for childhood and teenage depression.

2.3.2 The Client-Centered Therapy

Rogers, who felt that each person is the architect of their own destiny, established the client-centered theory, (Hough 2009). This means having faith in the person's ability to navigate life as an expert in itself and to possess the necessary inner resources to deal with life's challenges. The goal of client-centered therapy is to provide the patient the tools they need to solve their own problems. Through the use of congruence, empathy, and unconditional positive regard, clients are empowered and supported in Client-centered Therapy. According to Rogers and Rogers (2012), unconditional positive regard entails a person's fundamental acceptance and support, regardless of what they say or do. One benefit of providing unconditional positive regard is that it helps the client feel at ease, which encourages them to open up and discuss the issues they will be dealing with. Empathy is emphasized more in Client-Centered Therapy approaches. According to Rogers & Rogers (2012), empathy is the ability to put oneself in the client's shoes or accurately predict how the client would feel.

2.4 METHODS OF ONLINE COUNSELLING FOR MENTAL HEALTH ISSUES

Numerous techniques can be used in online counselling for mental health concerns. Online therapy employs a variety of techniques, such as videoconferencing, email, instant messaging, and counselling games. The choice of any one of these approaches, depends on a number of variables including the client's preferences and the treatments that must be completed during these sessions.

2.4.1 Email counselling

Email counselling is one common method of online counselling for mental health issues. Kolog et al. (2014) also note that the email has been widely adopted by a large section of the world's population as their preferred means of communication. This is probably because this form of communication is free to anyone, all that is needed is a device and internet. Zamani (2009) agrees, stating that email is a great platform or medium for people with varying schedules and allows for thoughtful responses. However, email counselling may be linked to security risks, making it challenging for a counsellor to ensure a completely private session (Kolog et al. 2014).

2.4.2 Instant messaging

Another method used in online counselling for mental health issues is instant messaging. Instant messaging can be used for instant communication on social networks like WhatsApp or Yahoo Messenger (Alvandi et al., 2017). It can also be used for virtual group sessions for chatting, allowing multiple people to share information or receive counselling services (Amos, Bedu-Addo & Antwi, 2020). This type of counselling is perfect for those who might feel more at ease messaging a therapist than seeing them in person.

2.4.3 Video-conferencing

According to Down (2009), video-conferencing is a technique for holding conferences where participants may see and hear each other as well as two or more locations. Users of the platform can communicate with one other instantly. Zoom, Skype, and even WhatsApp are examples of systems that offer videoconferencing services. In his discussion of the value of video conferencing in psychotherapy, Suler (2000) points out that the medium offers a variety of sensory signals, including appearance, body language, and voice expression, all of which can be quite helpful in comprehending a client. Regarding the advantages of videoconferencing in particular, Zamani (2009) argued that video conferencing is less ambiguous than typed text, and this may lead to fewer misunderstandings. However, this counselling method uses more internet data as compared to other methods and therefore very few afford this form of counselling.

2.5 TRENDS IN CLIENTS` PERSPECTIVES ON ONLINE COUNSELLING IN HANDLING SUICIDAL CASES ACROSS SELECTED COUNTRIES

The researcher employed Western and African perspectives from clients who had used online counselling for suicidal cases. The researcher utilized literature findings from different countries such as the United Kingdom, South Africa and Zimbabwe. These findings were captured from a variety of related literature on the topic clients` perspectives on online counseling in handling suicidal cases in Zimbabwe.

2.5.1 United Kingdom

In order to better understand the range of experiences and client perceptions about online counselling for suicidal issues, a number of researches have been carried out in the United

Kingdom. Through interviews with participants who had previously used online counselling platforms to seek help, the researchers carried out a qualitative study in which the study's conclusions demonstrated the ease of use and availability of online counselling services. The majority of participants noted that being able to keep some degree of anonymity made them feel more comfortable talking about delicate topics like mental health and suicide, which they saw as a major benefit of online counselling.

In a study done in the UK by Patel (2020), individuals who had sought online counselling for suicide ideation were interviewed by the researchers. The purpose of the study was to examine the viewpoints and experiences of people who had looked for internet help when they were having suicidal thoughts. The study found a number of themes in the participants' experiences, such as perceived limitations of online help in comparison to in-person support, accessibility and convenience, therapeutic interaction, and anonymity and privacy. The advantage of online therapy, according to the participants, was being able to connect with a support network conveniently from home and receiving support at any time.

Online counselling, according to Jones & Azevedo (2021), might lessen some of the obstacles that people may face when attempting to receive traditional face to face counselling, such as a lack of time or money. Online counselling was shown to be comparable to in-person therapy in terms of the therapeutic relationship, according to a mixed-methods research study conducted by Treanor (2019) at the University of Roehampton in London, United Kingdom. According to several research participants, it was challenging for them to develop a solid therapeutic alliance with their online therapist and that the absence of in-person interactions made it more difficult to establish trust. Some clients thought that receiving counselling online for their suicidal thoughts was affordable and practical.

In a different study by Street (2013), 98 participants with a variety of neuropsychological issues and suicidal thoughts were randomly assigned to two evaluation modes, in-person counselling sessions and video conferences. The interviewers assessed the participants' satisfaction, level of stress or relaxation, ease of communication, perception of the interviewer's compassion, and likelihood of repeating the experience in order to determine which method they preferred. When the study's results were critically analyzed, it became clear that video conferencing was the most preferred method because it offers clients additional benefits not possible with traditional face to face counselling sessions, like easy accessibility and comparatively shorter session times. According to Amos et al. (2020), video conferencing is less common in developing nations due to inadequate technological advancements that lead to subpar networks and higher costs when compared to text-based alternatives for online counselling, even though it is preferable better than other methods in developed nations.

2.5.2 South Africa

Similar to Zimbabwe, South Africa is still in the early stages of offering online counselling to people experiencing suicide thoughts and behaviors, and further research is still needed in this field. According to a study by Nakimuli-Mpungu et al. (2016), those who received both physical and online counselling for suicidal thoughts and behaviors significantly improved, compared to those who only received in-person counselling for suicidal thoughts. In another study at the University of Pretoria, Mphahlele et al. (2016), a majority of college students stated that online cognitive behavioral therapy (CBT) was helpful in lowering depressive symptoms and suicidal thoughts. A handful of participants according to a study by Serrurier et al. (2012), provided that

developing trust with their counsellors was challenging and that there was a lack of a personal connection when receiving counselling online.

2.5.3 Zimbabwe

Since online therapy is still a relatively new phenomena in Zimbabwe, not many studies have been conducted on its effectiveness in managing suicidal situations there. Research conducted in Zimbabwe revealed no gender disparity in the evaluation of online counselling (Chibanda et al., 2016). Counsellors in Zimbabwe frequently employ text-based techniques when providing counselling services to their clients. Text-based counselling techniques, including using WhatsApp, can be just as successful as in-person counselling despite being simpler and less expensive (Helder et al 2022). For certain clients, they may even be more convenient. The majority of Zimbabweans, according to Maguire (2017), communicate via WhatsApp, which would facilitate access to immediate crisis assistance.

Over 2000 people are thought to die in Zimbabwe each year from suicide, which is the second most common cause of death for young people in the country between the ages of 15 and 29 according to the World Health Organization. According to a study conducted in the Masvingo district by Chidarikire & Chikwati, (2024), there has been proved that there has been a rise in suicidal cases among primary school students due to the fact that these students cannot access online counselling and neither can they access physical counselling in the rural area as there are no professionals.

2.6 CHALLENGES ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES

From the study literature that were gathered, the researcher found out that despite the effectiveness and convenience of online counseling in handling suicidal cases in Zimbabwe, there are still some loopholes surrounding online counseling as it is still a new phenomenon in Zimbabwe and most of the developing countries, these include but are not limited to the issues to do with network connectivity challenges and insufficient technological infrastructure in African countries. Despite the fact that most of the developing countries are now borrowing this phenomenon from developed countries, it must be noted that these countries still encounter some challenges when it comes to online counseling in handing suicidal cases. Some of these challenges are risks of self harm, disconnection and isolation, lack of verbal and non-verbal cues as well as the breach of confidentiality.

2.6.1 Most prevalent challenges in developing countries:

2.6.1.1 Network and connectivity

The majority of network and connection issues arise in developing nations due to a lack of infrastructure that is up to date with technology. Although there are challenges with networks and connectivity in both high- and low-income countries, it is sometimes thought that these issues are more acute in developing nations due to weak economies and a lack of capital for technological investments. Muchinako et al. (2013) states that one of the primary causes of Malawi's network issues is the country's continued reliance on antiquated technology frameworks that are incompatible with the latest 4G network. Consequently, it is evident that developing countries have

severe network and connection issues as a result of their inability to keep up with technological improvements, which has led to high rates of suicide due to disconnections.

Thus, difficulties with networks and connectivity while utilizing online counselling services impede crisis response in underdeveloped nations. In Zimbabwe, the issue with networks and connectivity is not a recent development. People in the nation are facing network difficulties as a result of the lack of advancements in cutting-edge technology, which prevents them from accessing counselling services at crucial moments. According to Massanga (2021), inadequate internet access might cause delays in the provision of counselling services, which can be extremely important during a crisis. If they do not receive prompt assistance, this leads to them going on to attempt suicide. In Zimbabwe, there have been several effective e-counselling initiatives, such as mobile phone-based health programs but these initiatives have been narrowed by the poor internet connectivity, lack of access to mobile phones and high costs of data, (Mushati et al. 2018).

According to Kingsley and Henning (2015), issues with network and connectivity problems have the effect of prolonging the session to a period not convenient for the counsellor and the client or preventing the counselling session from happening at all. Nyamai et al. (2020) conducted a study in Kenya and discovered while there is some interest in the online counseling among Kenyans, there are significant barriers to its widespread use, such as a lack of high –speed internet access especially in the rural areas. As a result, this could divert the client's attention from follow-up conversations with the therapist to see if the client is still experiencing suicide thoughts.

2.6.1.2 Lack of technological skills

The lack of technological proficiency among a significant portion of the African population makes it difficult for clients to receive the crisis intervention they need. Musingafi et.al. (2015) argues

that a number of barriers such as access to technology and a lack of awareness about online counselling may limit the effectiveness of this approach. Clients may experience worsening suicidal thoughts and even consider suicide if crisis intervention is not available at the appropriate time. According to Friendship Bench (2021), the elderly are primarily affected by technological ability issues in developed nations. Particularly among women in rural Zimbabwe, mobile phones lack the capability to run a variety of mobile applications crucial for online counselling such as WhatsApp.

2.6.2 Most prevalent challenges in developed countries:

2.6.2.1 Lack of verbal and non-verbal cues

Lack of verbal cues is another challenge imposed by the online counseling when handling sensitive topics such as suicide. In a study by Chen & Rogers (2018), the study found that while online counselling can be a useful tool in supporting people with suicidal thoughts, the lack of non-verbal cues can make it more difficult to accurately assess a person`s risk for suicide and develop a therapeutic relationship. This is because non-verbal cues such as body language and facial expressions can provide important information about a person`s emotional state and their level of engagement through the counselling process which can be used to determine their risk for suicide and these cannot be seen online. Without these cues it can be difficult to detect warning signs and intervene before a person attempts suicide. A study by Trepal et al (2018) in the United States to examine the impact of non-verbal cues on the assessment of suicide risk in online counselling yielded that the absence of non-verbal cues in online counseling led to lower accuracy in the assessment of suicide risk. In the same study counsellors reported that they found it difficult to build rapport and establish trust with clients leading to the online sessions being ineffective.

2.6.2.2 Risks of self harm

According to a review by Morales et.al. (2022) in the United States, online counselling presents hazards of self injury while dealing with suicidal situations. Based on their reviews, the majority of clients stated that they felt less at ease disclosing their personal information and emotions online. According to a critical analysis by Morales et al. (2022), the impersonal and lack of human connection in the online context made clients feel less comfortable sharing their suicidal ideas and sentiments. According to Clark (2010), because of the greater anonymity and lack of visual cues in the online setting, there may be a higher risk of self-harm and suicide in online counselling than in traditional face-to-face counselling. Furthermore, when online counselling is often conducted outside of the context of a therapeutic relationship, there is less opportunity for a counselor to identify and address the risk factors for self-harm and suicide. According to WHO (2018) estimates, there are about 800 000 suicide deaths year, or 11.4 suicides worldwide for every 100,000 people.

2.6.2.3 Breach of confidentiality

Maintaining secrecy is a major ethical concern in online counselling when dealing with suicidal cases. While there are several measures in place to protect a client's confidentiality in traditional face-to-face counselling, such as private therapy rooms and restricted access to records, there is a chance that data in online counselling will be compromised by hacking or unintentional disclosure (Kottler 2015). Bosse et al. (2019) conducted a study to investigate the clients' perceptions on privacy and trust in online counselling in Germany. Based on the results of the study, clients stated

that they were unclear about the therapist's ethical duties to maintain their confidentiality and privacy, which interfered with the counselling process leading to increased suicidal thoughts. The study also discovered that clients were reluctant to talk about some topics in online therapy, such suicidal ideas, because they were worried about their privacy. This creates a barrier to the crisis intervention that the clients are meant to get before they commit suicide.

2.6.2.4 Disconnection and isolation

According to Crossley (2021) research study at the University of Manchester in England, while online counselling has the potential to offer more accessible and flexible care, it also presents new challenges and risks such as the potential for disconnection and isolation. These can make suicidal individuals feel hopeless and depressed since they may believe they aren't getting the help they require. Shah (2020) posits that suicide ideations and attempts among older persons are significantly associated with feelings of loneliness, poor health, and isolation. Self-harm and suicide attempts can be more likely when there is no social support network.

2.7 STRATEGIES TO ADDRESS THE CHALLENGES OF ONLINE COUNSELLING IN HANDLING SUICIDAL CASES

From the challenges that have been provided in this literature, it is quite evident that these can make it difficult for suicidal clients to access the intervention they may be in need of in times of crisis. Clients may not be able to get the help they need due to poor network connection, insufficient technological infrastructure, lack of verbal and non-verbal cues and this can also lead to risks of harm, thereby distracting the therapeutic relationship as well as the flow of the suicide intervention. However, despite these challenges, it must be noted that the literature findings have provided a variety of strategies to address these challenges such as the flexible provision of

counseling services, client participation in project development and management and complimentary offline support to mention a few.

2.7.1 Flexible provision of online counseling services

In Zimbabwe, clients may benefit from flexible online counselling policies that allow them to access counselling services without obstacles. It makes sense to provide that some population segments, especially in rural areas of low-income nations like Zimbabwe, do not own smartphones and that in-person online counselling services are either few or nonexistent. Small mobile phones that do not enable internet services are preferred by some over smart phones due to their cost and nationwide network connectivity. In light of that, clients might benefit more if online counselling for people with suicidal cases are to be extended to modalities that are suitable to people with these small phones such as the use of text messages.

A study by Nelson et al. (2021) suggested that therapists should be prepared to use multiple communication channels such as video, phone, and text to ensure that they are able to reach their clients and provide support and crisis intervention. On mitigating measures, Kingsley and Henning (2015) also note that online clients should work with counsellors to come up with a clear plan of what to do if their connection fails. This could lead to a large number of clients having access to online counselling services and even those with suicidal thoughts receiving intervention during times of crisis. Thus, it is imperative that therapists be flexible and adaptable when using online counselling to address suicidal thoughts before they extend to suicide attempts.

2.7.2 Building a strong therapeutic alliance

In order to help clients feel comfortable, counsellors should be able to establish a therapeutic bond and rapport with them as soon as the session begins. This is another way to solve the difficulties encountered when providing online counselling for suicidal situations. According to Bernard (2018), rapport building may be achieved through developing a close relationship with the client, showing empathy, and giving them a sense of being heard and understood. In order for the client to feel safe and protected throughout the therapeutic process, the counsellor and client should gradually develop trust so that the clients feel protected throughout the counselling process.

2.7.3 Complimentary offline support

Cottone (2018) emphasizes that as a supplemental tactic, clients ought to have offline support. This means that in order to fill in the gaps left by online counselling, suicidal clients receiving online counselling must also participate in offline support activities, such as asking friends, family, and other professionals for assistance. In a study by Vance (2018) evaluating clients' satisfaction with online and offline support for people with suicidal ideations in the United States, the researcher used a survey and recruited participants both offline and online to fill it out regarding their experiences with online and offline support for suicidal thoughts. The research outcomes from this investigation. According to the study's findings, individuals were usually happier to get support for suicide thoughts both offline and online, with online support receiving greater satisfaction scores. For clients who are experiencing feelings of isolation or disconnection, offline assistance provides a more concrete, in-person connection. Online interventions should not be used in place of online treatment, according to Reinecke et al. (2019), who contend that clients should have access to both.

2.7.4 Client participation in project development and management

Online counselling clients involvement in project development and administration helps overcome a number of barriers in Zimbabwe. Clients are given a platform to discuss their lived experiences in the delivery of online counselling when they are involved in creating the online counselling provision for suicidal patients. This makes it possible for online counsellors to identify any gaps in their services and devise plans of action to close such gaps. According to Kingsley and Henning (2015), a symbiotic relationship between the client and the counsellor is essential for effective communication and the development of a clear plan of action for when adversity arises. Thus, this indicates that the opinions of those who receive counselling services are essential in addressing the problems associated with online therapy. Involving customers in research and stakeholder interactions are only two of the many ways that organizations or experts creating online counselling programs might involve their clients. The participation of customers provides online counsellors with information into how to enhance their online counselling services.

2.8 Literature gap

Literature gap represents incomplete or inadequate details in the published study on a subject which motivate new research initiatives. It is clear from the body of research that there is a dearth of specialized works that specifically address the relationship between online counselling and managing suicidal cases in the Zimbabwe context. Existing research mostly addresses more general subjects like the epidemiology of suicide and the benefits and drawbacks of online counselling. Despite the fact that these sources offer insightful information about relevant topics, there is a clear lack of research expressly addressing the perspectives of clients receiving online counselling for suicidal cases in Zimbabwe. Due to the dearth of literature specifically addressing

this particular research topic, the researcher carried out this study to capture the clients`
perspectives regarding online counselling in handling suicidal cases in Zimbabwe in order to fill
the knowledge gap that remains in this field.

2.9 Chapter summary

The chapter presented the literature review on clients 'perspectives on online counseling in
handling suicidal cases, the challenges associated with online counseling in handling suicidal
cases, as well as the strategies to address these challenges. The chapter has also discussed on the
theoretical framework that was utilized in this study which is the Client centered therapy approach
by Carl Rogers.

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the methodology which was used in carrying out the research study. The chapter shall demonstrate the research design, research methods, data collection tools, target population and sampling techniques, as well as the ethical considerations.

3.1 Research approach

According to Creswell & Creswell (2018), research approaches are plans and procedures for conducting research that range from general hypotheses to specific techniques for gathering, analyzing, and interpreting data. A qualitative research approach was utilized in this study. The researcher utilized this approach because it enables the researcher to gather comprehensive information about client perspectives on online counselling in managing suicidal cases in Zimbabwe. According to Neuman (2014), research participants can feel more at ease sharing their experiences in-depth through the use of examples and tales when employing the qualitative research approach. In order to gain a thorough understanding, qualitative research methods use observations and interviews to learn about the perspectives and experiences of individuals or groups.

According to Barnes (2020), qualitative research might be useful in comprehending the unique experiences of patients who have undergone online depression therapy. Consequently, a qualitative study technique is advantageous since it permits a thorough examination of the phenomenon by means of probing questions on the participants' values, feelings, beliefs, and presumptions regarding their perspectives on internet counselling in Zimbabwe in relation to suicidal instances.

A case study research design was used in the study. According to Kim (2016), case studies can shed light on the dynamic and multifaceted character of online counselling, which is challenging to capture using other research techniques. Exploring complex issues and learning more about people's experiences and coping mechanisms can be accomplished through the use of case study research design. For example, the researcher was able to learn about the viewpoints of clients on the use of online therapy for suicidal patients through this study. According to Osborne (2018), case studies can assist in addressing issues that are challenging to resolve with other research techniques.

3.2 Target Population

Creswell (2012), defines the target population as a group of individuals with some general characteristics that can be identified and studied by researchers. The study focused on Friendship Bench clients who underwent online counselling and also had suicide thoughts. The study also included key informants, including social workers, psychologists, and counsellors at Friendship Bench who offer counselling to people who are suicidal.

3.3 Sampling size and techniques

Quota sampling was employed in the research study to find seven participants who had suicide thoughts and were receiving online counselling from Friendship Bench. Since these individuals were enrolled in Friendship Bench's online counselling programs and willingly agreed to participate in the study, the researcher concentrated on them. In order to gather information on this topic from online clients with more than three online counselling sessions, the researcher selected them based on their prior experience. Despite the emphasis on confidentiality, some of the clients

could decline to participate because of worry that their information would be disclosed to third parties. The advantage of quota sampling approaches is their reliability as compared to other non-probability methods like snowball and convenient sampling. In-depth interviews using quota sampling contribute to a representative and varied sample of the target population. Quota sampling, according to Thornhill (2020), is a non-probability sampling approach that allows the researcher to randomly sample from within groupings or quotas of the population in order to target specific respondents. According to Bhattacherjee (2012), quota sampling correctly captures the whole population. As a result, the quota sampling technique is economical and time-efficient. A purposeful sample of five key informants was drawn from the intended audience. Using purposeful sampling, the researcher was able to choose the most relevant participants who offered rich information on the topic of the study through the use of purposeful sampling. Purposive sampling, according to Yu et al. (2023), is a non-probabilistic sampling strategy in which the researcher selects participants by hand who can supply the data needed to address the research topic.

3.4 Data collection methods

In-depth and key informant interviews conducted online were used in the study as data gathering techniques. In-depth interviews are qualitative research methods that entail conducting lengthy, one-on-one interviews with a limited number of respondents to learn about their viewpoints on a specific concept, initiative, or circumstance, according to Sharma (2017). According to Miller (2019), in-depth interviews are a type of qualitative research technique in which a researcher speaks with a participant in-person, typically for an interview. The main benefit of conducting in-depth interviews is that they yield far more specific information than surveys or other forms of data collection (Sharma, 2017). In the research study, the researcher also used key informant interviews. It is possible to gather detailed and complex knowledge about a certain topic through

key informant interviews. According to Mahajan (2018), conducting key informant interviews entails speaking with a small number of people who are likely to have the knowledge, suggestions, and insights needed on a certain topic. The ability to ask more detailed and probing questions, elicit more in-depth responses, and comprehend more complex and sensitive issues from a personal and local perspective are some of the benefits of using key informant interviews over a more structured survey method, (Mitchell et.al. 2018). Sharma (2017) asserts that key informant interviews offer the freedom to investigate novel concepts and problems that were not considered when designing the study yet are pertinent to its goal. This implies that a researcher can obtain comprehensive data by examining unique concepts proposed by the participants that may not be included in the interview guide.

3.5 Data collection tools

The techniques or equipment that researchers employ to gather and process data for a study are known as data collection tools (Gaddis 2015). Interview guides, according to Kothari (2014), are documents that give organizations the framework they need to conduct interviews. Interview guides were used in the study as a means of gathering data.

3.6 Data analysis and presentation

Establishing structure, meaning, and order out of the deluge of field data is known as data analysis, (Rossman and Marshall, 2016). Since thematic analysis offers transparent and adaptable procedures that may be followed to guarantee a methodical and thorough examination, the study will employ it to analyze the data that has been collected. Interviews, focus groups, and open-ended survey questions are just a few of the data sources that can be employed with theme analysis. According to Braun & Clarke, (2019), thematic analysis is a technique for finding, evaluating, and

summarizing patterns or themes in data. The process of finding, classifying, and summarizing patterns in qualitative data is known as thematic analysis, according to Havermans & Weineck (2020).

3.7 Pilot testing

According to Polit & Beck (2020), the purpose of pilot testing is to evaluate an instrument or method's validity and reliability. Before a research study is carried out extensively, this procedure is utilized to assess its viability and efficacy. To make sure they are acceptable and function as intended, it entails testing the research methodologies, tools, and procedures. It aids in assessing the likelihood that the study will succeed in accomplishing its objectives and pinpointing any areas in need of improvement. In a simulated research study, the researcher contacted a few participants about their experiences using online counselling to address suicidal thoughts in order to determine whether the planned techniques and methods we're going to be feasible in carrying out the study.

3.8 Ethical considerations

The values, principles, and standards that define ethics, according to NASW (2021), assist social workers in conducting research in a way that is morally righteous and does not cause harm to research participants. This study upheld the ethics of informed consent and confidentiality.

3.8.1 Informed consent

It is the most important step in conducting a research. In order to protect participants' safety and rights, consent must be obtained from them before they can take part in the study. Before starting

the research, the researcher asked Friendship Bench for permission. By explaining the advantages and disadvantages of taking part in the study to the respondents, the researcher followed the ethical guideline of informed consent.

3.8.2 Confidentiality

Maintaining someone's information private and anonymous is what confidentiality requires. Participants have the right to prevent their personal information from being shared with third parties without their consent. Throughout the study, the researcher maintained secrecy to protect the privacy and confidentiality of the clients' information. In order to guarantee that the research participants would not utilize any personally identifiable information, the researcher also adopted anonymity as a research ethic. To protect respondents' privacy and identity, the study used pseudo names on the documents where data will be recorded rather than the respondents' real names.

3.9 Chapter summary

The chapter demonstrated on the methodology of the study. The methodology has focused on the research design, research methods, data collection tools, target population and sampling techniques, and data presentation, data analysis, pilot test as well as the ethical considerations.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.0 Introduction

The chapter provided a presentation and a discussion of the research findings on the clients' perspectives on online counselling in handling suicidal cases in Zimbabwe. The findings emerged from the in-depth interviews and the key informant interviews that were conducted by the researcher.

4.1 BIOGRAPHICAL INFORMATION OF PARTICIPANTS

Table 1: Information of total research participants

Participants	Intended	Actual	Age range	Females	Males
Clients	7	7	18-40	5	2
Key informants	5	5	25-40	3	2
Total	**12**	**12**			

The above table indicates the biographical information of participants who were involved in the research. It shows that the researcher intended to have interviews with 12 participants and the actual number of participants who got interviewed was 12 as intended. The participants comprised of 7 clients who had received online counselling for suicidal cases at the Friendship Bench and also 5 key informants at Friendship Bench who comprised of social workers, sociologists,

psychologists and clinical social workers, making them a total of 12 participants. The researcher considered a gender balance in the research study though female participants were more than males in the study. From the table above, it is evident that 8 females participated in the study whilst 4 were males. The table also indicates the age range of the participants and it is evident that the researcher accommodated all age groups in order to come up with diverse perspectives from the participants.

4.2 CLIENTS` PERSPECTIVES ON ONLINE COUNSELLING IN HANDLING SUICIDAL CASES IN ZIMBABWE

From the captured findings in this study, the researcher found out varying perspectives from different participants on clients perspectives on online counselling in handling suicidal cases in Zimbabwe. These perspectives came specifically from clients who had received online counselling for suicidal cases at Friendship Bench and key informants who provide online counselling at Friendship Bench. The study encompassed a wide range of perspectives drawn from the participants such as its anonymity, flexibility and comfort ability, counseling time preferences, rapport building, being a safe space as well as its affordability.

4.2.1 Anonymity

A majority of the participants mentioned that they opted for online counselling instead of the traditional face to face counselling because of various benefits that comes with online counselling such as its affordability and convenience, lack of stigma, anonymity and the greater access as compared to traditional face to face counselling. Most of the participants have emphasized more about the anonymity and lack of stigma that comes with the online counselling. They state that visiting a therapist`s office may be a barrier to other people who may feel self- conscious or

embarrassed about seeking help especially for sensitive issues like suicide. One participant had this to say:

> *"The anonymity of online counselling allowed me to explore sensitive topics without fear of judgement or repercussions, which was essential for my personal growth and healing".*

From the above response, it is quite evident that online counselling especially for critical cases such as suicide requires anonymity and privacy for one to share their suicidal thoughts and feelings without fear of judgement. The anonymity and privacy of online counselling can allow people to be more open and honest about their mental health issues, (Waite, 2021).Online counselling can be done from the privacy of one`s own home rather than in a public setting such as a therapist`s home. Critical issues such as suicidal thoughts are issues that require confidentiality and privacy for one to get effective intervention.

4.2.2 Safe space

A variety of responses were given by the participants when it comes to whether the online counselling provided them with a safe space to explore their suicidal thoughts and feelings. Most of the participants mentioned that online counselling really proved to be a safe space for them to open up and share their suicidal thoughts and feelings. They mentioned that it proved to be a safe space because of the privacy and anonymity that it comes with, which made them feel comfortable sharing all their thoughts without the fear of being judged or having to fake their feelings. One of the participants stated:

"The online counselling sessions were a safe space for me because the online platform felt

private and confidential, which allowed me to be more honest about my suicidal thoughts

and feelings"

The participants who supported this notion indicated that online counselling provides a safe space as compared to traditional face to face counselling whereby one is guaranteed that no one will know about their identity and they can openly and honestly talk about their thoughts and feelings without fear of being judged. One of the participants expressed:

"I felt like l could be my true self in online counselling, as l could speak openly and

honestly without the fear of being identified by my family and friends, without worrying

about what they would think".

It is evident that the anonymity that comes with online counselling gives individuals a sense of safety and security. Additionally, it promotes transparency and trust between the client and the counsellor, both of which are essential for delivering successful intervention. Online counseling's anonymity has been shown to help clients feel more at ease while talking about challenging and delicate subjects. In a face-to-face setting, some clients may feel more vulnerable due to the absence of physical proximity.

4.2.3 Affordability

On top of this, some of the respondents shared that the affordability of online counselling made them opt for it instead of the face to face counselling. They mentioned that it is cost effective since they just receive the counselling in the comfort of their homes without having to worry about transportation costs to visit their therapists. One respondent had this to say:

"I was able to save a significant amount of money by opting for online counselling because it reduced the need for me to take time off work for appointments and eliminated any additional costs associated with traveling to and from sessions."

The response given shows that online counselling can be more accessible thus being an affordable option for many clients. With online counselling, one can get the intervention they need in the comfort of their own homes without having to travel thus making many clients to opt for it. For example, unlike online counselling, traditional counselling requires maintaining an office space which can be a significant expense for counsellors. In contrast, online counselling eliminates this cost thereby making it a more affordable option for clients.

4.2.4 Flexibility and comfort ability

Other respondents who also viewed the online counselling to be a safe space mentioned that it is because of its flexibility and the comfort ability which gives one a floor to fully share everything with their counsellor as compared to the traditional face to face. They also provided that the traditional face to face counselling tends to be too formal and at some point one may fear to disclose their suicidal thoughts to the counsellor as they do not know how they would react to their suicidal thoughts. One participant had this to share:

"The online counselling sessions felt more like a conversation than a formal therapy session, which made it easier for me to open up about my suicidal thoughts and feelings and l could be more vulnerable about my thoughts as opposed to the face to face counselling."

Based on the participant's reaction, it is clear that the majority of clients choose online therapy due to its ease and flexibility. Online counseling's flexibility makes it possible for clients to schedule

their sessions more conveniently and to manage their counselling sessions with other obligations. Online counselling makes some of the clients feel more comfortable and at ease making it easier to share critical cases like suicide. Holl (2017), argues that online counselling can be a helpful option for clients who may feel uncomfortable or unsafe in traditional therapy settings.

4.2.5 Time preference

The responses were varied and diverse when it comes to the preferred time of the day for online counseling for suicidal thoughts. A majority opinion among the respondents was that they preferred to have the online counseling in the morning. They indicated that it was because during the morning that is when their mindsets will be very functional than any other time of the day. On top of this, they stated that having online counseling early in the morning before anything else established a foundation for a productive and mentally healthy day ahead. One of the respondents had this to say:

> *"I would prefer to receive online counseling for suicidal thoughts in the morning, as it helps me start my day on a positive note and it gives me the strength to face the challenges ahead."*

The participants who agreed with this idea suggested that it is more effective for clients to receive online counseling for suicidal thoughts in the morning as this may help reduce anxiety and manage emotional issues as cortisol levels are typically higher in the morning. One respondent expressed:

> *"The morning routine helps me establish a sense of normalcy and structure in my life, making it easier to cope with my suicidal thoughts"*

A minority of the respondents stressed out that they preferred to receive online counseling for their suicidal thoughts in the afternoon. Further asked, some of them mentioned that they found it easier

to focus and engage in therapy after the busyness of the morning has passed. Some also emphasized that in the morning they will be rushing for work and during the evening that is the perfect time to spend time with their families. One participant had this to say:

"My most preferred time for online counseling is during the day, when l am not as overwhelmed with other responsibilities and l can focus more on my emotional wellbeing."

From the participant response above, the majority of clients like to conduct their online counselling sessions early in the morning because this is when their thoughts are most active and because it's a convenient method to begin the day with intention and attention. McKenzie et al. (2019) speculate that because clients are more concentrated and less likely to be sidetracked by other obligations later in the day, morning sessions may be more productive. Counselling sessions held in the morning are more productive since most clients are more attentive and capable of participating fully in the therapeutic process during this time.

4.2.6 Rapport building

The majority of respondents cited that the rapport building process with their counsellor at first was quite difficult for them but with time it began to get better as they began to develop trust for their counsellors. They emphasized that rapport building is not something that just happens overnight but it takes time to gain to gain someone`s trust. Most of them stressed on the lack of non-verbal cues and the fact that they could not see the person they were talking to hence it was not easy for them to quickly trust someone they could not see and at the same time did not know how they would perceive their feelings and emotions in their absence. One of the respondents had this to say:

"It was very difficult and uneasy to open up about my feelings and trust someone l had never met in person, however, overtime, I started to feel more comfortable as my counselor showed empathy and understanding which helped me to build trust with them."

The above response clearly shows that as the counseling sessions begin, usually the therapeutic relationship may be tense as the client will be trying as much as possible to gain the counselor`s trust and this may change with time as the two continue to have sessions. The lack of verbal and non-verbal cues in online counseling can lengthen the rapport building process making it difficult for clients to acquire immediate intervention.

4.3 POTENTIAL CHALLENGES ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES IN ZIMBABWE

From the study findings that were gathered, the researcher found out that despite the effectiveness of online counseling in handling suicidal cases in Zimbabwe, there are still challenges around online counseling as it is still a new phenomenon in Zimbabwe and some of these include the issue of counselors strictly sticking to their regular working hours, network challenges, loss of verbal and non-verbal cues, insufficient technological infrastructure and the clash of expectations between the client and counselor.

4.3.1 Counsellors strictly sticking to regular working hours

One of the challenges that emerged from the participants during the study was the issue of counselors strictly sticking to their regular business hours without paying full attention to clients with suicidal thoughts who might A few of the participants mentioned that most of the counsellors only respect their working hours and when they reach out to them after their working hours they begin to think that they are seeking attention not knowing that suicidal thoughts are a serious

mental health issue that should be treated with compassion and understanding regardless of the time of the day. One respondent stressed that:

> *"The lack of 24/7 support made me feel like my mental health was not a priority for my counselor and it was frustrating that l could not reach out to my counselor outside of their regular set hours even when l was feeling suicidal."*

The above response shows that in online counseling counselors may be less flexible with their working hours unlike in the traditional face to face counseling. This poses a challenge to those clients who may be seeking support outside of normal working hours such as evenings or weekends. The inability to access support when needed by the suicidal clients can lead to feelings of abandonment, isolation and despair which can worsen their suicidal thoughts. This can be life threatening to clients who feel that they do not have anyone to turn to increasing their risk of suicide.

4.3.2 Insufficient technological infrastructure

One important sub-theme that emerged regarding the difficulties in using online counselling for suicidal patients is the lack of technology infrastructure among clients and counsellors. The term "inadequate technological infrastructure" describes the lack of technology in the devices' hardware and software that counsellors and clients employ. The study participants mentioned that their "kambudzi" phones could only be used for making calls and sending texts, hence they were unable to connect to the internet. As a result, they had to borrow cell phones from others in order to access online counselling, citing insufficient technological infrastructure. One participant had this to say:

"The internet browser on my phone was out of date which prevented me from using the online counseling platform and this led me to borrow a gadget from someone yet at the same time afraid that they would get to know that I had suicidal thoughts."

According to the response captured above, one of the biggest obstacles facing therapists and clients who use devices that don't enable online therapy for mental health concerns is a lack of technological infrastructure. In low- and middle-income countries (LMICs), where many people may not be able to afford to buy cellphones that can support WhatsApp and the internet, the problem of having improper equipment is frequent. Numerous studies have also shown the issue of people in impoverished areas, especially women, having limited access to mobile phones or mobile internet (Naslund et al, 2019; Rowntree, 2018). Women's inadequate access to mobile phones can best be explained by the feminization of poverty phenomenon, which highlights that women experience poverty at a higher rate and with more severity than men, may help to explain the use of mobile phones (Wennerholm, 2020). Because of this, a large number of women live in poverty and are unable to purchase cell phones in order to get crisis intervention when they need it.

4.3.3 Clash of expectations

Another issue that surfaced from this study's findings is the conflicting expectations that exist between counsellors and their suicidal clients. The study's key informants observed a discrepancy between what they provided and what their clients anticipated from the online counselling services. Some of the client expectations that were at odds with the counsellor's services included expecting to be provided suggestions or instructions. The study's participants openly said that they were

unaware of what counselling included, which led to these expectations colliding. One participant respondent:

> *"...well, other clients come for sessions expecting us to give them solutions, they think that you are an expert so you just have to give them solutions so it's kind of hard when providing the counseling online to tell them they are capable of solving their problems".*

From the participant`s response, it is evident that online counseling also presents challenges related to clash of expectations between the client and counselor. This is because, in a traditional face to face counseling, the client and counselor typically meet in person and have a clear understanding of what to expect from the session, however in an online setting this may not be as clear. This clash of expectations may lead clients to feel disappointed, frustrated and hopeless and exacerbating their existing suicidal thoughts and also increasing the severity of these thoughts.

4.3.4 Network connection challenges

Network connection challenge emerged as a major concern hindering clients from receiving effective online counselling services for suicidal thoughts. The network connection challenges were reported to have been emanating from electricity faults in the country. The feedback from the participants showed that network challenges made clients feel like they are being ignored by the counsellor whilst in a time of crisis especially in cases whereby they send a text message and the message takes time to deliver due to poor network connection. A key informant supported this idea by expressing that network connection challenges result in poor therapeutic relationships with the clients and this will in turn impede the effectiveness of the online counselling sessions. A participant had this to say:

"It was difficult to build rapport and trust with clients when messages were delayed or lost due to network issues as some clients do not understand if it is the network connection or they are being ignored"

Further asked about the network connection challenges, most of the clients reinforced that the network challenge end up making it difficult for them to attend some of the scheduled counselling sessions thereby worsening their suicidal thoughts during a crisis. One participant expressed this:

"Well, I often had to reschedule or cancel my online counseling sessions due to unreliable internet access which made it difficult for me to receive consistent support when l really needed it the most."

The responses provided above makes it abundantly evident that issues with connectivity and the network have a significant impact on counselling procedures by upsetting the dynamic between counsellors and their clients. According to Kingsley and Henning (2015), there's a chance that the internet connection won't be available when the session is supposed to happen. The client may find it difficult to concentrate on therapy and intervention due to network issues that disrupt the session's flow. This can also cause irritation and tension, which can exacerbate the client's suicidal thoughts and sentiments.

4.3.5 Loss of verbal and non-verbal cues

One interesting point that was brought out during the study is the loss of verbal and non-verbal cue during the online counselling sessions. Quite a number of the respondents indicated that they lost verbal and non-verbal cue during text based online counselling methods such as WhatsApp text messages. Interestingly, most of the respondents elaborated that that the verbal and non-verbal

cues helped them to see if the counsellor is taking their problems seriously and is very eager to help them in a crisis moment as this could also help them change their own thoughts about suicide. One of the participants had this to say:

> *"I sometimes felt like l was talking to a robot because my counselor`s responses seemed very scripted and did not feel personal and at times l just liked more verbal feedback such as a simple 'l hear you' or 'l understand' from my counselor just to feel heard"*

Some key informants indicated that non-verbal cues such as body language, facial expressions, and tone of voice provide important information about a client`s emotional state which are crucial in accessing the level of risk and providing appropriate support. The key informants went on to say that lack of non-verbal and verbal cues in an online counselling makes them struggle to fully understand their clients` needs due to lack of tone in the text based platform like WhatsApp. One of the key informants had this to share:

> *"At times l find it difficult to read between the lines and infer meaning from my clients` written words without the context of non-verbal cues, which makes it hard to get a full picture of their situations."*

The aforementioned client responses indicate that a significant obstacle in online counselling for suicidal patients is the loss of verbal and nonverbal indicators, particularly when using chat rooms or instant messaging. Due to the lack of non-verbal cues, counsellors may miss crucial indications from their clients, which reduces the effectiveness of crisis intervention counselling. According to a number of studies (Barak & Grohol, 2011; Feijt et al., 2020), one of the difficulties in providing online counselling for mental health and suicide issues is the lack of non-verbal indications. Participants in this study observed that the absence of verbal and nonverbal cues negatively impacts the client and counsellor relationship.

4.4 STRATEGIES TO ADDRESS THE CHALLENGES ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES IN ZIMBABWE

The challenges that are associated with online counseling can make it difficult for suicidal clients to access the intervention they may be in need of. Clients may not be able to get the help they need due to poor network connection, insufficient technological infrastructure, lack of verbal and non-verbal cues and the clash of expectations between the client and counselor thereby distracting the therapeutic relationship as well as the flow of the suicide intervention. However, despite these challenges, it must be noted that the study findings have provided a variety of strategies to address the challenges that are associated with online counseling in handling suicidal cases in Zimbabwe.

4.4.1 Other mental health supplements

Provision of other mental health supplements has been one of the themes that emerged as a strategy to address the challenges of online counseling when handling suicidal cases. They emphasized that it is better for counselors to provide them with a plan to do when they need help outside of the counsellor`s available hours, because most of the counsellors only provide help during their working hours This plan could include information about crisis hotlines, mental health resources and other support networks to help them manage their suicidal thoughts on their own. One participant emphasized that:

> *"..well l think having a crisis plan that includes other resources besides the counselor would be helpful, that way l would know what to do if l needed help outside of the counselor`s working hours like during late night hours".*

As can be seen from the above response, additional mental health supplements can be a useful tool in addressing the issues that arise when suicidal clients receive online counselling, such as the counsellors' rigorous adherence to work hours. Support groups, self-care supplies, and instructional resources are examples of mental health aids that can be very helpful in assisting clients in managing their suicide thoughts. It is important to remember that counsellors may give their clients a more complete support system to deal with suicide thoughts by offering these other resources. According to Gilbert (2019), it is critical to give patients access to extra mental health resources that can enhance their therapy sessions.

4.4.2 Flexible provision of online counselling services

Another strategy which was brought out during the study as a way to address the challenges encountered by clients when receiving online counselling services was the flexible provision of online counselling services by counsellors. A plurality of responses from the participants stressed that they did not own personal cellphones to use when accessing online counselling hence they had to borrow from friends and relatives to access the online counselling. The key informant further explained that the flexibility of online counselling may be helpful in making sure that clients do not miss their scheduled counselling sessions even if they miss the session. The key informant reported that:

> *"The flexible provision of online counselling is beneficial to the clients because it allows clients to reschedule online counselling sessions at their own convenience as it allows the clients to continue receiving services even if they miss an appointment due to circumstances outside of their control".*

From the client's point of view, offering flexible online counselling has shown to be an effective way to overcome the difficulties associated with online counselling for suicidal cases. According to Mishna and Sawyer (2015), offering flexible service options in online counselling is a critical first step towards making the service more accessible. As can be seen from the citation above, online counselling is flexible in that it offers clients a choice of methods to choose from, allowing them to access counselling services via the internet at their convenience. It also offers flexible scheduling for sessions. In support of this theory, Davidson (2016) notes that flexible online counselling arrangements enable service providers to meet clients where they are in terms of working hours and technology literacy. To guarantee that a large number of people receive the essential intervention from the online counselling services, it is imperative that online counselling be provided in a flexible manner.

4.4.3 Raising awareness

Among the strategies for the provision of online counselling for managing suicidal clients, raising awareness appeared as a key sub-theme. The study's participants suggested increasing awareness of online therapy for mental health concerns among the nation's various socioeconomic classes and dialects. Participants noted that part of the awareness-raising activity for online counselling involved informing clients that counselling can be given virtually and that this was a very successful way of helping clients understand that counselling is not about giving them answers but about empowering them to deal with their own issues, including those related to suicidal thoughts and that these can be accessed in the comfort of their own homes. One participant elaborated:

 "...okay, maybe awareness, it would be helpful for us to also scale up mental help advocacy across all dialects in Zimbabwe and for them to know that this is actually working... because most

of them they think this counselling thing it is for the Western culture and they don`t bother seeking

for it even when they need immediate crisis intervention."

The above mentioned perspective shows that raising of awareness can play an important role in addressing the challenges associated with online counseling for suicidal cases in Zimbabwe. As noted in this study, little is known about this practice. Raising awareness on online counselling improves the mental health seeking behavior of individuals who feel that they can be judged for how they feel, particularly that of men who are known to be poor at seeking help for mental health issues before they get to committing suicide. Raising awareness on the practice of online counselling can be done by the various agencies and counsellors providing this service through social media platforms as well as in community spaces such as churches and clinics. Laranjo et al. (2014) acclaims social media such as Facebook and Twitter for allowing dynamic and interactive communication between people that is the counsellor and the client.

4.4.4 Rescheduling sessions

Postponing sessions is another strategy that has been identified as a means of addressing the difficulties associated with online counselling. Should they experience issues with network and connectivity with their clients, the participants suggested rescheduling their counselling sessions for a period when there would be improved connectivity. Rearranging these sessions allows them to advise their clients to, if at all possible, choose a location with better connectivity, as most survey participants pointed out. One key informant mentioned:

> *"...some of the strategies are, we reschedule the sessions sometimes because maybe it's*
>
> *because of network we reschedule and also advising the client to go places which network*
>
> *is a bit better..."*

According to the participant's responses, postponing sessions can be a useful tactic for dealing with issues like poor network connectivity because it allows the sessions to continue at a later time when connectivity is more favorable. Low-income environments are often quite connected due to limited availability to electricity and internet connections (Hamad and Marinos, 2020). Counsellors and clients can make sure there is adequate time to address the issue and resume the session by rescheduling. Rearranging the sessions can also assist in lessening the aggravation or worry that could arise from bad network connections and technological issues. It is also crucial to remember that clients and counsellors negotiate the rescheduling of sessions in order to find a time and date that works for everyone.

4.4.5 Methods that promote video and sound recording

Another strategy that was brought forth by some of the participants was the issue of utilizing online counselling methods which promotes the use of a video and sound recording as a measure to address the challenge of the loss of verbal and non-verbal cues during the online counselling sessions. The dominance of the respondents provided that the implementation of video conferencing tools such as Zoom for online counselling can help reduce the loss of non-verbal cues such as nodding, and hand gestures. Further elaboration on the same notion indicated that the use of video conferencing in combination with other methods can help to make online counselling feel more like in person therapy which helps to create a sense of trust and connection between the counselor and client. One of the respondents expressed this by saying:

> *"Even though you are not in the same room with your counselor, you can pick up on your*
> *counselor`s non-verbal cues through video conferencing, and this can help to gauge their*

reactions and adjust your connection accordingly, especially when talking about serious

issues like suicide."

Further clarification was given by the key informants as they also mentioned that non-verbal and verbal cues are very crucial when dealing with clients who are suicidal as they help them to understand their thoughts and feelings even when they try to hide their suicidal ideations from their counselor. One informant stressed that:

"...well, in my experience, video conferencing and Zoom have been valuable tools in

providing online counselling services especially when addressing suicidal thoughts, and

these platforms enable us to observe clients` facial expressions and body language such as

shaking and shading of tears, which can be vital in understanding their emotional state

and providing the immediate crisis intervention".

The viewpoint of the participant mentioned above demonstrates that using sound and video recording techniques is an effective way to raise the standard of online counselling sessions for suicidal individuals. From the client's point of view, having visual and auditory access to the counsellor can enhance emotions of trust and connection, strengthening the therapeutic alliance and facilitating successful crisis intervention. Clients can examine their sessions and consider the progress they are making with its assistance.

4.4.6 Collaborations with different agencies

Quite a number of key informants during the study mentioned that collaborations with other agencies can be a recommendation to improve online counselling when handling suicidal cases. Some of these key informants explained that various agencies in the mental health field need to

work closely together so as to address their limitations if there are any when handling suicidal cases. Furthermore, these participants also noted the benefits of these collaborations which include integrated service delivery and easy following-up of clients in case of referrals. A key informant had this to say:

> *"...so, there is need for that referral system where by the organization works hand in glove with other organizations who deal with such matters as implementing partners for comprehensive referral exchange where clients from Friendship Bench are referred to another organization to partake certain issues."*

Collaborations with different agencies can be an important strategy for addressing the challenges associated with online counseling for suicidal cases as they help to ensure that clients receive the most comprehensive intervention and support as collaborations allow for communication and coordination between different providers. Collaboration also provides additional resources and support to clients which can be especially substantial when dealing with the complex challenges of suicidal cases.

4.5 Chapter summary

The themes that emerged from the analysis of the research data were given in this chapter. The research findings from the study have been effectively presented, discussed, and analyzed in this chapter. This was carried out in accordance with the objectives and aim of the study. Through in-depth and key informant interviews, the data was gathered. These results included the perspectives of clients on online counselling in handling suicidal cases in Zimbabwe, the challenges associated

with online counselling in handling suicidal cases, and the strategies that can be recommended to address the challenges.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents a summary, conclusions and the recommendations on Clients' perspectives of online counselling in handling suicidal cases in Zimbabwe. A summary of key themes that came out from the study is also provided in this chapter. It marks the last chapter of the research study comprising of the research conclusions and recommendations as well as recommendations for future research.

5.1 Summary

The first section of the research is the study's introductory chapter, which includes the problem statement, the study's justification, and its goals. In the second chapter, a review of the literature on clients' perspectives of online counselling for suicidal cases in Zimbabwe is outlined. The review also looks at other findings related to the study's objectives. The research approach utilized to carry out the study is presented in Chapter 3. The methods for gathering data and the ethical concerns that arose throughout the process are covered in this chapter. The results are presented in Chapter 4 and are followed by a discussion. The summary, conclusion, and recommendations are included in Chapter 5, which is the last chapter.

5.2 Conclusions

Overall, the study found that while people in developed countries are advancing in terms of technology, most people in Zimbabwe and other developing countries still hold onto the traditional

belief that counselling should involve a face-to-face encounter with the counsellor in order to get effective support, especially when having suicidal cases. The study also found that most clients have difficulty accessing online counselling services due to a lack of technological infrastructure, with network failures being one of the major challenges impeding the effectiveness of online counselling leading many to committing suicide.

The majority of suicidal clients still choose online counselling over traditional face-to-face counselling, despite the numerous obstacles it faces in managing suicidal cases. This is likely due to the anonymity it offers and the safe space it creates, where clients can discuss their feelings and thoughts in an honest and open manner without worrying about being judged. According to the study's findings, offering flexible online counselling sessions can help with issues that arise during these sessions. It can also help people who are afraid of being judged or discriminated against for having suicidal thoughts by bringing up the topic of online counselling.

5.3 Recommendations

From the research findings of this study, a number of recommendations were articulated intended to address the unique needs of different people who seek online counselling for suicidal cases in Zimbabwe:

5.3.1 Creation of regulations that support and enhance the availability of online counselling for individuals considering suicide in Zimbabwe.

5.3.2 Including online counselling in the curriculum, as this will help clinical social workers overcome their negative attitudes and fears because they have training in this area.

5.3.3 Raising awareness about online counselling, especially on social media, as it's still a relatively new practice, so that anyone experiencing suicide thoughts can get help in the convenience of their own homes.

5.3.4 More programs are required to help those who are suicidal.

5.3.5 More studies on the many topics related to online counselling should be conducted in order to broaden the knowledge base for internet counselling in Zimbabwe for managing suicidal patients.

5.4 RECOMMENDATIONS FOR FUTURE RESEARCH

5.4.1 The usefulness of online counselling in treating suicidal thoughts and other mental illnesses like depression, anxiety, and PTSD is among the areas that require further scientific investigation.

5.4.2 More study is required to determine the advantages and drawbacks of online counselling for suicidal individuals.

5.5 Chapter summary

The summary, conclusions, and study suggestions that were derived from the study's findings were the main focus of this chapter. Based on the research findings, the chapter has presented an overall summary of the clients' viewpoints regarding the use of internet counselling in Zimbabwe to handle suicidal cases. This chapter reviews the study's conclusions and offers recommendations related to the research issue. In summary, all of the research questions were satisfactorily addressed and the research objectives were effectively fulfilled by the study.

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CONSENT FORM

My name is Lisah Nyagwande. I am a final year Social work student at Bindura University of Science Education. As part of the requirements for earning the degree, each student must complete an academic research project on a topic of their choice. This form seeks for your consent to participate in my study.

Topic of the study: Clients' perspectives on online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients.

I understand that if I agree to participate in this study, I will be asked questions about clients' perspectives on online counseling in handling suicidal cases in Zimbabwe. I also understand that my participation in this study is voluntary and therefore no remuneration will be awarded or any direct benefits in cash or kind. I understand that every information that l will provide in this study will be kept confidential and that l have the right to refuse to answer any questions that make me feel uncomfortable. I take note that the study findings will be used for academic purposes only. I have read and understood what the study is about and that all of my data will be stored securely and confidentially. I voluntarily agree to participate in this study.

SIGNATURE OF PARTICIPANT   SIGNATURE OF RESEARCHER

……………………………   …………………………….

APPENDIX 1: IN-DEPTH INTERVIEW GUIDE

INTRODUCTION:

My name is Lisah Nyagwande. I am a final year Social work student at Bindura University of Science Education. As part of the requirements for earning the degree, each student must complete an academic research project on a topic of their choice. I am undertaking this research titled: Clients' perspectives on online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients. I am kindly requesting for your participation in the interview. Take note that the study findings will be used for academic purposes in partial fulfillment of my degree. Your participation in this study is voluntary and therefore no remuneration will be awarded or any direct benefits in cash or kind. Every information that you will provide in this study will be kept confidential and you have the right to withdraw from the study at any time without penalty. The interview will be at most 20minutes long.

PARTICIPANT`S GENDER……………………….

PARTICIPANT`S AGE..

SIGNATURE…………………………………………

SECTION A: PERSPECTIVES OF CLIENTS ON ONLINE COUNSELLING IN HANDLING SUICIDAL CASES.

1. Why did you consider receiving online counselling instead of the traditional face to face counselling?

2. What has been your experience with online counselling?

3. Did you feel that online counselling provided you with a safe space to explore your suicidal thoughts and feelings?

4. How did you find the process of building rapport with your counsellor online whilst having suicidal thoughts?

5. When was your most preferred time to receive online counselling for suicidal thoughts?

SECTION B: POTENTIAL CHALLENGES ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES.

6. What are the challenges that you faced in accessing online counselling in a crisis?

7. Did your network connection become an obstacle to your ability to receive effective online counselling sessions for your crisis intervention?

8. Where there any barriers related to the lack of non -verbal cues with your counsellor whilst receiving online counselling for suicidal thoughts?

SECTION C: STRATEGIES TO ADDRESS THE CHALLENGES ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES IN ZIMBABWE.

9. How best do you think online counselling can be improved?

10. What suggestions do you think can address the challenges faced when receiving online counseling for suicidal thoughts?

11. What other options do you think can help in resolving the challenges encountered when receiving online counselling for suicidal thoughts?

Thank you very much for your time and effort, your input in this research has been extremely helpful and greatly appreciated. Do you have anything else to add concerning this topic?

APPENDIX 2: KEY INFORMANT INTERVIEW GUIDE

INTRODUCTION:

My name is Lisah Nyagwande. I am a final year Social work student at Bindura University of Science Education. As part of the requirements for earning the degree, each student must complete an academic research project on a topic of their choice. I am undertaking this research titled: Clients' perspectives on online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients. I am kindly requesting for your participation in the interview. Take note that the study findings will be used for academic purposes in partial fulfillment of my degree. Your participation in this study is voluntary and therefore no remuneration will be awarded or any direct benefits in cash or kind. Every information that you will provide in this study will be kept confidential and you have the right to withdraw from the study at any time without penalty. The interview will be at most 20minutes long. Your expertise and insights as a key informant will greatly contribute to the understanding of this topic.

PARTICIPANT`S GENDER……………………….

PARTICIPANT`S AGE...

SIGNATURE…………………………………………

SECTION A: PERSPECTIVES OF CLIENTS ON ONLINE COUNSELLING IN HANDLING SUICIDAL CASES

1. Why do people consider receiving online counseling instead of the traditional face to face counseling?

2. Does online counselling provide clients with a safe space to explore their suicidal thoughts and feelings?

3. How do you find the process of building rapport with your clients when providing online counselling for suicidal cases?

4. What is people's most preferred time to receive online counseling for suicidal thoughts?

SECTION B: POTENTIAL CHALLENGES AND ETHICAL CONSIDERATIONS ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES IN ZIMBABWE.

5. What are the challenges faced by clients when accessing online counselling in a crisis?

6. What barriers do you face when providing online counselling to suicidal clients?

7. Are there any challenges related to the lack of non -verbal cues with your clients that you face when providing online counselling for suicidal cases?

8. Does the network connection hinder your effective online counselling provision to clients with suicidal cases?

SECTION C: STRATEGIES TO ADDRESS THE CHALLENGES ASSOCIATED WITH ONLINE COUNSELLING IN HANDLING SUICIDAL CASES IN ZIMBABWE.

9. How best do you think online counselling can be improved?

10. What suggestions do you think can help address the challenges associated with online counseling when handling suicidal cases?

11. What recommendations would you give to ensure clients` safety when providing online counseling to suicidal clients?

Thank you so much for your priceless assistance in this research. Please feel free to add more insights in terms of recommendations and other issues on clients' perspectives of online counseling in handling suicidal cases in Zimbabwe which have a bearing on the topic. Do you have anything else to say concerning this topic?

APPENDIX 3: APPROVAL LETTER

FRIENDSHIP **BENCH**

The Friendship Bench
4 Weale Road
Milton Park
Harare
Zimbabwe
PVO 12/21

16 February 2024

TO WHOM IT MAY CONCERN

Permission Letter for Lisah Nyagwande's Study at the Friendship Bench

This letter serves as formal notification that Lisah Nyagwande, a BSc Social Work student at Bindura University of Science Education, has been granted permission to conduct research at the Friendship Bench. Their study is titled **"Clients' perspectives of online counselling in handling suicidal cases in Zimbabwe: A case of Friendship Bench clients."**

The study aims to explore the clients' perspectives on online counselling in handling suicidal cases in Zimbabwe. We are confident that the findings of the study will be of great benefit to the Friendship Bench organization and contribute to the growing body of knowledge.

We appreciate your support towards this important project.

Please do not hesitate to contact us if you require any further information.

Yours Faithfully,

Dr Jermaine M. Dambi - Friendship Bench Research Co-ordinator.
Email: jermaine.dambi@friendshipbench.io   Cell: +263773444911