

BINDURA UNIVERSITY OF SCIENCE EDUCATION



FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

**THE ROLE OF FOLLOW-UP COUNSELLING SESSIONS IN SUSTAINING
THERAPEUTIC GAINS AMONG YOUTHS ATTENDING FRIENDSHIP BENCH
SESSIONS. A CASE OF KUWADZANA 4 COMMUNITY.**

BY

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OF BACHELOR OF SOCIAL WORK HONOURS DEGREE**

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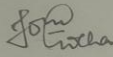
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DECLARATION

I, the undersigned Nomatter P Nzeve, B200517B, hereby declare that this research project on the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench, a case in kuwadzana 4 community is my original work. All the sources that i have used or quoted have indicated and presented by means of complete references.

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Date:14/06/24.....

ABSTRACT

The study aimed to explore the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench counselling sessions. The study will provide valuable insights on how follow-up counselling sessions contribute to maintaining therapeutic gains. Three objectives centred on the factors influencing follow-up counselling sessions, factors influencing follow-up counselling sessions and the improvements to strengthen follow-up counselling sessions. The study adopted a qualitative approach anchored on a case study as the design of the study. The study used In-depth Interviews, Focus Group Discussions (FGDs) and Key Informant Interviews as methods of data collection. The study utilized purposive sampling and snowball sampling. The research discovered that factors that are affecting follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. Based on the study, the factors that were brought to light are as follows; social support, self-motivation, stigma, gender and therapeutic relationship. Moreover, the results of the study proved how beneficial follow-up counselling sessions are for helping youths maintain their therapeutic benefits. The study findings revealed on the improvement of school performance, boosting self-esteem, emotional support, prevention of relapse, addressing new concerns consolidation of progress and support as the experiences and perceptions of youths. The study recommended that government should develop policies and legislations that addresses unique challenges faced by youths in accessing mental health such as stigma. It also recommended, Friendship Bench that it should consider training elder male counsellors. The researcher recommends Social workers to collaborate with Friendship Bench Organization develop strategies to overcome such challenges and sustain their therapeutic gains.

DEDICATION

To my late father Noel Nzeve.

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LIST OF ABBREVIATIONS AND ACRONYMS

CBT - Cognitive Behavioural Theory

LHWs- Lay Health Workers

PST- Problem Solving Therapy

WHO- World Health Organization

UNESCO- United Nations Education Scientific Organization

UNCRC- United Nations Convention on the Rights of Children

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CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 INTRODUCTION

This introductory chapter provides the background of the study at global, regional and local level towards the role of counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions in Kuwadzana 4 community. This chapter includes the study's aim and objectives, research question and study assumptions in an attempt to clarify the researcher's intentions. This chapter also includes key definitions, limitations, and delimitations.

1.1 BACKGROUND OF THE STUDY

Counselling can be defined as the process by which a qualified expert assists people in comprehending and resolving their issues. According to Elliott (2011), counselling is a process that gives an idea to someone to choose the choice, not to force beliefs or behaviour on someone. It is a key element of mental health care and intervention, at the local, regional, and global levels. The World Health Organization claimed that 10-20% of children and adolescents globally face mental health disorders (WHO, 2017). According to the Royal Society for Public Health and Young Health Movement (2017), during the previous 25 years, there has been a 70% rise in the prevalence of anxiety and depression in youths. Hence, in Zimbabwe counselling is important for treating the psychological and emotional needs of people on their own, in families, and in communities.

The World Health Organization (WHO) has made it a priority to incorporate mental health treatments into basic healthcare settings on a global scale. The majority of people lack access to efficient interventions, despite the fact that mental health disorders are highly prevalent and have

a significant financial and human cost across all nations (Degenhardt et al., 2017). According to Thornicroft et al. (2017), the World Mental Health Surveys, 3.7% of people with serious depressive disorders in low- and lower middle-income countries receive at least minimally appropriate mental health care. Additionally, 2.3% for anxiety problems (Alonso, 2018). This contrasts with high-income countries (HICs) at 20.0% and 13.8%, respectively (Degenhardt, 2017). Through the WHO mental health action plan 2013- 2020, the WHO has also established a global goal for 50% of nations to have developed or updated their mental health laws in accordance with regional and international human rights instruments by 2020 (WHO, 2021). The WHO's commitment to promoting mental health by ensuring that legislative frameworks adhere to human rights principles is reflected in this effort.

Insufficient public funding is a contributing factor to the scarcity of adequate mental health services, especially in nations with low and middle incomes (LMICs). The median annual government spending on mental health in LICs is estimated to be 0.08 USD (eight cents) per capita, while in lower middle-income countries it is 0.37 USD and in high-income countries (HICs) it is 52.73 USD (World Health Organization, 2021a). There are a median of just 1.4 mental health workers per 100,000 people in LICs and 3.8 in LMICs, according to data, whereas there are 62.2 in HICs (World Health Organization, 2021a). According to the findings of the 2018 Lancet Commission on Global Mental Health and Sustainable Development, the majority of people worldwide still have extremely limited and dispersed access to mental health treatments. Despite the development of cost-efficient delivery systems and the existence of effective interventions, most nations have not yet scaled up their provision of high-quality mental health care (Patel et al., 2018). The challenges highlighted above implies that many countries have not successfully

expanded the delivery of mental health care services of high quality to meet their population's needs.

Young people's mental health issues are a serious public health concern. There have been contradictory reports in the literature regarding trends in mental disease. Pitchforth et al. (2018) assert that among youth aged 16-24 years in the UK, the prevalence of self-reported long-standing mental health disorders rose between 2011 and 2014 in both England (2.85.9%; OR = 1.25, $p < 0.01$) and Scotland (5.59.7%; OR = 1.19, $p = 0.03$). In Wales, the percentage of young people who reported receiving treatment for a mental illness increased from 5.4% in 2011 to 6.5% in 2014 (OR = 1.14, $p < 0.01$), according to Pitchforth et al. (2018). In Iceland, female adolescents' mean levels of anxiety and depression symptoms grew between 2006 and 2016, but male adolescents reported no change in their anxiety symptoms over time, or even a decrease (Thorisdottir et al., 2017). Conversely, research from the United States and Australia revealed a rise in symptom-based measures of anxiety and depression in both genders (Sawyer et al., 2018), whilst research from Canada indicated a rise in just males (Comeau et al., 2019). The rise in mental health practices among these countries shows that in European countries they prioritize youth's mental health.

The concept of mental health is intricate and multidimensional, impacted by social, cultural, and economic variables. Due to varying cultural beliefs, customs, and historical backgrounds, different African nations have distinct perspectives on mental health. People's understanding and attitudes are influenced by traditional beliefs in supernatural origins and treatments for mental health disorders. Traditional healers are seen as the authorities on these issues since many African traditional belief systems link mental health issues to bewitchment or the influence of ancestors. These traditional healers are consulted either as the exclusive source of mental healthcare or as the initial step on the journey to biomedical mental healthcare (Ventevogel et al., 2013). Research on

the relationship between culture and mental health suggests that, in order to effectively address the diverse needs and perspectives of the population, efforts to improve mental health care in these regions should take into account and integrate traditional healing practices and beliefs alongside biomedical approaches.

The Maasai culture in Tanzania also held traditional ideas around the management of mental health issues. According to the results of the survey, the majority of participants thought that contemporary therapeutic modalities used in hospitals were ineffective in treating mental illnesses. However, they clarified that the Maasai community's traditional healers, referred to as *olaibons*, were more qualified to treat mental illnesses (Froland et al., 2022). People and cultures have different explanations for mental illnesses and their causes. It was found that residents in three African nations that are; Burundi, South Sudan, and the Democratic Republic of the Congo also believed that mental health was related to superstition. According to the investigations, fear, loss, and environmental forces were thought to be the root causes of locally specified mental diseases in various African contexts (Ventevogel et al., 2013).

According to estimates, 20%–30% of Nigerians experience mental health issues (Onyemelukwe, 2016). This is a significant number considering that the estimated population of Nigeria is close to 200 million. Unfortunately, mental health problems in Nigeria receive little attention; misconceptions about mental health have persisted, and public knowledge of these problems is predictably low (Suleiman, 2016). Numerous studies demonstrate that the majority of mental health services are not fully utilized. Despite current initiatives to promote more accessible services, just a small number of individuals obtain the care they need, even in circumstances where access to quality mental health services is attainable (Gronholm et al., 2017). These individuals face several challenges while attempting to access mental health services, according current

research. First of all, a lot of the time, people are unaware that they are experiencing mental health issues. In Nigeria there is a dearth of fundamental knowledge regarding mental disease, its causes, and its symptoms, according to recent research. This therefore influences the services or facilities that must be prioritized (Okpalauwaekwe et al., 2017). According to reports, traditional medicines and spiritual homes are the first-line therapy alternatives for those with mental health disorders (Labinjo et al., 2020).

Regarding the subject at hand, several misconceptions exist among Nigerians. Popular belief is that supernatural forces, witches, evil spirits, and even God, can cause mental illness. These beliefs have influenced how Nigerians view those who suffer from mental illness (Okandoye, 2020). In an effort to save their souls, bring their families redemption, and stop the injustices that lead to mental illness, people with mental illnesses have been burned, hanged, tortured, abandoned, and chained (Uwakwe, 2007).

According to a Chibanda et al. (2016) study, 12% of teenagers in Zimbabwe between the ages of 13 and 17 reported having severe depression symptoms. In Zimbabwe, there exist myths around mental health problems. In order to establish a legal framework for mental health care in Zimbabwe, the Mental Health Act of 1996 was passed. This act highlights the rights of people with mental health disorders and acknowledges the value of community-based care. It also encourages the combination of contemporary mental treatment with conventional healing modalities. In spite of these initiatives, treating mental health concerns among young people in Zimbabwe remains extremely difficult. The persistent stigma associated with mental illness causes underreporting and a reluctance to seek assistance. The issue is made worse by limited access to mental health services, especially in rural regions.

The Friendship Bench organization and the Zimbabwean government collaborate closely to promote mental wellness among individuals. The Friendship Bench organization offers free therapy sessions to help persons with depression. A trained lay health worker administers problem-solving therapy (PST) under the Friendship Bench (FB) program, a 2006 developed intervention in Zimbabwe (The Friendship Bench Organization, 2020a). Given that all of the lay health workers in the adult FB are elderly women with an average age of 58, they are known as grandmothers. The World Health Organization defines a lay health worker as a member of the local community who provides healthcare interventions and has received training in the particular intervention's local context (WHO, 2013a). But according to WHO (2013a), lay health workers lack formal professional training and a tertiary education degree, making them unqualified as professional health care providers. The individuals known as Friendship Bench counsellors are those LHW.

According to Chibanda, Mesu, Kajawu, Cowan, Verdeli, Aba, Gwanzura, Siminyu, Chibanda, and Araya (2016), those attended weekly follow-up sessions significantly reduced their symptoms of anxiety and depression in comparison to those who did not receive such support. So, the researcher will do further research to determine how follow-up counselling sessions help young people maintain their therapeutic improvements. However, there is still a great deal of dependence on healers and spirit mediums; in fact, for one-third of the patients, this is their first interaction with a healthcare provider (Patel, Simunyu, & Gwanzura, Citation 1997).

Social work offers a wider range of treatments and support to address social issues that have an impact on mental health, which makes it a valuable addition to counselling services. Chibanda, Verdili, Maka, and Kessler (2016) state that the Friendship Bench initiative in Zimbabwe has been effective in providing locally with evidence-based counselling services. This training prepares lay health professionals to treat common mental illnesses including anxiety and depression with

problem-solving therapy. The participants' depressive symptoms were reported to be reduced by this method in the study. In Zimbabwe, social workers and counsellors frequently work together to address the socioeconomic factors that influence mental health. This could entail dealing with systemic problems that lead to mental health difficulties, such as discrimination, gender-based violence, unemployment, poverty, and other issues. Together, social workers and counsellors can offer a comprehensive strategy for mental health intervention and support.

Additionally, Mangezi et al.'s (2019) study examined how mental health treatments are incorporated into Zimbabwe's basic healthcare settings. The study made clear how crucial it is for social workers and counsellors to work together to provide complete mental health care. Chibanda et al. (2016) carried out research on the efficacy of a task-shifting intervention for depression in Zimbabwe in accordance with the findings of Mangezi et al. The study showed how lay health professionals, such as social workers, can successfully integrate into the provision of counselling services for depressed patients. The study will draw from a variety of sources, including expert interviews and clinical studies. Regretfully, adolescents in Africa lack a clear understanding of the purpose of follow-up counselling sessions, including Zimbabwe. Nonetheless, the study will concentrate on that area of study, particularly among young people in Zimbabwe.

1.2 STATEMENT OF THE PROBLEM

A crucial component of the therapy strategy, follow-up counselling sessions are standard practice in mental health interventions. These sessions would be essential to maintain and advance the therapeutic improvements made during the first counselling sessions. In actuality, though, follow-up counselling sessions are frequently disregarded or given little priority, which deviates from the ideal scenario. The overall efficacy and long-term success of mental health therapies for youths are seriously jeopardized by this diversion from the norm or ideal circumstance. The sustainability

of therapeutic benefits is thus jeopardized in the absence of follow-up sessions. The youths find it more difficult to sustain the gains they made in the first session when there are no follow-up counselling sessions. This could put youths at risk for more mental health relapses or an increase of their symptoms. However, in the absence of regular follow-up sessions, Lay Health Workers (LHWs) encounter difficulties in tracking progress, recognizing possible setbacks, and adjusting treatment plans accordingly. Therefore, research on the role of follow-up counselling sessions in maintaining therapeutic benefits in youth, particularly in the Kuwadzana 4 community, is necessary.

1.3 AIM

To explore the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions.

1.4 OBJECTIVES

1. To identify the factors that influence the follow-up counselling sessions in sustaining therapeutic gains.
2. To assess the experiences and perceptions of youths on the usefulness of follow-up counselling session in sustaining therapeutic gains.
3. To suggest possible improvements to strengthen follow-up counselling in sustaining therapeutic gains among **youths**.

1.5 RESEARCH QUESTIONS

1. What are the e experiences and perceptions of youths on the usefulness of follow-up counselling session in sustaining therapeutic gains?
2. What factors influence the follow-up counselling sessions in sustaining therapeutic gains.

3. What are possible improvements to strengthen follow-up counselling in sustaining therapeutic gains among youths?

1.6 ASSUMPTIONS

The researcher assumes that the youths' lives are significantly impacted by follow-up counselling sessions. The researcher also assumes that the benefits of follow-up counselling sessions extend beyond short-term results and may have a long-term impact on a range of facets of the youth's life. This presumption is based on the idea that counselling interventions can give people the skills and coping mechanisms they need to overcome obstacles and sustain positive changes over time. Lastly, it is assumed that there are factors that affect how long therapy improvements last during follow-up counselling sessions. It is assumed that these elements may help or impede the follow-up counselling sessions.

1.7 SIGNIFICANCE OF THE STUDY

The study seeks to explore the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. The study will provide valuable insights on how follow-up counselling sessions contribute to maintaining therapeutic gains. Youths can ensure they receive continuing help for their mental health difficulties by making informed decisions regarding their participation in such sessions, provided they have a clear knowledge of the possible advantages. The youths will also benefit greatly from the study since it will provide them with more coping mechanisms and resources to help them better manage their mental health issues. The study will enable youths to develop more effective coping mechanisms by shedding light on the specific methods and interventions that can be used in these sessions.

The study seeks to explore the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. The study will provide valuable insights on the role of follow-up counselling sessions in sustaining therapeutic gains. The study will give lay health workers insightful knowledge about how to conduct follow-up counselling sessions in the most effective way possible. With this knowledge, they may improve their abilities and capabilities and help young people in a more thorough and efficient manner. The results of the study will provide evidence about the efficacy of follow-up counselling sessions, which can help guide policy decisions pertaining to youth mental health care. These findings can be used by governments to create and carry out evidence-based programs that cater to the particular needs of young people in the community. The results can also be utilized to develop and modify mental health policies, taking into account the requirements and assistance that young people require. Lastly, knowing how follow-up counselling sessions contribute to maintaining therapeutic benefits might be helpful for social workers and other mental health practitioners. This information can help various stakeholders work together more effectively, resulting in more coordinated and comprehensive youth support systems.

1.8 DEFINITION OF KEY TERMS

1.8.1 Counselling

According to Elliott (2011), Counselling is a process that gives an idea to someone to choose the choice, not to force beliefs or behaviour on someone.

1.8.2 Follow up counselling sessions.

Follow-up counselling sessions are individual or group counselling sessions that occur after the initial counselling intervention. Follow-up sessions can be used to reinforce skills learned during

the initial intervention, assess the ongoing needs of the client, and troubleshoot any difficulties that have arisen since the initial intervention.

1.8.3 Youth

According to UNESCO (2016), youth is a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of community and for statistical contingency across regions it defines youth as those persons between the ages of 15 to 24 years. In the context of this study, a youth is a person between the ages of 18 to 24 years.

1.8.4 Therapeutic Gains

Therapeutic gains refers to the improvements in mental health that result from therapy, including reductions in symptoms, improvement in social and occupational functioning, and improvement in overall well-being.

1.8.5 Lay Health Workers (LHWs).

According to the WHO, Lay Health Worker is a person from the local community who performs some health care intervention and who has received training in the local context of the specific intervention. However, the lay health worker is not professional health care workers and they have no formal professional training or tertiary education degree (WHO, 2013a; 2013b).

1.9 DISSERTATION OUTLINE

CHAPTER ONE: This chapter covers the introduction and background of the research question. It includes the aim, objectives, research questions and assumptions of the research topic. It also elaborates the significance, location, delimitations, limitations, and the defined key terms.

CHAPTER TWO: This chapter focuses on writing that is based on other academics' perspectives on the investigation of the subject at hand. This study will be utilizing the Cognitive Behavioural

Therapy (CBT) and give an exploration on how it links with follow-up counselling sessions in sustaining therapeutic gains.

CHAPTER THREE: This chapter mainly focuses on data collection methods and techniques. It gives much concentration on the research approach, research design, study setting, target population, sampling techniques, sample size, data collection techniques and tools, data presentation, ethical issues, and study constraints.

CHAPTER FOUR: This chapter focuses on presentation and interpretation of study findings... This chapter provides a summary of the data analysis, conclusions, and result interpretation.

CHAPTER FIVE: This chapter focuses on the summary with reference to data which was presented in the previous chapter and objectives of the study. It will also focus on the conclusion and recommendations of the research findings on how to improve the provision of follow-up counselling sessions in sustaining therapeutic among youths attending Friendship Bench sessions.

1.10 CHAPTER SUMMARY

The first chapter focused on the introduction and background to the study focusing on the role of follow up counselling sessions in sustaining therapeutic gain among youths in Kuwadzana 4 community. Particularly, the chapter highlighted the problem statement, articulated the gap in literature, justified the applicability then the aim and objectives as well as define the key terms of the study. The following chapter reviews the literature pertinent to the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter focuses on bringing out other researcher's perspectives of academics on the topic of the study. Theories will be used to evaluate their relevance to the study. Cognitive Behavioural Theory (CBT) will be utilized, linking it with the research objectives. By utilizing Cognitive Behavioural Therapy, the researcher will show the knowledge gap and draw conclusions from that.

2.1 THEORETICAL FRAMEWORK

In this study, the cognitive behavioural theory (CBT) will be applied. According to the notion, beliefs and behaviours are learned and can be modified through cognitive and behavioural therapy. It is based on the assumption that thoughts, feelings, and behaviours are all interrelated. CBT is a suitable fit for analysing how follow-up counselling sessions assist youths in maintaining their therapeutic gains. This may result in long-term therapeutic benefits since the youth's automatic thoughts can be modified during the follow-up counselling sessions. The sessions can provide youths with an opportunity to practice and apply the new skills and strategies they have learned, in addition to receiving advice and support from the counsellor. They can keep making the progress they have by doing this. By doing this, they might be able to sustain the therapeutic gains they have made. According to Beck (2011), CBT helps people recognize and analyse their automatic thought patterns. Additionally, the concept of cognitive restructuring in cognitive-behavioural therapy refers to a procedure that comprises identifying and challenging unfavourable or harmful concepts and replacing them with more reasonable and constructive ones. This can be accomplished during the follow-up counselling sessions, and can help youths to behave in more

positive and adaptable ways. It so directly ties to the topic of the study and is essential to Cognitive Behavioural Theory.

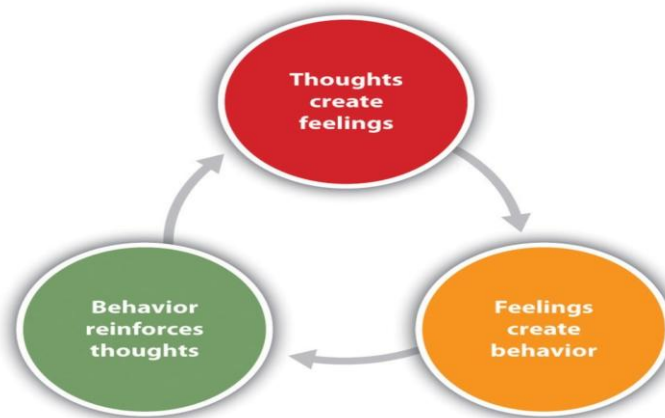


FIGURE 1.0:

COMPONENTS

THREE

THAT MAKE

PEOPLE'S EMOTIONAL EXPERIENCE. A DIAGRAM EXPLAINING HOW WE PROCESS INFORMATION AND OUR BEHAVIOURS INFLUENCE THIS. SOURCE:

<https://cogbtherapy.com/about-cbt>

The figure above highlights the connection between our thoughts, feelings, and behaviours. More accurately, our thoughts influence our feelings, which in turn influence our actions, which in turn influence our thoughts. If no action is taken, the cycle will continue to repeat.

2.1.1 Integrating key concepts of CBT in Follow-up counselling sessions

Cognitive Behavioural Therapy has characteristics that set it apart from other forms of mental health therapy, according to the cognitive-behavioural theory. According to Blagys and Hilsenroth (2002), Cognitive Behavioural Therapy sessions may include homework assignments,

psychoeducation, and skill development to aid patients with their symptoms. When it comes to helping young people develop coping strategies, face negative thought patterns, and alter behaviours that enhance their overall wellbeing, the principles of cognitive behavioural therapy are crucial. Studies have demonstrated the correlation between cognitive processes such as worrying thoughts and a decline in the sense of one's capacity to manage issues and a reduction in the use of coping strategies (Hong, 2007). Individuals who have encountered an unceasing flow of ideas and visuals associated with unfavourable consequences have seen a decline in the use of coping mechanisms like using problem-solving techniques and pursuing social assistance. Additionally, it was discovered that rumination—or fixating on depressive symptoms—predicted a person's disengagement from using coping mechanisms (Hong, 2007). Thus, a crucial third element of the cognitive-behavioural paradigm is the connection between cognitive processes and behavioural reactions.

One of the main objectives of cognitive behavioural therapy is to recognize and confront harmful thought patterns and behaviours (CBT). While these methods might be beneficial for a large number of individuals, they might not adequately address the complex social dynamics and support systems required to sustain therapeutic improvements for young people attending Friendship Bench sessions. Rather than focusing solely on coping skills, these people could gain from therapies that also promote community involvement, supportive connections, and access to resources that can enhance their long-term mental health.

Cognitive behavioural therapy's primary tenet is cognitive restructuring, which comprises identifying and challenging maladaptive thought processes. During the counselling sessions, young people might have developed negative opinions about themselves, their circumstances, or their prospects for the future. In follow-up counselling sessions, CBT approaches can be utilized

to support individuals in recognising these maladaptive thought patterns and replacing them with more positive and adaptive ways of thinking. By treating cognitive distortions and promoting realistic thinking, cognitive restructuring can support the maintenance of the therapeutic gains achieved during the initial Friendship Bench sessions. A study that was carried out demonstrates the connection between sentiments and cognition. Research demonstrated that those with anxiety were more drawn to upsetting emotional stimuli and had trouble turning away from them. A further study that looked at the connection between emotional symptoms and cognition discovered that worry thoughts acted as a mediator in the interaction between having a pessimistic outlook on life and suffering from anxiety and depression (Merino et al., 2013). Thus, anxiety and sadness are influenced by cognitive processes. However, CBT gives social and environmental issues only a cursory glance. Cognitive behavioural therapy (CBT) focuses primarily on the relationship between an individual's beliefs, attitudes, and behaviours and their mental health.

A crucial element of cognitive behavioural therapy (CBT), which focuses on boosting enjoyable and rewarding activities, is behavioural activation. For young people who attend Friendship Bench sessions, follow-up counselling sessions can provide opportunities to talk about and apply behavioural activation approaches. Young people can learn to counteract the negative impacts of anxiety and sadness by engaging in activities that provide them a sense of accomplishment or self-worth. Through consistent reinforcement and support during follow-up sessions, behavioural activation can assist sustain the therapeutic improvements by promoting continuous engagement in worthwhile activities that improve their well-being. However, the problem with CBT in this case is that it depends on individual coping strategies.

CBT encourages the growth of problem-solving abilities so that challenges can be effectively handled. In order to sustain therapeutic advancement for youths attending Friendship Bench

sessions, follow-up counselling sessions may concentrate on enhancing the young people's ability to identify problems, generate potential solutions, and implement suitable coping strategies. Follow-up sessions can teach young people practical problem-solving skills like analysing the probable results and breaking difficulties down into manageable steps, which can help them maintain the gains acquired during the initial therapy while enabling them to traverse barriers on their own.

CBT does, however, address the risk that it overlooks cultural relevance and variety. Western psychology ideas and methods, which may not necessarily align with the cultural values, beliefs, and experiences of young people attending Friendship Bench sessions in the Kuwadzana 4 community or other settings, serve as the approach's underpinnings. This lack of cultural resonance may limit CBT's ability to sustain therapeutic gains in these youths. It is essential to consider the cultural context while designing treatment approaches to ensure that they are suitable for the diverse backgrounds and experiences of those seeking support. Because of this, mental health therapies can better support the long-term well-being of this population by addressing these deficiencies through a more comprehensive.

Consequently, follow-up counselling sessions which draw heavily from Cognitive Behavioural Theory—are crucial to sustaining therapeutic gains for young people who attend Friendship Bench sessions. By reiterating the ideas covered in the first therapy through cognitive restructuring, behavioural activation, and problem-solving strategies, follow-up sessions can support young people in their pursuit of improved mental health. Nevertheless, it's possible that CBT won't be able to offer this population long-term therapeutic advantages. Thus, this study will look at the variables influencing follow-up counselling sessions in order to preserve therapeutic benefits.

2.2 REVIEW OF LITERATURE

2.2.1 LEGAL FRAMEWORKS ON MENTAL HEALTH

This section elaborates the suggestions of the World Health Organization, The United Nations Convention on the Rights of the Child (UNCRC) and the mental health act (1996). These legal frameworks provide suggestions on the provision of mental health services among youths.

2.2.2 World Health Organization Mental Health Action Plan 2013-2020

According to the mental health action plan 2013-2020, it is based on the following principles and approaches. The first one being universal health coverage which is in accordance with the principles of equity, people with mental illnesses should be able to access necessary social and health services without running the risk of becoming impoverished. These services will help them recover and reach the best possible standard of health, regardless of their age, sex, socioeconomic status, race, ethnicity, or sexual orientation. The second one is about Human rights and it talks about the Convention on the Rights of Persons with Disabilities and other international and regional human rights agreements must be complied with by mental health policies, initiatives, and interventions for treatment, prevention, and promotion. To add on, there is evidence-based practice: While taking cultural factors into account, mental health methods and interventions for treatment, prevention, and promotion must be founded on best practices and/or scientific evidence. The fourth one, life course approach explained that health and social needs at every stage of the life course, including infancy, childhood, adolescence, adulthood, and older age, must be considered in policies, programs, and services for mental health. Multisectoral approach is the fifth principle. It emphasizes partnership with various public sectors, including health, education, employment, judicial, housing, social, and other pertinent sectors, as well as the private sector, as

suited to the nation's circumstances, is necessary for a thorough and coordinated approach to mental health issues. Lastly, empowerment of people with psychosocial disabilities and mental illnesses it is all about people with psychosocial disabilities and mental illnesses must to be given the ability to advocate for themselves and take part in mental health policy, planning, legislation, service delivery, monitoring, research, and evaluation. All these principles are supporting the provision of mental health services for all without side-lining youths.

Globally, a number of programs and organizations offer policies and frameworks for mental health treatments. Setting international guidelines for the promotion, prevention, and treatment of mental health is a major responsibility of the World Health Organization (WHO). There is a serious shortage of general and specialized health professionals in low- and middle-income nations who deal with mental health issues. With one psychiatrist serving at least 200,000 people on average, over half of the world's population resides in nations where the availability of other mental health professionals with training in the use of psychosocial therapies is even more limited (WHO,2010).In the same way, a far larger percentage of high-income nations than low-income nations report having policies, plans, and laws pertaining to mental health; for example, only 36% of residents in low-income nations are protected by mental health laws, compared to 92% in high-income nations (WHO, 2010).As a result, the study looked at how youth therapeutic gains have been maintained in Zimbabwe, one of the low-income nations.

2.2.3 The United Nations Convention on the Rights of the Child (UNCRC) 1989

On the African continent, mental health has been deemed a priority by the African Union (AU).The four major categories of principles, provisions, protection, and participation are used to group the 54 articles of the UNCRC. The UNCRC's tenets are non-discrimination, survival and growth,

respect for the child's opinions, and the child's best interests. These rights fall under the categories of participation, development, protection, and right to survive. While the mental health, well-being, and development of children are pertinent to all four of the aforementioned topics, many UNCRC articles particularly address these issues. Appropriate measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation was mentioned in Article 19. Article 23 states: a mentally or physically disabled child should enjoy a full and decent life, preventive health care and of medical, psychological and functional treatment of disabled children. Furthermore, Article 24 deals with the highest attainable standard of health and to the facilities for the treatment of illness and rehabilitation of health. This suggests that the Convention covers the rights of children and youth in greater detail. According to Article 23, a child who is physically or mentally challenged shall be able to live a complete and respectable life, get preventive healthcare, and receive medical, psychological, and functional assistance. Additionally, Article 24 pertains to the best possible quality of health as well as facilities for illness treatment and health rehabilitation. This suggests that the Convention covers the rights of children and youth in greater detail.

2.2.4 Mental Health Act (1996)

The main body of legislation pertaining to mental health in Zimbabwe is the Mental Health Act of 1996. The Mental Health Act is the main body of law governing mental health in Zimbabwe (Chapter 15:12). It has provisions on the care and treatment of people with mental illness as well as the rights to rehabilitation and treatment. This law outlines the rights and responsibilities of individuals with mental health conditions and establishes the Mental Health Review Tribunal to oversee mental health services. The provision of follow-up counselling sessions and the preservation of therapeutic gains for young people participating in counselling programs are not

specifically addressed by the act, nevertheless. The Mental Health Act of Zimbabwe has brought about improvements in mental health care; however, there remain gaps in the act's implementation and challenges in providing high-quality mental health services because of a variety of factors, including a shortage of mental health care workers. This gap can be examined in the study by utilizing the findings regarding the experiences and perceptions of young people so that policy makers can consider them when formulating and implementing policies.

2.3 Importance of follow-up counselling sessions.

For youths' general development and well-being, follow-up counselling sessions are essential. These sessions are intended to meet the requirements of young people and give them the assistance and direction they require. The researcher will review some of the studies done with existing literature and discuss on the importance of youth follow-up counselling sessions.

2.3.1 They help to maintain therapeutic gains.

Depression and anxiety among youths can be effectively reduced with follow-up counselling sessions. They enhance mental health and lessen anxiety and depression. Turkey University research demonstrates how counselling sessions support the maintenance of therapeutic gains. This is confirmed by a study by Buyruk Genc (2019), which showed encouraging outcomes in terms of enhancing mental health. The results also showed that those who attended counselling sessions reported major increases in their academic performance, mental wellbeing, and stress management, among other areas of their lives (Buyruk Genc, 2019). There are still certain knowledge gaps that need to be filled, even though the research that are already available offer insightful information about how follow-up counselling sessions affect the mental health of young people. For example, the researcher discovered that the majority of studies had been carried out in wealthy nations like Turkey, the Netherlands, and Italy, and that there was little study on the effects of follow-up

counselling sessions in low- and middle-income nations. In light of this, it became clear that research was needed to determine the role of follow-up counselling sessions for young people who attend Friendship Bench sessions in the Kuwadzana 4 community.

2.3.2 They help improve overall functioning and quality of life for clients.

Follow-up counselling sessions are essential in one's life as they improve the quality of life. The same study conducted by Buyruk Genc et al., (2019) examined the effectiveness of online counselling for university students in Turkey supports that counselling sessions help to improve overall functioning and quality of life for clients. The study found that participants who received online counselling sessions reported similar improvements in their quality of life as those who received face to face counselling. These findings suggests that online counselling may be a viable option for individuals who cannot access traditional counselling due to geographical constraints. The online option assist in the improvements of overall functioning and quality of life of the clients. Based on the fact that there is limited research on the effectiveness of follow up counselling sessions for young people, this study sought to investigate whether such sessions improve overall quality of life of youth attending Friendship Bench sessions in Kuwadzana 4 community in Zimbabwe. If this is not the case, the study will explore other potential benefits through the objective number 2 which is about the experiences and perceptions of youths.

2.3.3 They provide better educational outcomes.

Literature reviewed on the importance of follow-up counselling sessions through different studies have showed that follow-up counselling sessions results in better educational outcomes. There is a complex relationship between psychological distress and academic difficulty can be both the cause and result of psychological distress, thereby yielding a reflective problem (Yamada et al., 2014). A study conducted in United Kingdom showed found that 80.2% of 5537 students from

University considered counselling to have been helpful , these responses shows that counselling was the most significant factor, an important factor or one of many factors on each academic outcomes (Wallace, 2012). It was discovered that in terms of academic impact, students perceived on average, lower impact of problems on thoughts of leaving university than their ability to study or overall student experience. Therefore, the study utilised objective number 2 to understand if the follow-up counselling sessions among youths have an impact on educational outcome.

2.4 Factors influencing follow-up counselling sessions

2.4.1 Socio-economic status

Socio-economic status determine whether one can attend follow-up counselling sessions or not. The Socio-economic status contains the reasons for and against attending counselling sessions. Most of the developing countries allocate very low budgets for mental health. People from low income countries are more likely to attend public mental health system and tend to dropout (Jokela et al, 2013). The effort that is being put on by low income countries is very low as compared to high income countries. According to WHO (2013),South Africa devoted 2.7% of its health budget to mental health care, more than twice that of Uganda, and many other low to middle income countries . This is less than high income nations, such as United Kingdom, which uses 10.8% of its health budget to mental health. (Flisher et al 2019). All these studies are just supporting that people from lower socio economic backgrounds have less access to quality mental health services due to their socio economic status.

Thus people will end up not attending all the follow up sessions. For instance, if there is small budget on mental health, there can be limited infrastructure which also is a prerequisite for confidentiality during counselling sessions. Against such a background, the lack of research on how socioeconomic status influences access to follow-up counselling services specifically in

sustaining therapeutic gains among youths in Kuwadzana 4 community. The studies focused on how socio economic influence mental health in general. Thus, there was need for the researcher to utilize objective number 1 finding factors that influence follow-up counselling sessions. Therefore, study points to the need for strategies that are specifically tailored to address the unique needs of individuals from Kuwadzana 4 community.

2.4.2 Stigma associated with mental issues.

People are disturbed by various things in life which can hinder them from attending follow-up counselling sessions. For instance, youths are more vulnerable to the influence of stigma associated with mental issues.

Mental health stigma is defined as negative thoughts, beliefs and biased behaviours towards individuals with mental health challenges or those receiving mental health services (Pederson et al., 2020). Kaushik et al.'s (2016) systematic review on mental health stigma towards children and youth found that when young people hold a viewpoint blaming those with mental-ill health, they are more likely to keep a distance from a young person with a mental health condition. Another study by Ferriea (2022), support that stigma acts as a barrier to youths in seeking mental health assistance. According to a systematic review on psychological outcomes of youths' mental health stigma, self-stigma can aggravate a young person's mental health conditions (Ferriea et al., 2020). Additionally, researchers found that, in American youths, internalised stigma mediates the relationship between psychosis and subjective quality of life (Akouri-Shan et al., 2022). However, the study failed to identify on how to reduce mental health stigma in youths. Schools have been identified as important sites to deliver mental health and well-being campaigns (Moore et al., 2022). Thus, the researcher found it important to utilise objective number 2 on the factors that influence follow-up counselling sessions in sustaining therapeutic gains among youths attending

Friendship Bench sessions. The researcher found that there is need to identify if these European studies can also apply in Zimbabwean context and specifically to the youths who attend Friendship Bench follow-up counselling sessions. If that is the case, with objective number 3, the study will find how stigma around mental health can be reduced.

2.4.3 Cultural sensitivity

Cultural beliefs and traditional therapeutic methods may shape how people in Africa, including Zimbabwe, view mental health issues. Certain cultures may not view mental health problems as medical conditions, but rather as spiritual or paranormal occurrences. As a result, people could start to avoid going to follow-up counselling sessions and instead turn to traditional healers or other alternative forms of therapy. Culture affects how people perceive the world, communicate their feelings, and handle difficult circumstances (Eshun & Gurung, 2009). This is due to the fact that culture serves as the prism or model through which reality is constructed, understood, and interpreted (Marsella, 2003).

He goes on to emphasize that certain cultural traditions, notably those found in Western nations, have an assumption about selfhood that plays a role in the link between culture and depressed experience. Furthermore, Marsella (2003) noted the idea that certain Western cultures might respect personal independence. Therefore, there is a strong correlation between experiencing sadness or other mental health issues and having personal control. However, disagreeable consequences of personhood differ since non-Western cultures emphasize non-personal control and selfless servitude to family (Maercker et al., 2015).

People who are depressed in Zimbabwe are said to commonly attend general health services with a variety of depressive symptoms, and when their disease is severe, they consult traditional care

providers due to an extreme shortage of primary mental health care facilities (Liang, 2016). Most of the time, general practitioners are said to treat depression's symptoms without treating the underlying cause, which results in a cycle of chronic suffering when symptoms repeat (Liang, 2016). African traditional healers attribute mental health issues to supernatural causes, and occasionally mental disease is linked to witchcraft. Regretfully, because of its connection to evil forces, this claim causes stigmatization and prejudice against a person (Kajawu et al., 2015).

Cultural sensitivity is necessary since people hold varying views on mental health, and the majority of Africans think that mental health is related to supernatural forces. In order to develop a knowledge of cultural sensitivity, the researcher conducted interviews with lay health practitioners to investigate the factors that impact follow-up counselling sessions and the maintenance of therapeutic gains.

2.5 Strategies to strengthen follow-up counselling sessions.

Efforts to find specific coping strategies applied by counsellors improve the follow up session was successfully done. This is because various challenges in Follow-up counselling sessions are being faced from global level up to local level, thus a lot of studies have been conducted prior to the topic of counselling sessions. This study looked at the various studies pointing out the limitations or the literature gap and how it can be covered by the current study. Obviously there are loopholes since it was there is no any other study that specifically focus on Kuwadzana 4 community .Therefore, this study will focus on that area on how they strengthen the follow-up sessions. The strategies found include providing access to support groups and Peer Networks, encourage family involvement, and utilize technology to enhance communication and access .Finally to enhance training and Continuing Education for Counsellors.

2.5.1 Enhance training and Continuing Education for Counsellors.

The skill and efficacy of professionals in the counselling sector are greatly dependent upon the quality of their training and ongoing education. Five European nations; Germany, France, Spain, Italy, and the Netherlands had their counsellor training methods examined in a study conducted by Schmidt et al. (2022). Although the training requirements in various countries are similar, there are still significant variances, according to the research. For instance, Spain has the most flexible training structure and the fewest needed training hours, whereas Germany has the most regimented training standards and the highest number of training hours. While there is still some diversity throughout countries, the study's overall findings indicate that counsellor training in Europe is becoming more standardized.

The aforementioned study by Schmidt et al., (2022) supports the findings of the Tsikati's (2018) study which found that counsellor training is essential to delivering quality counselling services. It emphasizes how crucial it is to fund counsellors' professional development in order to guarantee that they have the abilities and information required to assist those in need. Therefore, the purpose of this study is to investigate how the issue of counsellor training impacts young people in the Kuwadzana 4 community who have follow-up counselling sessions.

2.5.2 Utilize Technology to Enhance Communication

Communication and information access are two areas of our life where technology has significantly impacted our rapid advancement in recent years. Many tools and platforms that could assist in connecting individuals with information have been created as a result of this, mostly in areas like Zimbabwe and Africa. The topic of how to use technology to enhance communication has been studied. The number of people using the internet worldwide has increased, with an estimated 4.9 billion users in 2020 or around 63% of the world's population according to an ITU

research published in 2021. Moreover, the number of mobile broadband subscriptions has increased significantly, with the ITU (2021) reporting that it reached 7.1 billion in 2020. This suggests a global trend toward increased technology adoption and information accessibility. There is still a significant gap in the availability and use of technology in Africa, particularly in rural areas, even if the continent is becoming more technologically literate. According to a World Bank report from 2021, just 19% of people who live in rural areas can use the internet, compared to fewer than half of all people. According to the report, in order to reduce the digital divide, governments and other stakeholders should increase their investments in infrastructure and talent development. Africa's continued decline in internet usage is another evidence, even in spite of a notable rise in global usage.

Only about 35% of Africans could use the internet, according to the 2021 ITU study, despite a 63% global internet penetration rate. With only about 41% of the population able to connect, Africa also has the lowest percentage of mobile broadband subscriptions. These findings suggest that a great deal of effort remains to be done to close the digital divide in Africa. Therefore, the purpose of this study is to find out how youth in the Kuwadzana 4 area are using technology to improve their mental health.

2.5.3 Provide Access to Support Groups and Peer Networks

Access to support groups and peer networks is a critical aspect of mental and emotional well-being. According to Students minds (2014), peer support programs are mostly needed for university students, where challenges with loneliness and isolation are well recognized. These groups and networks provide individuals with opportunities to share experiences, receive guidance, and develop a sense of belonging. In England, trained peer support groups students without necessarily having a lived experience were examined (Byrom et al., 2018). According the study conducted by

Byrom et al. (2018), university students measuring the acceptability and impact of the volunteer peer support program through six weeks sessions. This study supports that students with lower mental health were more likely to complete the course, and there was an improvement in mental health for those who attended regularly. However, the researcher utilized third objective to understand if the peer support groups are also crucial to youths 'mental health specifically for those who attend Friendship Bench sessions.

2.5.4 Encourage family involvement.

Research on family engagement in counselling has been conducted in a number of nations and areas worldwide. Families can influence young people with mental health issues in a good or bad way. In light of the detrimental effects, families may serve as a source of prejudice or support, according to Mahomed et al. (2019). In addition, he says that while family support can be material or psychological, moral support was found to be a significant motivator for sick relatives. According to research published in 2016 by the Canadian Mental Health Association, peer support guides were provided to families of young people in Canada who were experiencing mental health issues. This highlights the importance of family involvement in youth therapy sessions. The Canadian Mental Health Association, British Columbia Division, supplied them. These studies were conducted in European nations; as a result, they might not apply to African nations due to disparate environmental or cultural contexts. Therefore, it is imperative that this study investigate family engagement and gain an understanding of the relevance of include families in follow-up counselling sessions, particularly in the Kuwadzana 4 community.

2.6 CHAPTER SUMMARY

This chapter presented cognitive Behavioural Theory and was used for as the guiding framework for this study. Further on, this chapter reviewed mental health policy and other policy frameworks associated with mental health issues at global level, regional and in Zimbabwe. It also presented a literature review which highlighted the gaps in research on the factors influencing follow up counselling sessions, experiences and perceptions of youths on follow up sessions and the strategies that can be employed to strengthen the counselling follow up sessions. The next chapter delves into the research methodology.

CHAPTER 3

RESEARCH METHODOLOGY

2.0 INTRODUCTION

The research approach that used to gather data for the study is informed by this chapter. The study's focus for this chapter was on the targeted population, study location, sampling techniques, research approach, research design, sample size, and ethical considerations. The research methodology holds great significance for the entire study since it offers insight into the precise procedures used and the reasoning behind them. This chapter will conclude with a summary.

This chapter informs the research methodology used to collect data for the study. For this chapter, the study focused on the research approach, research design, sampling techniques, sample size, study location, targeted population and finally ethical considerations. The research methodology is very important to the overall research because it provide an understanding of the specific steps

taken to conduct the research, as well as the rationale behind it. Finally, this chapter will provide a summary.

3.1 RESEARCH APPROACH

A qualitative research approach was used by the researcher. The researcher investigated young people's perceptions based on their experiences by using qualitative methodology. For this study, qualitative research is an appropriate approach as it allowed for the examination of the perspectives and experiences of young people who were completed Friendship Bench sessions. Additionally, it revealed the underlying causes and impacts that are difficult to measure or quantify and offered a deep and comprehensive understanding of the function that counselling sessions play in maintaining therapeutic improvements for young people who attend Friendship Bench counselling sessions. Furthermore, open-ended, in-depth interviews can be used in qualitative research, as they are more successful at capturing people's own thoughts and experiences. This is particularly crucial when researching sensitive topics like mental

3.2 RESEARCH DESIGN

The researcher used a case study as a research design method for the study. The case study approach was significant as it allowed for a thorough examination of a particular context in this case, the Kuwadzana 4 community. The case study approach provided a more nuanced understanding of the impact of follow-up sessions in maintaining therapeutic gains in an understudied area. It made it feasible to examine the experiences of the young people in the community in great detail, something that a more quantitative approach would not have enabled. Instead of concentrating only on the results, using a case study provided for a more comprehensive understanding of the role of follow-up counselling sessions.

3.3 STUDY SETTING

Kuwadzana 4 community in Harare, ward 15 was the researcher's area of study. Kuwadzana 4 polyclinic is one the most active council clinic in Kuwadzana on providing problem solving therapy (counselling). Friendship Bench organisation offers counselling sessions in clinics, community and online. Therefore, the researcher realised that at Kuwadzana polyclinic more youths are going there for counselling. Thus, the researcher's study area became Kuwadzana 4 community and data collection was easy as the key informants were also from Kuwadzana community near the clinic.

3.4 TARGET POPULATION

The study's primary informants were Lay Health Workers (counsellors) and youths receiving counseling from the Friendship Bench organization. Given their firsthand knowledge, the researcher focused on youths and Lay Health workers to determine the role of follow-up counseling sessions in maintaining therapeutic gains among youths in Kuwadzana 4 community.

3.5 SAMPLING

Sampling is a process of selecting a sample. "A sample is a segment of the population that is selected for investigation", (Bryman, 2012: 187). For this study the researcher used non-probability sampling techniques to select participants.

3.5.1 SAMPLING TECHNIQUES

3.5.2 PURPOSIVE SAMPLING

Purposive sampling, a form of non-probability sampling, was used in this study to select individuals based on specific characteristics that were pertinent to the investigation. Youths who have attended Friendship Bench counselling sessions and the Lay Health Workers who administer

the services are the participants in this purposive sampling context. This would guarantee that the study's focus would be on the particular interest group and that the findings would be relevant to the study.

3.5.3 SNOWBALL SAMPLING

Additionally, the study included snowball sampling, in which individuals who fulfilled the eligibility requirements were found during the research and suggested other possible participants in order to obtain information on the role of follow-up counselling sessions in maintaining therapeutic gains among youths. The reason snowball was utilized was that the program's target group was a certain subset of teenagers in general, and it was challenging to reach them because of things like stigma, program ignorance, or limited access. The participants' reluctance to take part in research was also influenced by worries about privacy and confidentiality. Since snowball sampling made it possible to identify and recruit participants through already-existing networks, it was a suitable strategy for this study.

3.5.4 SAMPLE SIZE.

Based on the target, the study considered 12 people for data collection and 2 of them were key informants. Key informants are people who are knowledgeable and having the information that other participants do not have. For the people who participated in the Focus Group Discussion, they were 6 from the targeted population for data collection. They volunteered to share their ideas collectively. The study intentionally included a smaller number of only 12 participants due to the sensitivity of the topic of mental health, challenges in recruiting participants because of stigma and confidentiality concerns, potential reluctance of individuals to engage in research due to distrust in the process or researchers, and the focus on a specific subgroup, such as youths receiving counselling for depression, which limited the number of participants.

3.6 DATA COLLECTION TECHNIQUES.

The researcher used in-depth interview, focus group discussion and key informants interview to have an understanding of the research problem. The use of a combination of in-depth interviews, focus group discussions, and key informant interviews provided a more complete and comprehensive understanding of the research problem. In-depth interviews provided a detailed understanding of the individual experiences and perspectives of participants. Focus group discussions provided a deeper understanding of the shared experiences and perspectives of a group of participants. Key informant interviews provided an insight into the views and perspectives of individuals who have specialized knowledge of the research topic. Using a combination of these methods helped to ensure that all relevant perspectives are considered and that the research is more robust and credible.

3.6.1 DOCUMENTARY SEARCH

The study to be successfully done required secondary data. The study utilised secondary data to get the in-depth information from the documents that were already published. The documentary search that was utilised includes the mental health action plan 2013-2020 and the mental health Act 1996.

3.6.2 DATA COLLECTION TOOLS.

3.6.2.1 IN-DEPTH INTERVIEW GUIDE

The study focused on individual interviews with youths who have attended Friendship Bench sessions and have received follow-up counselling. Open-ended questions were used to gather qualitative data, allowing participants to share their experiences, challenges, and perceptions of the role of follow-up counselling on sustaining therapeutic gains. Interviews allowed for the

collection of rich and detailed data, which provided a more in-depth understanding of the research topic.

3.6.2.2 FOCUS GROUP DISCUSSION GUIDE

The study utilized the focus groups with youths who have participated in Friendship Bench sessions and received follow-up counselling sessions. The reason behind using Focus group discussions for this study was to allow for the exploration of multiple perspectives and experiences, which is important for understanding the diverse experiences of youths who have completed Friendship Bench sessions.

3.6.2.3 KEY INFORMANTS INTERVIEW GUIDE

Key informants guide were used to collect data from the Lay health workers. Key informants have specialized knowledge and expertise on the topic of Friendship Bench sessions, which helped to provide context and insight into the research findings. Also, they offered first-hand accounts and perspectives that were not available from other sources.

3.7 DATA ANALYSIS

The study utilized thematic analysis which involves identifying and analysing recurring themes, patterns, or concepts in the qualitative data. Data was presented through thematic or conceptual frameworks by organizing the findings around key themes or concepts that emerged from the analysis. Thematic analysis helped to uncover the underlying patterns and relationships in the data, and to develop a more nuanced understanding of the topic. By organizing the findings around key themes or concepts, the research presented the findings in a way that is accessible and meaningful for the reader. Additionally, thematic analysis allowed for the identification of both common and unique themes within the data, which provided a more complete picture of the research topic. The

findings presented these themes or concepts in a structured manner and explained how they relate to the research topic or objectives.

3.8 ETHICAL CONSIDERATIONS.

Ethical considerations are those factors that must be taken into account to ensure that research is conducted in an ethical manner (Rubin & Babbie, 2019). This study considered the psychological, social, emotional factors around the participants. The researcher was making sure client's rights were not being violated and safe. Following are the ethical considerations that the study considered right from the beginning up to the end of the research.

1. **Informed consent** - the researcher sought consent first from the targeted population by explaining how the research was to be conducted, all steps and what role were they going to take in the study. The researcher made it clear that it is the right of participants to terminate whenever they are no longer feel comfortable with the research.

2. **Confidentiality**- The researcher ensured the participants that confidentiality is guaranteed, meaning their information was not to be disclosed without their consent. However, the researcher made it clear that the information provided by the participants was for academic purposes. Thus, the researcher told the participants that pseudo names were to be used to protect them and the information that they disclosed.

3. **Avoiding harm**- The study was conducted without causing any harm to the participants, be it psychological or physical harm. The study provided a safe space for the participants to share the information for the study.

4. **Privacy**- Pseudo names were used to protect the privacy of the clients. Their information was kept for academic use of only.

5. **Justice-** The research was conducted in a fairly manner, it was conducted with upholding the principle of acceptance, without discrimination or any forms of side-lining other groups.

3.9 DELIMITATION OF THE STUDY

The study was set to Kuwadzana 4 community which is the best area for the researcher to collect data for youths attending Friendship Bench sessions. This is because Kuwadzana 4 polyclinic is one of the branch for counselling services provision by Friendship Bench. It was easy for the researcher to collect data in that area. Also, the researcher's key informants are the residents of Kuwadzana 4 community. Also, it is the area she worked at during her period of attachment at Friendship Bench organisation. The researcher was knowledgeable of the study which made it easy for data collection process and reaching out to the participants.

3.10 LIMITATION OF THE STUDY

Financial constraints is one of the challenges that was faced. The researcher needed financial resources for data collection. The researcher had to travel from Mashonaland Central, Chiweshe to Harare west, Kuwadzana 4 community for data collection. She also had to make phone calls to contact the clients received follow up clients at Friendship to come for data collection. Since there was no funding for the study, the researcher had to provide the required data for the study topic.

The time frame for the research was very limited to the extent that it affected the targeted population. Data collection was be done during the school days which made it difficult for the researcher to reach the targeted population (youths) .This is because some of the youths were busy with their school work since it was around the beginning of a new term. Also, the rain season affected the researcher in collecting data as it was difficult to reach the target population. However, the researcher used different modalities for data collection.

3.11 CHAPTER SUMMARY

This chapter included the research approach as well as the research design adopted for this study. The research strategy and design used for this study were covered in this chapter. This chapter also included the sample size, participant selection procedures, and sampling methodology. This chapter highlights the data collection and analysis techniques that was used for the study. This chapter also covered the study's limitations and delimitations, as well as the ethical considerations that was used in it.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

This chapter focused on the data presentation, analysis and discussion of the research findings from Kuwadzana 4 community. Data collection was done through in-depth interviews, focus group discussions and key informants interviews. Data from the lay health workers was presented in

Shona then the researcher translated to English language. However, the youths provided the information in English. This chapter applied a comparative analysis on the research findings and past researches to identify similarities and differences. The findings were organised in themes and subthemes. There were in line with the objectives which were to identify the factors that influence the follow up sessions in sustaining therapeutic gains, assessing the experiences and perceptions of youths on the usefulness of follow up sessions in sustaining therapeutic gains among youths and to suggest possible improvements to strengthen follow up counselling sessions in sustaining therapeutic gains among youths. Descriptive approach will be utilized to convey the results.

4.1 Factors that are influencing follow-up counselling sessions among youths attending Friendship Bench sessions.

The study proved the importance of follow-up counselling sessions in people's lives. Nonetheless, the study found that certain variables are influencing the ability of youths attending Friendship Bench sessions to maintain therapeutic benefits during follow-up counselling sessions. The main factors influencing follow-up counselling sessions in maintaining therapeutic benefits among young people attending Friendship Bench sessions were found to be social support, self-motivation, stigma, gender, and the therapeutic connection. The following sub-themes presented and addressed these noteworthy effects.

4.1.1 Social support

Analysing factors that influence follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions in Kuwadzana 4 community is the primary goal of the study. The study discovered that youths in the Kuwadzana 4 community benefit from follow-up counselling sessions in maintaining their therapeutic benefits. According to the study,

several participants indicated that social support is essential to the development of follow-up counselling sessions. The following excerpts supported these conclusions.

“When i got someone to share my problems with it lessened my burden as well as reducing depression that alone improved my mental health.” (**Participant 2**)

“The support I received from my friends and family after attending the Friendship Bench sessions helped me to be committed and feel better.”(**Participant 3**)

“The encouragement from my friends and family made me feel more confident in my capability to manage my mental health and attend the counselling sessions.”(**Participant 4**)

The results of the study indicate that for young people who attend Friendship Bench sessions, social support is essential to the success of follow-up counselling sessions. The study discovered, in particular, that social support from friends, family, and neighbours contributes to the maintenance of the therapeutic progress achieved in counselling sessions. The study's conclusions emphasized the value of social support for counselling and mental health, especially for young people who attend Friendship Bench meetings. This is consistent with CBT's tenets, which highlight how important social support is to improving therapy results. Behavioural activation, goal-setting, and problem-solving are some of the approaches used in CBT, and a supportive social network can help. Moreover, the results align with the wider body of research on mental health interventions, indicating that social support plays a crucial role in encouraging treatment adherence and augmenting therapeutic outcomes. Young people's mental health issues may be prevented or attenuated by increasing perceived social support, which is thought to be comparable to decreasing loneliness (Mann & Solmi, 2018). The clients stressed the importance of having someone to talk

to and knowing that they actually care about their well-being, based on their responses. This aspect is closely related to CBT, a well-known therapeutic strategy for a range of mental health issues. In cognitive behavioural therapy (CBT), the therapeutic relationship between the patient and the therapist is essential for developing open communication, trust, and emotional support all of which enhance the efficacy of treatment (Beck, 1976). The study came to the conclusion that social support helps young people's mental health outcomes and keeps therapy gains intact.

4.1.2 Self-motivation

One new element that has been a major influencer in the realm of follow-up counselling sessions is self-motivation. Although external factors have always been the focus of counselling, recent research suggests that internal drive is a significant component in determining how follow-up sessions go. As a result, young people in the Kuwadzana 4 community who participated in friendship sessions have learned that persistence of therapeutic gains in subsequent counselling sessions is dependent on self-motivation. The following excerpts corroborate the findings: What the attendees said was as follows:

“I realized that I change and well-being falls in my hands, and that pushes me to attend the follow- up counselling session’s regularly.” (**Participant 1**)

“Knowing that i have power to make positive changes in my life keeps me engaged and eager to continue with counselling.” (**Participant 3**)

“For me, self-motivation plays a big role in how i engage with the follow-up counselling sessions. So when i see the improvements in my mental health, it drive me to continue attending and putting in the effort.”(**Participant 4**)

Youth's findings highlight how self-motivation drives their participation in follow-up counselling sessions. According to the study's findings from the in-depth interviews, encouraging beneficial changes in mental health requires self-motivation. Their dedication to continuous therapy makes a big difference. They acknowledge that they are ultimately responsible for their own success and well-being, which serves as a strong incentive to keep going to follow-up counselling sessions and making the necessary efforts to bring about positive changes. Their sense of agency and control over their own life is the foundation of this self-motivation. The participants' answers are consistent with and helpful for the growth of self-motivation. CBT assists in fostering a sense of self-efficacy and willingness to engage in beneficial behavioural changes by educating people to identify and challenge harmful ideas (Beck, 2011). In order to reduce psychological discomfort, cognitive behavioural therapy (CBT) focuses on recognizing and changing harmful thought patterns and behaviours. It gives people the ability to take an active role in their own healing. Autonomous motivation is linked to improved treatment outcomes in psychological therapies, according to Ng et al. (2011). The researcher came to the conclusion that youths' participation and attendance in follow-up counselling are significantly influenced by their level of self-motivation.

4.1.3 Stigma associated with mental health

According to the study's findings, participants identified stigma as an additional factor influencing follow-up counselling sessions. Many participants voiced fear that if they talked candidly about their issues with mental health, they would be stigmatized as mentally ill. When people seek care for their mental health issues, they frequently experience shame, embarrassment, or judgment as a result of this stigmatization. What the participants said was as follows:

“I overheard some of my classmates talking about how only crazy people go for counselling sessions. It made me doubt if i should continue with the sessions because they stopped talking to me and that’s why i dropped the sessions before they finish.”

(Participant 1)

“I feel like people judge me when they know i keep on going to counselling sessions. It's like they think something is wrong with my mind and that makes me hesitate to keep coming back.”**(Participant 4)**

The results derived from the participant narratives underscore the noteworthy influence of stigma on people's attendance at counselling sessions. The experiences that young people recounted demonstrated how stigma prevents them from getting mental health care, which causes session dropouts, or the early end of sessions. This is consistent with the research by Ferriea (2022), which suggests that stigma prevents young people from obtaining mental health services. It may be contended that the replies provided by the participants also reveal any internalized stigma they may be experiencing. Similar to participant 4, people with self-stigmatizing views frequently experience feelings of shame, embarrassment, or judgment when they seek mental health care. Furthermore, participant 1's comments are consistent with a study by Kaushik et al. (2016) that explains how stigma around mental health affects children and young people, leading them to blame those who suffer from mental illnesses and to avoid young people who are struggling with mental health issues. Regarding the consequences for policy, the Mental Health Action Plan 2013-2020 of the World Health Organization supports the necessity of destigmatizing mental health illnesses and advocates for the introduction of anti-stigma campaigns and laws to shield people from prejudice. By addressing the issues raised by the participants, these rules seek to foster a

more encouraging and welcoming atmosphere (Corrigan & Penn, 2015). As a result, the researcher came to the conclusion that, in order to address stigma and motivate people to seek out and keep advocating for policies that foster an inclusive and supportive environment, comprehensive anti-stigma initiatives and tailored therapeutic approaches are necessary.

4.1.4 Client- counsellor relationship

Counselling benefits greatly from supportive relationships, especially for young people in the Kuwadzana 4 community who have participated in Friendship Bench sessions. This explores the personal accounts offered by the individuals involved in the situation, emphasizing the significant influence of developing a relationship with their counsellor. One of the participants said:

“The empathy showed by the counsellor created a safe space to address difficult situations. This sense of safety and acceptance inspired me to keep going with my counselling sessions.” **(Participant 5)**

The above view point was in line with one of the key informant who said that:

“Zvinoitika ndezvekuti isu wazukuru wedu pawanouya tinowagamuchira nemawoko mawiri, hatiwanenedzere mumatambudziko awanenge wasanganika nawo zvino izvi zvinoita kuti wanzwe kusununguka kutaura nhunha dzawo dzese uye kuda kuramba wachidzoka kuhurukuro.” meaning what happens is that when our clients come we give them a warm welcome ,we do not judge them for their actions so this will make them feel comfortable opening up about their struggles and encourage them to keep on coming for counselling sessions). **(Key Informant 2)**

The results of the research highlight how transformative supportive relationships can be in counselling. The success of counselling sessions is significantly influenced by the client-counsellor relationship, especially when it comes to youths, as indicated by the reactions of the participants. The establishment of a relationship between a client and an LHW has the potential to greatly improve the client's motivation, engagement, and general well-being. The development of a strong therapeutic alliance is the link between CBT and a supportive relationship. In CBT therapies, positive outcomes are predicted by a strong therapeutic connection. It has long been acknowledged that the therapeutic alliance is essential to adult and paediatric psychotherapies (Labouliere, Reyes, Shirk & Karver, 2017). These results emphasize the value of supportive networks in raising the efficacy of evidence-based treatments such as cognitive behavioural therapy (CBT). According to the Presidential Task Force of the American Psychological Association, the therapeutic relationship is a broad concept that includes working together on certain therapeutic activities, having congruence, and having shared goals (Noyce & Simpson, 2018). The study came to the conclusion that improving youth participation, well-being, and mental health outcomes can be achieved by incorporating supportive relationships into counselling practices and policies.

4.1.5 Gender of the mental health care provider

Based on the participants' response, gender influences follow-up sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. Their responses underscores the significance of creating a safe and comfortable environment for open dialogue in therapy. It suggests that the presence of a female therapist may limit the young man's willingness to fully express himself due to concerns about being understood or judged. The participants shared:

"Being a guy, I have realised that the advice and support I got from the female counsellor are helpful, but mostly i felt like they were not fully understanding some of the challenges. Having a male therapist might make it easier to relate on certain issues." (**Participant 3**)

"Mmmm inini ndakawona sekuti wazukuru wechikomana awa kunyanya mizera midiki iyi haisi kusununguka kutaura matambdziko awo wese kuneni mbuya. Wamwe wari kutoguma wabvunza kuti mbuya hapana here munhurume wekuti ndokurukure naye matamvudziko andiri kusangana nawo." meaning mmmm as for me i have realised that our clients especially youths, are not feeling comfortable to open up their problems to me as a female counsellor. Some of them are ending up asking if they can get a male counsellor so that they can share their problems. (**Key informant 2**)

According to the aforementioned research, men frequently indicate a preference for male therapists because they think these professionals would have a greater understanding of the particular problems that men experience. Levant, Hall, and Rankin's (2013) study provides evidence to support this viewpoint, showing that male clients of male therapists felt more progress and reported higher levels of pleasure. One such framework for therapy that is tailored to a patient's gender is cognitive behavioural therapy (CBT). CBT can be tailored to address the unique issues male teenagers' encounter, with a focus on examining norms around masculinity, refuting unhelpful ideas, and encouraging constructive coping mechanisms. CBT therapies can assist young males in discovering more healthful coping mechanisms by fostering emotional expression and emotional intelligence. Based on the participants' responses, the researcher came to the conclusion that gender-specific therapy may be beneficial in easing participants' fears and fostering a more genuine and transparent therapeutic relationship.

4.2 The experiences and perceptions of youths on the usefulness of follow-up counselling session in sustaining therapeutic gains.

The results of the study proved how beneficial follow-up counselling sessions are for helping youths maintain their therapeutic benefits. This was found by the study through focus group discussions and in-depth interviews with the youths about their experiences and opinions regarding the value of the sessions. Unusual and talked-about experiences and perspectives in later sub-themes included improvement of school performance, boosting self-esteem, emotional support, prevention of relapse, addressing new concerns consolidation of progress and support.

4.2.1 Improvement of school performance.

The responses shared by the youths provide valuable insights into the positive impact of follow-up counselling sessions on their academic performance. These responses highlight the benefits of counselling interventions in terms of stress management, focus enhancement, and increased motivation. The participants from the Focus Group had this to say:

"Aaaamm, with what i have experienced during my follow-up counselling sessions, i can say it helped me to manage my stress and allow me to focus better on my studies."

(Participant 3)

"For me, since attending the all the Friendship Bench counselling sessions, the coping strategies i learned during counselling have positively impacted my academic performance." **(Participant 4)**

"Personally, one of the key benefits i have experienced from the follow-up counselling at the Friendship Bench is a noticeable enhancement in my school performance. I feel more motivated and capable of handling academic challenges." **(Participant 5)**

These results demonstrate the critical role counselling plays in promoting people's mental health and wellbeing, especially for young people who frequently experience a variety of pressures during their academic careers. The results show that counselling has improved people's ability to manage stress, which has enhanced academic achievement. This discovery is consistent with the goals and tenets of numerous frameworks and policies that support mental health in educational environments. To assist students' well-being and academic achievement, for example, the United Nations Educational, Scientific, and Cultural Organization (UNESCO) highlights the significance of offering comprehensive guidance and counselling services (UNESCO, 2015).

The theory of cognitive behavioural therapy (CBT), which tries to recognize and alter maladaptive thought patterns and behaviours so that people can create more flexible coping mechanisms, has been connected to increases in academic achievement. By encouraging constructive cognitive remodelling and resolving pessimistic thought patterns. CBT can improve focus and attention, which will benefit students' academic performance (Khanna & Kendall, 2010). The research findings indicate that including mental health support services, such counselling, within educational environments is crucial for promoting student achievement. Through addressing youth psychological well-being, educators and politicians may establish an atmosphere that supports both academic success and general well-being.

4.2.2 Self esteem

The responses provided by youths who have participated in problem-solving therapy at the Friendship Bench in Zimbabwe specifically living in Kuwadzana 4 community, highlight the positive impact of the intervention on their self-esteem. The responses highlight a shift from a lack of assertiveness and self-belittlement to a newfound appreciation for oneself and a more positive

perspective on personal abilities and achievements. These changes in self-perception and the ability to value oneself indicate an enhancement in self-esteem. From the Focus Group Discussion participants said:

“I never used to speak up much, but through the ongoing counselling sessions, i have noticed an improvement in my self-esteem.” (**Participant 2**)

“You know what, I used to put myself down, but now, after the follow up counselling sessions, I find it easier to appreciate who i am and what i can achieve.” (**Participant 4**)

The research mentioned above demonstrates how problem-solving therapy has assisted young people in gaining the self-assurance and abilities necessary to communicate more successfully. This shows that a change in perspective brought about by problem-solving therapy has enhanced their sense of self-worth and acceptance. Chibanda et al. (2016) conducted an evaluation of the Friendship Bench intervention's efficacy in Zimbabwe. The study showed that participants' general mental health, anxiety, and depression significantly improved. It is plausible to deduce that the noted improvements in assertiveness and self-worth that the young people experienced correspond with the favourable results recorded in this investigation. Chibanda et al.'s (2019) assessment of the literature emphasizes the beneficial effects of the Friendship Bench intervention on a number of outcomes, such as empowerment and self-esteem. The study highlights how problem-solving therapy's goal-oriented, cooperative approach helps people see themselves more positively and recognize and value their accomplishments and abilities. Additionally, the integration of mental health services into primary healthcare is prioritized under Zimbabwe's Mental Health Policy (2019–2023). It highlights how important it is to use evidence-based treatments to treat mental health issues. The youths' favourable reports of their viewpoint and sense of self-worth are consistent with the goals of the policy. Thus, the researcher came to the conclusion that the youth

answers suggested that attending follow-up counselling sessions at the Friendship Bench counselling sessions had improved their self-esteem.

4.2.3 Emotional support

It is pointed out in this study that youths who attend Friendship Bench follow-up counselling sessions perceive the provision emotional support as another usefulness of follow-up counselling sessions. The responses provided by the youths regarding the emotional support received during follow-up counselling sessions shed light on the importance of creating a safe space for emotional expression and the role of empathetic counsellors in facilitating this process. One of the participants from in-depth interviews said:

"The Friendship Bench counsellors provided a safe space for me during my follow up counselling sessions, then managed to express my emotions and receive the emotional support i needed." **(Participant 1)**

The other client said that:

"The Friendship Bench counsellors have been extremely supportive and understanding during my follow-up sessions. Their empathetic approach of using empathetic statements such as its ok to cry and its ok not to be ok has allowed me to explore my emotions freely."
(Participant 4)

The study's findings highlighted how crucial emotional support is in follow-up counselling sessions for youths. Having compassionate counsellors and establishing a secure environment for emotional expression are essential to giving these people the support they require. Counselling sessions become more holistic and effective in fostering the well-being and emotional development of the young people participating when emotional needs are identified and addressed.

The availability of a secure space for honest emotional expression provided by Friendship Bench counsellors (LHWs) is consistent with mental health frameworks and policies that stress the need of fostering inclusive and encouraging environments. For instance, the creation of community-based support networks and the integration of mental health services into basic healthcare are given top priority under Zimbabwe's 2019 mental health.

The Friendship Bench counselling supports the implementation of mental health frameworks and is in line with these policy objectives by providing a secure location for people to freely express their emotions. Richards et al. (2016) found that clients who received higher levels of emotional support from their therapists had better treatment outcomes and sustained improvements in their mental health over time. The study compared the cost and outcome of behavioural activation versus cognitive behavioural therapy for depression. The Friendship Bench counsellors' empathetic and cognizant approach is indicative of their application of cognitive-behavioural therapy (CBT) principles, which highlight the significance of building a solid therapeutic alliance and offering clients validation and empathy (Chibanda et al., 2016; Chibanda et al., 2019). Therefore, the researcher came to the conclusion that emotional support raises engagement and contributes to long-term therapeutic.

4.2.4 Prevention of relapse

Preventing relapse is a critical aspect of supporting individuals in their recovery journey as it was discovered by two different participants in a Focus Group Discussion. Participants discovered that by providing ongoing support through follow-up counselling session, relapse can be minimized, promoting long-term sobriety and well-being. The participants from Focus Group Discussion said:

"The follow-up counselling sessions that i attended with the of the friendship Bench counsellors gives me a sense of purpose and helps me avoid falling back into old habits."

(Participant 3)

"According to my own point of view, follow-up sessions are essential as they keeps me focused on my recovery and avoiding challenges that can lead to my old life."

(Participant 5)

The study's findings, which the youths contributed on their experiences and opinions of follow-up counselling sessions in preventing relapse, emphasize the critical function that these sessions play in assisting people on their road to recovery. They stress that these discussions provide them a feeling of direction and prevent them from reverting to their previous routines. This is consistent with CBT principles because follow-up sessions are essential for retaining clients' attention on their recovery and for strengthening the techniques and abilities they acquire throughout therapy (Beck, 2011). Individuals can learn and practice appropriate coping methods, recognize triggers and high-risk circumstances, and create relapse prevention plans by incorporating techniques like cognitive behavioural therapy (CBT) into these sessions. Based on the aforementioned data, the researcher deduced that follow-up sessions provide a secure and encouraging setting where people can confront obstacles, acquire new skills, and maintain concentration on their healing process, resulting in enhanced general welfare and continued sobriety.

4.2.5 Addressing new concerns

The responses provided by the youths during the in-depth interviews shows that follow-up counselling sessions play a crucial role in ensuring sustained therapeutic gains and addressing new concerns that may arise during the course of therapy. The following participants shed more light on how they perceive the value of follow-up counselling sessions.

"Hmmm, i can say that follow up counselling sessions they focus on addressing new issues which helps me sustain mental health help i have achieved from the initial session."

(Participant 1)

"OK, the usefulness of follow-up counselling sessions is shown by its ability to address new concerns that can emerge during the counselling sessions"

The aforementioned results highlight the importance of follow-up counselling sessions in promoting ongoing development and addressing new issues. These sessions assist in maintaining the therapeutic improvements made in earlier therapy, which lowers the risk of relapse. Moreover, the capacity to tackle new challenges guarantees that people obtain prompt support in managing changing obstacles, averting them from worsening or incapacitating. According to Beck (2011), this therapeutic approach's evidence-based basis is supported by the incorporation of CBT principles into follow-up counselling sessions. The goal of CBT is to address maladaptive beliefs and behaviours; this, along with ongoing evaluation and treatment plan modification, improves the efficacy of follow-up sessions. The researcher comes to the conclusion that follow-up sessions are essential for ensuring that people receive the help they need to maintain their mental health because they offer continuous support, track progress, and address changing issues.

4.3 Improvements to strengthen follow-up counselling in sustaining therapeutic gains among youths.

The results from the study highlighted areas of improvements to strengthen follow-up counselling sessions. The study yielded some strategies that can be done through Focus group discussions, in-depth interviews and key informant interviews. Improvements that were discovered to strengthen follow-up counselling sessions are as follows; leveraging technology to enhance communication, giving clients personalized homework, prioritizing peer groups, professional development and supervision, family involvement and finally emphasizing psychoeducation.

4.3.1 Leveraging technology to enhance communication

The findings from the participants' feedback highlight the need for technological advancement to enhance communication and engagement in counselling sessions. The participants expressed that providing more cell phones to counsellors would facilitate improved communication and enable the delivery of talk therapy effectively. One of the key informants said:

“Yaaa inini hangu ndofunga kuti vakuru vedu vekubhenji vanofanira kutiwedzerawo mafoni kuti titaure nevazukuru pawhatsApp. Vamwe vazukuru vanotadza kuwana mukana wekuzodzoka kusession asi ukamutsvaga pafoni unotokurukura naye.” meaning yaaah, i think our supervisors from Friendship Bench have to provide more cell phones for us to enhance communication through WhatsApp. Some clients find it difficult to report to follow-up counselling sessions but through cell phones we can provide the talk therapy online. **(Key informant 1)**

The other participants from the Focus Group Discussions shared that:

“Using technology like messaging apps for quick check-ins between sessions keeps clients connected to counsellors, its important and it needs emphasis.” **(Participant 2)**

“When clients receive reminders through WhatsApp platform or phone calls it can keep them engaged in the follow up counselling sessions.” **(Participant 4)**

According to one of clients from the aforementioned research, staying in touch with their counsellors is facilitated by using messaging apps for brief check-ins in between sessions. This suggests that having the option to communicate via texts outside of planned sessions helps sustain a connection to the therapeutic process and offer a sense of continuous support. This might be especially helpful for clients who might have trouble getting to in-person sessions or who encounter obstacles while trying to attend frequent follow-up counselling appointments. These results imply that utilizing cell phones and messaging apps to use technology can improve the counselling process. It can improve communication, offer continuing assistance, and reaffirm the need of follow-up meetings. Counsellors have the ability to close access gaps and enhance client involvement with the use of these technological tools, which could result in better therapeutic outcomes.

The results above are corroborated by Naslund et al. (2016), who said that although accessibility is still questionable, mobile phones contribute in the fight against stigma and discrimination. Technology can, in fact, assist them in tracking clients' development, enhancing the therapeutic

alliance, and giving information to counsellors and clients alike. Technology is emphasized in the (WHO) Mental Health Action Plan (2013-2020) as a means of removing obstacles to mental health treatment, especially for underprivileged groups (WHO, 2020). However according to key informant 1's reaction, there isn't much technology use in Africa, which is consistent with ITU's findings from 2021. According to the 2021 ITU study, only roughly 35% of Africans have access to the internet, despite the fact that 63% of people worldwide were online. Furthermore, only 41% of people in Africa have access to mobile internet, making it the continent with the lowest subscriber rate. These results imply that much more work has to be done to close the digital divide in Africa. The study came to the conclusion that mental health professionals could improve therapy outcomes by using these digital technologies to preserve client connections, promote continuing support, and emphasize the value of follow-up sessions.

4.3.2 Giving clients Personalized homework

Based on the participants' responses, when clients express difficulty in responding to questions or topics discussed during counselling sessions, assigning homework can be a beneficial strategy to encourage further reflection and research. By giving clients tasks that require them to delve deeper into the subject matter, they have the opportunity to explore their thoughts and feelings more thoroughly, leading to a more informed and insightful discussion during follow-up sessions. One of the key informants said:

“Mmm kuti hurukuro dzedu dzisimbisweka, tinofanira kutopa vazukuru homework kuti varambe vachifunga nezvatinenenge tambokurukura navo. Mmm to strengthen the follow-

up sessions counselling sessions, we are supposed to give homework to our clients so that they will remain on track pertaining the previous session.”(**Key informant 1**)

The other participant from the Focus Group Discussion said:

"Some of the things that I got asked in the sessions are difficult for me to know how to reply, I think if they give me a task to go back and research then will come back with answers would work." (**Participant 3**)

The research mentioned above demonstrates how homework assignments can act as a link between sessions, giving clients the freedom to assimilate knowledge at their own speed and come back to the sessions with a deeper comprehension and clarity. Research projects can assist clients in gathering pertinent data, taking into account various viewpoints, and developing thoughtful answers to the topics that are asked during treatment sessions. Moreover, by actively including clients in their treatment process, homework assignments can empower them. It promotes critical thinking, introspection, and personal development outside of the therapeutic setting. When clients have particular tasks to accomplish in between sessions, they may feel more committed to and engaged in the counselling process. The idea of assigning homework to clients is supported by the CBT theory.

Cognitive Behavioural Therapy (CBT) places significant emphasis on collaborative therapy, active learning, and skill practice in and out of the therapy setting (Dobson & Dobson, 2021). In CBT, homework frequently consists of tasks like reading books, filling out worksheets, or running experiments to reaffirm therapeutic ideas. The study came to the conclusion that giving homework

to clients during counselling sessions can be a useful tactic for encouraging accountability, skill development, continuity between sessions, and client engagement.

4.3.3 Prioritizing peer support groups

The responses from the participants, both youths and the key informants (counsellor from Friendship Bench) showed that Peer support groups, such as the Circle Kubatana Tose (CKT) groups at the Friendship Bench, play a crucial role in mental health journeys by providing individuals with a safe space to share their challenges and successes with others who can empathize and understand their experiences. These groups offer a sense of community and belonging, which can be incredibly comforting for individuals facing mental health challenges. By prioritizing and supporting the CKT groups, there is an opportunity to sustain these valuable peer support networks and prevent them from dissolving.

“Pano tagara tine Circle-Kubatana Tose (CKT) group, group iri rinosangana wose wanenge wabatsirwa pano pabhenji kuti wakurukure wachiudzana zvawakasangana nazvo uye tichisimbisana. Mafungiro angu ndeekuti tikoshese magroup iwaya asaparare sezviri kuita mamwe kune dzimwe nzvimbo.” Meaning we already have CKT groups at Friendship Bench, which gives clients a safe space to share their experiences, so what i think we have to prioritize these CKT groups so that they will not dissolve like other CKT groups in other places). (**Key informant 2**).

"I think having strong peer support groups is crucial for our mental health journey. It's so important to have a safe space where we can share our challenges and successes with others who understand." (**Participant 1**)

“As for me, i believe that peer support groups can make a difference in how we cope with mental health challenges. Actually it feels good to know that we are not alone and that there are others who are going through a lot too.” **(Participant 2)**

The above participants' results demonstrate how beneficial peer support groups are for enhancing mental health outcomes. The CKT groups have played a crucial role in establishing secure environments where clients can establish connections, exchange experiences, and obtain assistance from like-minded persons. How people handle their mental health issues can be greatly impacted by this sense of solidarity and common understanding. The aforementioned answers are consistent with Students Mind (2014), which says that peer support groups are mostly necessary for university students who are dealing with issues like loneliness and isolation. These networks and groups give people the chance to learn from one another, get direction, and feel like they belong.

This is in line with Byrom's (2018) findings that individuals who consistently attended mental health services had improvements in their mental health. Through giving the CKT groups top priority within the Friendship Bench program, it is acknowledged how crucial it is to preserve these peer support networks in order to guarantee that people will always have access to a safe space where they may freely share their successes and challenges. The aforementioned answers are consistent with Students Mind (2014), which says that peer support groups are mostly necessary for university students who are dealing with issues like loneliness and isolation. Maintaining these groups can help participants' mental health in the long run by building resilience, lowering feelings of loneliness, and enhancing general wellbeing. The study came to the

conclusion that in order to sustain robust peer support networks that provide people with a secure environment in which to discuss their experiences with mental health with others who can relate, it is critical to prioritize and emphasize the Circle Kubatana Tose (CKT) groups within the Friendship Bench program. The sessions for follow-up counselling will benefit from this.

4.3.4. Professional development and supervision

The responses from both the counsellors and youths explains that there is a unanimous agreement on the significance of professional development and supervision in the counselling process. Both of them are supporting professional development and supervision for the betterment of the following up counselling sessions.

“Sezvo tawawanhu wechikuru kudayi tinokoshiwa zvimwe, zvakanaka chaizvo kuti wakuru wedu wekubhenji warambe wachiringa kuti tiri mugwara here uye warambe wachitibatsirawo zvimwe zvinodiwa pakubatsira wazukuru wedu.” meaning since we are of old age, we tend to forget other concepts, it will be good if our supervisors from Friendship Bench organise supervision and help us develop professionally. **(Key informant 2)**

“Knowing that our counsellors are continuously improving their skills gives us confidence in the counselling sessions and it helps us feel more supported you know.”**(Participant 5)**

The preceding study demonstrates how both viewpoints emphasize the benefits of investing time and energy to professional growth and supervision for counsellors as well as their clients. It fosters assurance, trust, and commitment in the therapeutic alliance, which eventually improves the outcomes for young people seeking counselling assistance. The counsellor understands that

ongoing skill development through professional development not only promotes personal growth but also guarantees that young people receive high-quality counselling services. This dedication to continuing Lear Research by Stallard et al (2019) demonstrates how successful CBT is in treating mental health issues in young people. Counsellors can stay current on the newest CBT procedures, refine their application of CBT principles, and modify interventions to fit the unique needs of young clients through continual professional development and supervision (Stallard et al., 2019). Thus, continuing professional development and obtaining supervision not only indicates a commitment to the field but also improves therapist competency, gives clients trust in the therapeutic process, and creates a supportive environment.

4.3.5 Family involvement

During the Focus Group discussions and the key informant interviews, another sub theme to strengthen follow-up counselling sessions emerged from the participants' responses. Most of the youths and counsellors emphasized the issue of family involvement in counselling sessions. One of the key participants said:

“Ndofunga hangu kuti tikambotiwo mhuri dzavo dziziviswe zvinosangana nevana vavo zvinogona kubatsira kuti vavatsigirewo .Vamwe vana matambdziko avari kusangana nawo anenge achitodawo vanhu vekumba kuti vazive vobatsiridza pakuchengetedza vana.”
meaning i think involving family in follow up counselling sessions could help them understand what they are going through and how they can support them. Some of the problems faced by the youths they need family involvement so that they can assist with their safety. (Key informant 1)

One of the participants from the in-depth interview supports the above view by saying that:

“Well, including our families in counselling sessions can make me get all the support i need the counselling sessions.”(**Participant 1**)

The above study demonstrates that it can be advantageous for families to participate in counselling sessions in addition to the young people getting therapy. Participating in follow-up counselling sessions with the teenagers' family might help them gain a better understanding of the problems they are encountering and how to support them. For the young people involved, this cooperative approach may result in better outcomes and greater mental health overall. Moreover, it is evident that families who engage in counselling sessions learn about the difficulties that their loved ones are facing. This knowledge can promote compassion, dialogue, and a nurturing atmosphere at home. Family members can become more cohesive parts of the youth's support network by learning helpful ways to help and encourage them during the mental health journey.

Participant 1's statement above supports the theory put forth by Mahomed et al. (2019), according to which families can serve as sources of support. The answers above are further evidence that family members can actively participate in the healing process, provide emotional support, and have a say in treatment decisions (Haine-Schlagel, 2019). Furthermore, the engagement of the family in counselling sessions might be connected to CBT theory. It has been demonstrated that family-based CBT is beneficial in treating mental health conditions, especially in youths. In order to improve treatment outcomes and address relational dynamics, this approach involves family members actively participating in therapy sessions (Fristad et al., 2021). Families can influence young people with mental health issues in a good or bad way. In light of the detrimental effects, families may serve as a source of prejudice or support, according to Mahomed et al. (2019).

4.3.6 Emphasizing psychoeducation

Based on the responses of the participants, another emerging factor for the improvement of follow-up counselling is emphasizing psychoeducation. They showed that it plays a crucial role in strengthening client engagement during follow-up counselling sessions. By providing ongoing education and information about mental health conditions such as depression, counsellors can empower their clients with knowledge that can enhance their understanding and participation in the therapeutic process. One of the key informants said:

“Inini hngu ndingangoti hongu tagara tinoita psychoeducation kuvazukuru vedu kana vauya kuhurukuro asi zvinoda kuti tirambe tichisimbira kuita psychoeducation kuti varambe vachiwanika kuhurukuro.” meaning as for me i can say yes we already do psychoeducation when we conduct our counselling sessions but there is need for emphasizing on it to strengthen our client's engagement during the follow-up sessions.

(Key informant 1)

“Semacounselor dai taramba tichiita psychoeducation kuti vazukuru vedu vawane ruzivo rwakakwana nezvekufungisisa, izvi zvinobatsira muhurukuro dzatinenge tichiita navo zvozobatsiridzawo pakuti vanzwisise.” meaning as counsellors, we need to keep on doing psychoeducation so that our clients will be knowledgeable about depression, this will help in the follow-up counselling sessions as they will have a better understanding. **(Key informant 2)**

As the aforementioned findings demonstrated, clients can benefit greatly from counselling and follow-up sessions that have a strong emphasis on psychoeducation, particularly when illnesses like depression are being addressed. Counsellors can enable clients to actively participate in their

own mental health care by giving them a better awareness of their disease, symptoms, triggers, and available treatments. Psychoeducation is essential in helping clients construct a foundation of knowledge during first counselling sessions. It aids in their comprehension of the signs and symptoms of depression, which can result in earlier intervention and more effective coping mechanisms. Additionally, dispelling myths and stigma related to mental health concerns can be accomplished by teaching clients about the nature of depression. This aligns with Beck's perspective regarding the importance of psychoeducation, which CBT frequently includes as a fundamental element.

Teaching clients about the cognitive and behavioural components of their condition enables them to comprehend the reasoning behind therapeutic interventions and promotes their active involvement in the treatment process (Beck et al., 2019). The researcher came to the conclusion that during follow-up sessions, reinforcing psychoeducation can further improve client engagement and progress. This is because clients who are well-informed about their condition are more likely to follow treatment plans, participate actively in therapy, and take steps towards self-management. This enhanced engagement can result in improved outcomes concerning symptom management, relapse prevention, and overall health.

4.4 CHAPTER SUMMARY

This chapter outline the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. Study findings were presented in themes in this chapter, study findings include the factors influencing follow-up counselling sessions, experiences and perceptions of youths on the usefulness of follow-up counselling sessions in sustaining therapeutic gains among youths and the improvements to strengthen the follow up

counselling sessions. The literature relating to follow-up counselling sessions was utilized and CBT was also utilized as the theoretical framework to analyse the findings.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 INTRODUCTION

This section provided the summary, conclusion and implications of the findings to Social work. It also provided the recommendations of the study all based on the research findings linked to research objectives.

5.1 SUMMARY OF FINDINGS

The summary of findings shall be discussed as per objectives which were as follows; to identify the role of follow up counselling session in sustaining therapeutic gains, to assess the experiences and perceptions of youths on the usefulness of follow up counselling session in sustaining therapeutic gains and to suggest possible improvements to strengthen follow up counselling session in sustaining therapeutic gains.

The first objectives intended to identify the role of follow up counselling session in sustaining therapeutic gains. Factors such as social support, client counsellor relationships and self-motivation emerged as positive influences on follow-up counselling sessions. These were explained by the participants as the factors which fuelled the follow-up counselling sessions that they attended. Other factors such as gender of the mental health care provider and stigma proved to be the hurdles of conducting follow-up counselling sessions among youths. With gender, clients

do not feel more comfortable and stigma cause embarrassments and reduce self-esteem which leads to counselling sessions drop out. Above all, anything negative can impede youths in attending Friendship Bench sessions in sustaining therapeutic gains.

The second objective was to assess the experiences and perceptions of youths on the usefulness of follow up counselling session in sustaining therapeutic gains. The results of the study proved how beneficial follow-up counselling sessions are for helping youths maintain their therapeutic benefits. From the study findings the youths perceived follow-up counselling sessions as they prevent relapse and address new concerns. From the youth's experiences, it was discovered that youth experienced emotional support, boosting of self-esteem and improvement in school performance. All these shows the participants agreed that follow-up counselling sessions have a positive impact in sustaining therapeutic gains among youths attending Friendship Bench. They all supported with the benefits they got from the follow-up counselling sessions.

The third objective aimed to suggest possible improvements to strengthen follow up counselling session in sustaining therapeutic gains. Youths and the Friendship counsellors expressed their views on the improvements to strengthen follow-up counselling sessions. Based on the findings, counsellors suggested that utilizing technology can improve their communication with the youths on follow-up counselling sessions. They also noted that it is crucial to prioritize giving homework to their clients to boost their self-esteem and promoting client self-determination. Giving clients homework can also support the client centered approach which is the cornerstone of Friendship Bench Problem Solving Therapy (PST) as it requires clients to contribute more and the counsellors they only facilitates. The study discovered that the counsellors emphasizing the issue of providing psychoeducation to the clients to equip them with the mental health knowledge.

5.2 CONCLUSIONS OF THE STUDY

The research was focusing on the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench. Based on the summary of findings discussed above, for the first objective it can be concluded that follow-up counselling sessions are essential in sustaining therapeutic gains among youths. It can be concluded that the youths are much benefiting from the role played by the follow-up counselling in their therapeutic gains. All this were assisting in the progression of counselling sessions and maintaining therapeutic gains among youths.

Based on the second objective, it can be concluded that follow-up counselling sessions can be influenced by positive and negative factors. The positive factors being good client counsellor relationship, self-motivation and providing social support to the clients. All these helps in the progression of follow-up counselling sessions and results in sustaining youth's therapeutic gains. However, it was also revealed that gender and stigma can lead to premature termination of follow-up counselling sessions among youths. The study findings on the experiences and perceptions of youths on follow up counselling sessions can be concluded that conducting sessions with the clients of opposite sex can limit the client's comfortability and stigma which lead to self-doubt and limits youth's attendance to counselling sessions. Overallly, follow up counselling sessions are affected in two way, either positively where sessions are fuelled or negatively which leads to premature termination.

Finally, the third objective on suggesting the possible improvements to strengthen follow up counselling sessions revealed that there are improvements can be useful in strengthening the follow-up counselling sessions. It can be that the counsellors emphasizing the issue of providing psychoeducation to the clients to equip them with the mental health knowledge. The study also

brought out that both counsellors and youths suggested prioritizing peer support groups and family involvement so that the youth will get emotional, social and psychological support during their mental health journeys.

However, the issue of family support, the researcher concluded that some of the family members do not support their children and this have a negative impact on the children's mental health. To add on, Emphasizing psychoeducation, and professional development can improve youths' and counsellors' knowledge respectively so that they can have good quality sessions and get accurate results by achieving the clients' goals.

5.3 IMPLICATIONS TO SOCIAL WORK PRACTICE

This study focused on the role of follow-up counselling sessions in sustaining therapeutic gains among youths. To the field of social work practice this study points to contribute to social work in research methods. This will help in the improvement of social workers knowledge base on the specific challenges faced by youths who attend follow-up counselling sessions. Therefore, it will support social networking which involves the collaboration of social workers and other stakeholders in maintaining therapeutic gains among youths.

Based on the study findings, one of the factor which impede youths in attending follow-up counselling sessions is stigma. Hence on, Social workers should strive to create a stigma-free environment and educate the public about mental health issues. Education should be provided to the youths attending follow-up counselling sessions, High school and college students, family members and the community at large.

Through group and community work methods, social workers can intervene and provide counselling and therapy to the youths who that get stigmatized by the societies. Social workers as

they uphold the value of justice, they should also advocate for the marginalized young people as those living with disabilities and mental health challenges.

Follow-up counselling sessions also allow social workers to track the progress of the youths over time. By assessing their development, identifying areas of improvement, and addressing any setbacks, social workers can tailor their interventions to meet the evolving needs of the clients. Based on the study findings which revealed that the follow up sessions prevents relapse and address new concerns, social workers can provide monitoring and evaluation to ensure the progression of follow-up counselling sessions in sustaining therapeutic gains among youths.

5.4 RECOMMENDATIONS

Based on the research findings pertaining the factors influencing follow-up counselling sessions, the experiences and perceptions of youths on follow-up counselling sessions and the improvements to strengthen follow-up counselling sessions, recommendations were made to youths attending Friendship Bench sessions, family members, Counsellors, Friendship Bench Organization, Government and future researchers. The recommendations are as follows:

5.4.1 Recommendations for the youths attending Friendship Bench counselling sessions.

- The study findings revealed that youths are facing stigma upon their attendance to follow-up counselling sessions. It also showed that they are ended up being given names with their colleges and it pushed them to drop out counselling sessions. Against such a background, the study encourages youth in Kuwadzana 4 community attending Friendship Bench sessions to engage in self-care practices such as meditation and relaxation techniques.

- The study also recommends educating the youths so to avoid mental health myths such as, "people going for counselling sessions are crazy."

5.4.2 Recommendations for Family members.

Based in the findings of the study, it was discovered that family involvement was suggested both by youths and counsellors as an improvement to strengthen follow-up counselling sessions. Thus, the researcher recommends that family members should provide emotional support and encouragement to their children undergoing counselling sessions to help them maintain their therapeutic gains.

- The researcher also suggests that family members should educate themselves on mental health issues to better understand the challenges their children might be facing, in order to provide them with effective support during follow-up counselling sessions.

5.4.3 Recommendations to Friendship Bench organization and the government.

- The mental health act of 1996 offered support for mental health services, but it lacked provisions for follow-up counselling and addressing the specific challenges that young people face. Hence on, the government should develop policies that cater to the unique obstacles youth encounter when seeking mental health services, including stigma.
- Building upon existing mental health frameworks such as the 1996 act, the researcher recommends that it is essential to establish a comprehensive mental health system that includes follow-up counselling and tailored interventions to meet the diverse needs of young people in the Kuwadzana 4 community and beyond.
- Additionally, in order to cater to participants who may feel uncomfortable sharing their concerns based on gender, Friendship Bench should consider training male counsellors. By

training both grandmothers and male counterparts, up to the age of 58, the organization can ensure a balanced and effective support system for all individuals seeking assistance.

5.4.4 Recommendations for Social workers

- The research revealed that issues like stigma and gender can hinder young people from attending follow-up counselling sessions. Therefore, the researcher suggests that social workers should work with Friendship Bench Organization and families to identify obstacles to follow-up counselling and develop ways to address these challenges.
- Despite the findings, the Mental Health Act 1996, UNCRC 1989, and the WHO mental health action plan 2013-2020 do not address the factors that prevent youths from attending follow-up counselling, their unique difficulties, and the importance they place on counselling sessions. Therefore, the researcher recommends that social workers advocate for policies that specifically address these concerns.

5.4.5 AREA OF FUTHER STUDY

Acceptability and feasibility of online counselling session among youths. A case in Kuwadzana 4 community.

5.5 CHAPTER SUMMARY

The chapter provided a summary of findings, conclusions of the findings and the implications to social work practice. It also provided the recommendations that can be useful to strengthen and support the progression of follow-up counselling sessions in sustaining therapeutic gains.

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APPENDIX A: LETTER FROM BINDURA UNIVERSITY OF SCIENCE EDUCATION TO CONDUCT THE RESEARCH

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BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 20/01/24

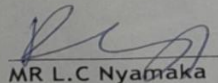
TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

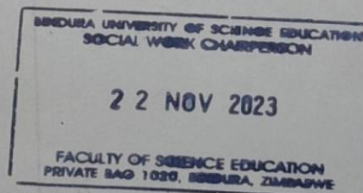
This serves to introduce the bearer, Nomatter P Mzeve, Student Registration Number B200517B, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully


MR L.C Nyamaka

Acting Chairperson - Social Work



APPENDIX B: APPROVAL LETTER FROM FRIENDSHIP BENCH ORGANISATION TO CONDUCT THE RESEARCH



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

15 February 2024

TO WHOM IT MAY CONCERN

Permission Letter for Nomatter P Nzeve's Study at the Friendship Bench

This letter serves as formal notification that Nomatter P Nzeve, 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 "The role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. A case of Kuwadzana 4."

The study aims to explore the role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. 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

APPENDIX C: INFORMED CONSENT FORM

Consent for participation in the research titled: The role of counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions. A case of Kuwadzana 4 community.

All participant information will be kept confidential, and the results will only be utilized for academic purposes. Be certain that all information will not be disclosed to anyone. The research study will use pseudo names for protecting participants' information. It is voluntary to participate in this study and whenever you feel uncomfortable you are allowed to withdraw without any consequences.

Consent: If you agreed to the conditions of the study and willing to take part in the study, may you put your signature below.

Signature of participant.....Date.....

Signature of researcher.....Date.....

APPENDIX D: In-depth interview guide

My name is Nomatter P. NZEVE, a student at Bindura University of Science Education, where I am studying towards a Bachelor of Science Honours Degree in Social Work. As part of my studies, I am conducting a study on the topic of "The role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions in Kuwadzana 4 community." All participant information will be kept confidential, and the results will only be utilized for academic purposes.

Biographical information of the participants

Position	
Sex	
Age	
Level of education	
Number of sessions attended	
Online /physical sessions	

Section A: Factors influencing follow-up counselling sessions in sustaining therapeutic gains

1. What makes follow-up counselling sessions effective in sustaining therapeutic gains?
2. What barriers prevent youths from attending follow-up counselling sessions.

3. What factors influence the decision to continue with follow-up counselling sessions?

Section B: Experiences and perceptions of youths on the usefulness of follow-up counselling sessions.

4. How did you feel about the confidentiality of your counselling sessions?
5. What did you dislike about your follow-up counselling sessions?
6. What is the most difficult part of follow-up counselling sessions in your own experience?
7. How has your experience of follow-up counselling sessions changed overtime?
8. What did you find most beneficial about follow-up counselling sessions?

Section C: Recommendations for strengthening follow-up counselling in sustaining therapeutic gains among youths

9. What are some potential strategies or approaches that could be implemented to encourage more youths to actively engage in follow-up counselling sessions for sustained therapeutic benefits?
10. Which areas of improvements that needs to be dealt with to strengthen the follow-up counselling sessions.

THANK YOU!

APPENDIX E: Focus group discussion guide

My name is Nomatter P. NZEVE, a student at Bindura University of Science Education, where I am studying towards a Bachelor of Science Honours Degree in Social Work. As part of my studies,

I am conducting a study on the topic of "The role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions in Kuwadzana 4 community." All participant information will be kept confidential, and the results will only be utilized for academic purposes.

Biographical information of the participants

Position	
Sex	
Age	
Level of education	
Number of sessions attended	
Online /physical sessions	

Section A: Factors influencing follow up counselling sessions in sustaining therapeutic gains

1. What resources did you find the most helpful in sustaining therapeutic gains among youths?
2. How did the structure of follow-up counselling sessions affect your sessions (frequency, duration)?
3. What resources did you find the most helpful in sustaining therapeutic gains among youths?
4. What skills did you gains from the follow-up counselling sessions?

Section B: Experiences and perceptions of youths on the usefulness of follow up counselling sessions

5. How do you believe follow-up counselling sessions contribute to sustain the therapeutic gains made during the Friendship Bench sessions?
6. How do Follow-up counselling sessions are adequately addressing the mental needs of youths in the community?

Section C: Improvements for strengthening follow up counselling sessions in sustaining therapeutic gains among youths.

7. What are your expectations or desired outcomes from attending follow-up counselling sessions?
8. What do you think about the integration of technology in follow-up counselling sessions

THANK YOU!

APPENDIX F: Key informants interview guide

My name is Nomatter P. NZEVE, a student at Bindura University of Science Education, where I am studying towards a Bachelor of Science Honours Degree in Social Work. As part of my studies, I am conducting a study on the topic of "The role of follow-up counselling sessions in sustaining therapeutic gains among youths attending Friendship Bench sessions in Kuwadzana 4 community." All participant information will be kept confidential, and the results will only be utilized for academic purposes.

Biographical information of the participants

Position	
----------	--

Sex	
Age	
Working experience	
Number of sessions conducted	
Online /physical sessions	

1. What makes youths a target of the mental health disorders?
2. What do you think is the most important thing to consider when providing follow-up counselling sessions?
3. How do you build rapport with your clients?
4. What are some challenges you have faced in providing follow-up counselling sessions among youths?
5. What do you do if someone have suicidal adhesions?
6. What recommendations would you make to improve the implementation and effectiveness of follow-up counselling sessions in sustaining therapeutic gains among youths?

THANK YOU!