BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENTOFSOCIAL WORK

BARRIERS AND ENABLERS FOR YOUNG PEOPLE IN ACCESSING MENTAL HEALTH SERVICES. A CASE STUDY OF THE YOUTH FRIENDSHIP BENCH

BY

SITHABISO DADE MAHOFA

B213011B

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SUPERVISOR: MR SADOMBA

A dissertation submitted to Bindura University of Science Education, Faculty of Social Sciences and Humanities, Department of Social Work, in partial fulfilment of the requirements for the Bachelor of Science Honours Degree in Social Work.

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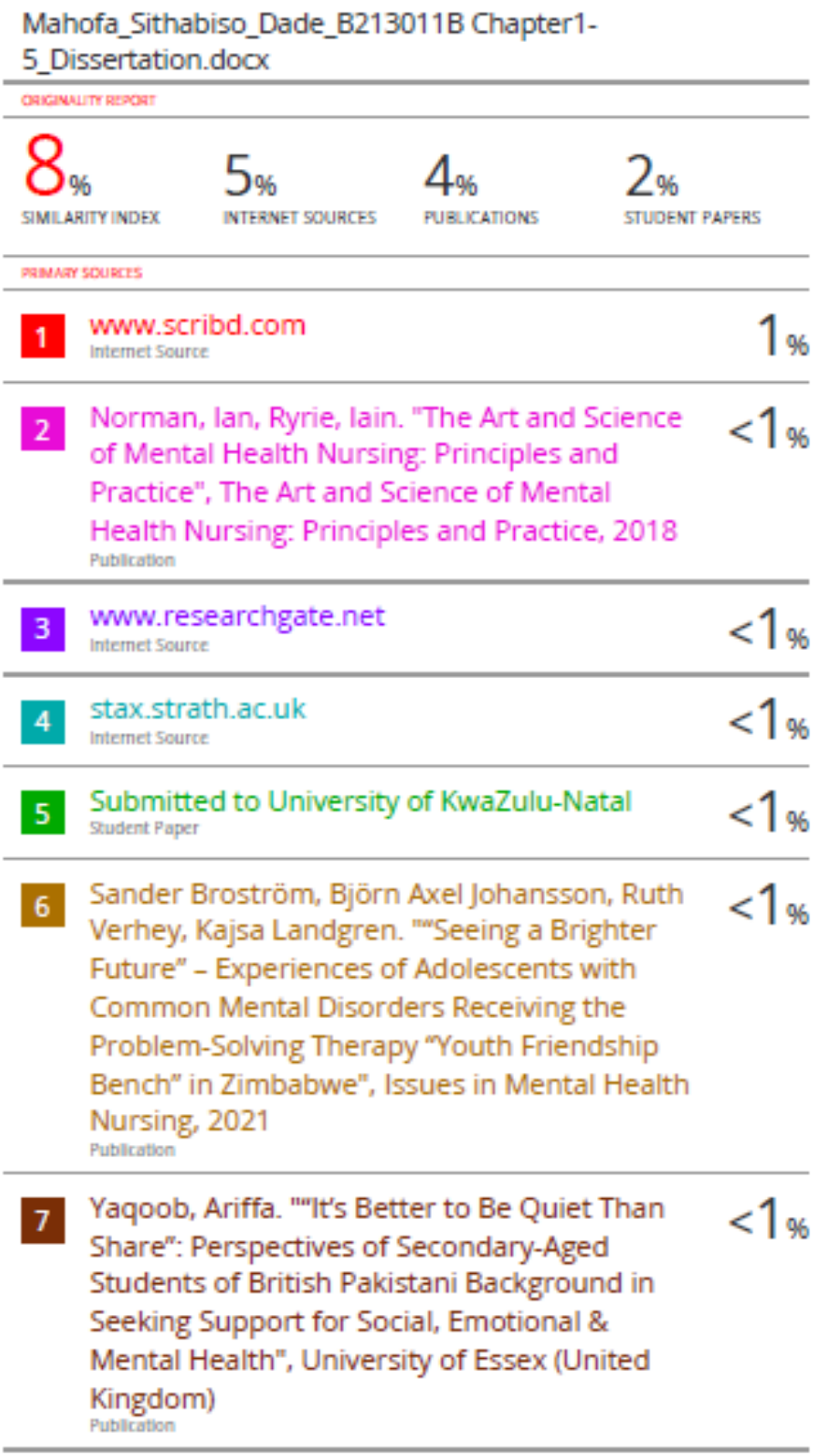
DEDICATION

This research is dedicated to my mother Precious Mbeva, whose unwavering love, strength, and financial support have been my foundation, inspiration and motivation. I also dedicate this research to my brother Mkhululi Frank Mawofa for his constant support, sacrifices, and belief in me. Lastly, I dedicate this research to my late father Savemore Mawofa, whose memory continues to inspire and guide me to overcome adversity and strive for excellence. May his soul rest in eternal peace. This achievement is a tribute to all you dreamed of me.

PLAGIARISM REPORT



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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	**Possible Mark**	**Actual Mark**
Abstract	**10**	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	**20**	
Statement of the problem	**10**	
Research questions	**15**	
Assumptions	**5**	
Significance of the study	**15**	
Limitations of the study	**5**	
Delimitations of the study	**5**	
Definition of terms	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**15**	

Comments……
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	**5**	
Conceptual or theoretical framework	**10**	
Identification, interpretations and evaluation of relevant literature and citations	**40**	
Contextualisation of the literature to the problem	**10**	
Establishing gaps in knowledge and how the research will try to bridge these gaps	**10**	
Structuring and logical sequencing of ideas	**10**	
Discursive skills	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**20**	

Comments……
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Chapter 3 RESEARCH METHODOLOGY

Introduction	**5**	
Research design	**10**	
What instruments are you using to collect data?	**30**	
Population, sample and sampling techniques to be used in the study	**25**	
Procedures for collecting data	**15**	

Data presentation and analysis procedures	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**25**	

Comments……
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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

Comments
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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations(should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

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SUMMARY:-

	Actual	**Total**
Chapter 1		
Chapter 2		
Chapter 3		
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Chapter 5		
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ABSTRACT

This qualitative study explored the factors influencing young people's access to mental health services at Youth Friendship Bench in Dzivarasekwa Harare, Zimbabwe. The study had three pronged objectives which include (1) identify contemporary causes of mental health challenges among youths, (2) examine barriers for young people to access mental health services, and (3) determine facilitators that improve young people's access to mental health services at Youth Friendship Bench, Dzivarasekwa centre. The study was grounded on interpretivism research philosophy employing a qualitative research approach. Using a case study design, the study focused on youth aged 18 to 24 years and conveniently sampled 12 young people who had accessed services at Youth Friendly Bench and purposively selected three key informants (a community health worker, social worker, and psychologist). In-depth interviews were used to collect data, and face to face interviews were conducted with both young people and key informants. Data was then analyzed using thematic analysis. Findings revealed that unemployment, poverty, relationship conflicts, social media pressures, academic stress, and unresolved grief were key contributors to mental health struggles among youth. Barriers to service access included low mental health literacy, stigma, financial constraints, mistrust in services, and infrastructural challenges such as unreliable electricity and internet connectivity. However, youth-friendly approaches such as empathetic peer support, flexible counseling, digital platforms, and community-based outreach proved effective in facilitating access. The study underscores the need for integrated, multi-level interventions that combine mental health education, economic empowerment, and innovative service delivery models. Recommendations include policy reforms to strengthen youth mental health support, community stigma reduction campaigns, and expanded digital mental health services. These insights highlight the importance of culturally sensitive, accessible, and youth-centered care in addressing mental health disparities in low-resource settings.

Table of Contents

LIST OF TABLES

List of Acronyms and Abbreviations

CMD	Common Mental Health Disorders
LMIC	Low and Middle-Income Countries
PST	Problems-Solving Therapy
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organization
YFB	Youth Friendship Bench

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.0 Introduction

This chapter gives background information on the research problem and the factors that help and prevent young people in Zimbabwe from accessing mental health services. The study's background, problem statement, research aim, objectives, question, importance, definitions of key terms, and dissertation outline are among its components.

1.1 Background of the study

Common mental disorders (CMDs), including anxiety and depression, affect over 320 million people globally, with adolescents being particularly vulnerable due to the challenges of transitioning from childhood to adulthood (World Health Organisation, 2017a). Depression is the leading cause of disability globally, and mental diseases cause 8 million fatalities a year, or 14% of all deaths, according to Broström, Verhey, and Landgren (2021). In line with WHO (2015) results that 17.9 million years of impairment occurred in 2015 owing to mental health concerns, the United Nations (UN) (2018) notes that the number of years lost to disability in Africa as a result of mental and drug use disorders increased concurrently by 52%. Young people are disproportionately affected by CMD, which has more than doubled in Sub-Saharan Africa over the past three decades (Gouda et al., 2019).

Adolescence, a critical period marked by behavioral and biological changes, often witnesses the onset of CMDs, with suicide and self-harm ranking high among causes of adolescent mortality (WHO, 2014). However, Radez, Reardon,Creswell, Lawrence, Evdoka-Burton& Waite (2021) noted that, while evidence-based mental health treatment exists, a significant gap in access persists globally, though the gap is large in low- and middle-income countries (LMICs). This is cemented by Brostrom et al. (2021) who noted that three out of four people with CMD in several low-middle income countries (LMIC) are thought to be untreated. However, it very unfortunate that untreated mental health issues in children and adolescents, when combined with risk factors like poverty, social marginalization, and domestic abuse, lead to risky behaviors in children and teens (Doyle, Bandason, Dauya,McHugh, Grundy, Simms & Ferrand (2023).Hence mental health is a societal concern that needs to be addressed especially among the adolescents who are the most affected.

Barriers to mental health service access among adolescents are multifaceted, encompassing individual, social, therapeutic, and systemic factors (Radez et al., 2021; James, Nash & Comiskey, 2024). Limited mental health awareness, stigma, financial costs, logistical challenges, and lack of trust in therapeutic relationships hinder adolescents from seeking help. Bostrom et al., (2021) highlights that in LMICs, societal adversity often underpins CMDs, with spiritual explanations and community resources preferred over biomedical models. Furthermore, Mayston et al., (2020) noted that people who do not use formal health systems are more likely to adopt spiritual explanation models than biomedical ones, and self-help and community resources are regarded as first-line therapies for CMD. This is evident in Africa as demonstrated by a study conducted in six African countries, Ethopia, Egypt, Nigeria, South Africa, Mali and Tunisia which found that 33.33% preferred traditional and complementary treatments, while 25% reported stigmatization and 25% shown that they were unfamiliar with mental health conditions (Saade, Parent-Lamarche, Khalaf, Makhe & Legg, 2023).

In developed countries, mental health services are provided with professionals such as professional counsellors, therapists, psychologists and psychiatrist and nurses among others (Platell, Cook & Martin, 2017). However, studies in developing countries show that that there is gap with regards to professional mental health practitioners, a situation which has created a huge gap in access and treatment of mental health issues (Baxter, Burton & Fancourt, 2022; Siddiqui, Ikeda, Saxena, Miller, Pater & Naslund, 2022; Platell et al., 2017). For instance, according to Nicholas, Joshua, and Elizabeth, the number of mental health professionals in Africa is 1.4 per 100,000, which is lower than the global average of 9 per 100,000. According to Friendship Bench (2024), this leads to a treatment gap that is especially severe in places with little resources, where up to 85% of people in need of care do not have access. But in some nations, the number of individuals without access to mental health care is significantly higher. For example, in Sierra Leone, 98% of people are thought to be without access to mental health care (Yoda, Tol, Reis & Jong, 2016). Task-shifting initiatives, which involve training non-specialized health workers to deliver care, have been implemented in some regions of Africa to address this treatment gap (Liang et al., 2016).

Zimbabwe exemplifies the challenges of addressing adolescent mental health in LMICs. Chitiyo et al., (2023) posits that in Zimbabwe, children and families are more vulnerable as a result socioeconomic problems and growing poverty, which has led to a rise in school dropouts, child

labor, emotional stress, gender-based violence, intimate partner violence, and violence against children. While the prevalence of CMD among children and adolescents is high, it is often underreported, with stigma and a lack of reliable data compounding the issue. One of the few data sets on Zimbabwean children's and adolescents' mental health is the 2019 Multiple Indicator Cluster Survey. The survey established that 3% of Zimbabwean adolescents aged 15-17 experienced anxiety, while 2% suffered from depression. Yet in a different study by Doyle et al., (2023) it reported high CMD prevalence, particularly among unemployed urban and peri-urban youth, and emphasized the need for accessible, youth-friendly mental health services.

Access to mental health services among adolescents in Zimbabwe remains a challenge due to similar factors cited at global level but at the same time due to unique socio-economic situation of the country. According to Dua et al. (2011) cited in Brostrom et al. (2021) a system study of mental health care in Zimbabwe found that inadequate money and human resources are the main causes (Liang et al., 2016). It was noted that there are just a dozen psychiatrists who practice clinically in Zimbabwe, where there is a population of almost 15 million people (Liang et al., 2016;Chibanda et al., 2016). Furthermore, a large number of mental health specialists have departed the public sector, including occupational therapists, clinical psychologists, and mental health nurses (Liang et al., 2016).

To address the mental health treatment gap in Zimbabwe, the Friendship Bench intervention (FB) was created, and it uses task-shifting with trained LHW to provide individuals with CMD with a brief, six-session, in-person PST treatment together with peer support in an effort to close the treatment gap (Chitiyo, Verhey, Mboweni, Healey, Chibanda, Araya & Wagenaar, 2023). The frontline LHWs are senior women known as "grandmothers," who receive a two-week training in the manual PST. The Shona Symptom Questionnaire (SSQ-14), a validated questionnaire created to assess CMD in the Zimbabwean context, combines sociocultural concepts like "kufungisisa" with etic criteria of distress (Patel et al., 1997). Through this approach, Friendship Bench has managed to widen access to mental health services among adolescents, however, it is without doubt that the gap is not completely closed and there continue to be emerging issues, and barriers affecting adolescents access to mental health treatment. Thus, Verhey, Chitiyo, Mboweni, Chiriseri, Chibanda, Healey & Araya (2021) content that a detailed understanding of the reasons

for not seeking or accessing help as perceived by young people is crucial to address this gap, which is the reason that instigated the need to conduct this study.

1.2 Statement of the Problem

The problem is that common mental health disorders (CMDs) among adolescents in Zimbabwe remain highly prevalent yet underreported and undertreated, posing a significant public health challenge (MoHCC, UNICEF & WHO, 2023). Sadly, limited access to mental health services adversely affects adolescent's well-being and development. Barriers such as socio-cultural stigma, economic constraints, and systemic weaknesses hinder access to care, perpetuating neglect and underutilization of services (Beji-Chauke et al., 2022). Despite various efforts to widen access to mental health for young people, adolescents still face challenges in accessing these services (Verhey et al., 2021; UNDP & WHO (2023). Untreated mental health issues often lead to risky behaviours, such as drug and substance abuse, which has become common among Zimbabwean youth. Understanding adolescents' perspectives on barriers and enablers to accessing mental health services is crucial to come up with practical solutions to address this public health challenge affecting Zimbabwean community.

1.3 Research Aim

The study aims to explore the factors which hinder and facilitate access to mental health services by young people at Friendship Bench in Harare, Zimbabwe.

1.4 Research objectives

The study will be guided by the following research objectives.

i. To assess the contemporary causes of mental health challenges among young people in Dzivarasekwa, Harare.
ii. To explore the challenges for young people in accessing mental health services at Friendship Bench in Dzivarasekwa, Harare.
iii. To determine factors which facilitates access to mental health services by young people at Friendship Bench in Dzivarasekwa, Harare.

1.5 Research questions

The study will be guided by the following research questions.

i. What are the contemporary causes of mental health challenges among young people in Harare?
ii. What challenges do young people face in accessing mental health services at Friendship Bench in Harare?
iii. Which factors enable young people to access mental health services at Friendship Bench?

1.6 Justification of the study

Common mental health disorders are a global concern, have a severe effect to communities yet young people continue to experience several challenges in accessing mental health services. This study is therefore significant as it focuses on these challenges to come up with strategies to widen access to mental health services by young people particularly in Zimbabwe. An improvement in mental health access by young people can improve youth wellbeing by reducing mental illness related deaths, reduce depression, increase responsible behaviour and reducing other prevailing social ills such as drug and substance abuse which has become rampant in Zimbabwe. Thus, the study is important in different ways to different stakeholders.

To the body of knowledge and academic discourse, the study will contribute to widening the knowledge on experiences of young people in accessing mental health in Zimbabwe. It further generates knowledge on the mental health interventions for young people in particular Friendship Bench hence supporting its improvement and replication beyond Zimbabwean borders.

To the government of Zimbabwe and policy makers the study will come up with useful findings to inform mental health policies and strategies. The policy makers will be guided by current information and real experiences of adolescents as the study gives the voice to the young people to share their experiences.

To the study participants who are the young people, the study will be important by allowing them to have a voice of their experience in accessing mental health services in Zimbabwe. This will contribute to facilitating youth friendly mental health services responding to the real needs of the young people themselves. The study will also encourage the young people to access mental health services.

To the community, the study will promote a society which promotes the wellbeing of young people by reducing barriers to accessing mental health services such as stigma and discrimination. It will raise awareness to the communities on the challenges and experiences of the young people. In addition, it helps address some of the social issues experienced by communities such as drug and substance abuse.

To Friendship Bench, the study will help the organisation to assess its interventions and come up with possible ways to address the challenges experienced by young people in accessing mental health services while also allowing room for intervention improvement. It will also be informative to aligned civil society partners who work with young people to help them incorporate youth friendly services.

1.7 Definition of Key Terms

1.7.1 Common Mental Disorders (CMDs) – These are a collection of distressing conditions characterized by symptoms of anxiety, depression, and unexplained physical complaints, frequently observed in primary care and community settings (Risal, 2011:1). Stansfeld et al. (2016) note that CMDs vary in intensity, from mild to severe, and are commonly linked to physical and social difficulties. These disorders can lead to physical limitations, as well as challenges in work and social interactions, causing significant distress both to affected individuals and those close to them.

1.7.2 Problem-Solving Therapy (PST) – is an evidence-based approach designed to promote behavioral change through skill-building techniques. PST helps individuals develop strategies to manage life challenges and proactively address everyday problems. Grounded in cognitive-behavioral principles, it enhances problem-solving abilities, fostering optimism, hope, and improved self-esteem. Additionally, PST contributes to better mental and physical health, as well as an overall higher quality of life (Nezu et al., 2012).

1.7.3 Young People – refers to those in a period of progression towards independent responsibility, that is from childhood dependence to adulthood's independence. The term is used synonymously with the term youth. According to the National Youth Policy (2020) in Zimbabwe this entails an individual between the ages of 15 to 35 years though in this study only those between ages of 18 to 24 years are included in data collection.

1.8 Dissertation Outline

The dissertation encompasses five chapters. Chapter one focuses on contextualising the research topic, describe the statement of the problem and demonstrate what the research intends to achieve. Chapter two focuses on literature review where literature is discussed in light with the research objectives, identifying gaps which shall be addressed by this current study. Chapter three provides research methodology describing and justifying how the study was conducted following necessary research procedures to ensure reliability and validity of the findings. Chapter four entails the presentation, discussion and analysis of the findings fulfilling the research objectives. Chapter five provides a summary of the research, its findings, a conclusion and recommendations based on the research outcomes.

1.9 Chapter Summary

The foregoing chapter provided the background to the study showing that common mental health disorders are global concern and disproportionately affect young people in developing countries. It shown that while treatment is available, young people continue to experience barriers to access services hence the need to explore this phenomenon in depth focusing on the innovative Friendship Bench Approach. The following chapter will focus on literature review.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

The fundamental aim of this chapter is to discuss and analyse the literature available in relation to the topic under study. Literature from previous studies, journal articles, internet blogs and articles and pamphlets are taken into consideration. Literature is reviewed from the global to the local level to enrich the discussions.

2.1 Theoretical Framework

2.1.1 Problem Solving Therapy

A cognitive-behavioral approach called problem-solving therapy (PST) aims to prevent and lessen psychological discomfort while also improving well-being (Bell & D'Zurilla, 2009). In order to handle significant stressors as well as everyday obstacles, this method emphasises developing adaptive coping mechanisms and improving problem-solving skills. with particular, PST assists people with recognising their issues clearly, adopting a positive approach to problem-solving (e.g., seeing challenges as achievable tasks), and using organised, logical techniques to deal with them successfully (Bell & D'Zurilla, 2009). PST has been shown to be an effective evidence-based treatment for anxiety and depression. According to meta-analyses, its therapeutic effects are similar to those of other psychotherapies, however they differ in that they have a greater effect on depression than anxiety (Zhang et al., 2018). PST is a proven treatment method.

The theory will be useful in guiding the research to fulfil its objectives by providing theoretical lens to put the subject under study into perspective. To note is that PST is based on the knowledge that unresolved real-life issues frequently give birth to psychological suffering. PST helps clients understand how institutional, social, or personal factors may be contributing to their misery by identifying the causes of mental health difficulties. PST offers a framework for examining modern stresses that young people encounter, such as poverty, social stigma, family problems, and academic or social expectations, by emphasizing the understanding and classification of problems. These understandings are crucial for developing therapies that target the etiology of teenage CMDs.

Additionally, the theoretical framework will help to put into perspective the challenges faced by young people in accessing mental health services. At the heart of PST is the understanding that finding and using resources, strengths, and facilitators that can aid in problem-solving. The Friendship Bench's community-based, culturally sensitive approach, which uses "grandmothers" as lay health workers, is in line with PST's emphasis on empowerment and skill development. To guarantee that young people can get past obstacles to access, the PST framework assists in identifying and strengthening these facilitators.

More so, PST aligns with this study as it a vital framework for suggesting solutions to systemic problems since it places a strong emphasis on realistic, methodical methods to problem-solving. It can direct the creation of an all-encompassing strategy to overcome obstacles including stigma, expenses, and practical difficulties. Collaboration between clients and service providers is encouraged by the PST framework, and it can be expanded to include stakeholders such as legislators, community leaders, and medical professionals. The suggested solutions are guaranteed to be inclusive and context-sensitive thanks to this cooperative method. PST may assist in training lay health workers and teenagers to become more independent and resilient by incorporating problem-solving techniques into community initiatives like Friendship Bench. This will help create long-lasting solutions for mental health access.

2.2 Conceptual literature review

Conceptual literature encompasses theories, concepts, and conceptual frameworks that serve as a basis for comprehending a specific study area. It includes definitions, models, and theoretical viewpoints that aid in the explanation of phenomena and direct research. There are various explanations on the causes of mental health disorders and different therapy options. These are rooted in theories of mental health which includes psychodynamic theory, social ecological theory and social causation theory among others. This section reviews the theoretical beliefs around the causes of mental health, treatment of common mental health disorders, challenges and enablers to access services.

Psychodynamic theory with its roots from the work of Sigmund Freud established that the influence of unconscious mind, early childhood experience and interpersonal relationships have

impact on mental health (Osimo, 2002; Dewan, Weerasekera, Stormon & Jackson, 2022). The theory talks of unconscious mind which stores thoughts, feelings and motivations. The unconscious mind can thus influence emotions and behavior without one's awareness. Therefore, in therapy the therapist has to assist the young people resolve issues in their unconscious mind (Dewan et al., 2022). The theory also noted that childhood experiences such as relationships with caregivers shape their personality and mental health. If in their childhood, a child experience trauma which remains unresolved, they are more likely to haunt them in at a later stage causing symptoms like anxiety and depression. Psychodynamic also noted that internalized conflicts between the id, ego and superego that shape desires, morals and reality can create inner turmoil thus contributing to mental health challenges. Also, things like suppressing emotions and use of maladaptive defense mechanism distort reality and hinder emotional growth leading to personality disorders and common mental health issues. Thus, the psychodynamic theory offers a comprehensive framework for understanding the origins of mental health issues and provides a therapeutic approach focused on self-awareness, emotional processing, and resolving unconscious conflicts (Osimo, 2002).

The social ecological systems theory is another leading theory that explains how the individual interaction with their environment affects their mental health (Reis, Brown Sistsky & Russell, 2021). It identifies different environmental layers such as individual, interpersonal, community and society. At individual level, one's knowledge, attitudes and behaviour towards on health affects their mental health. At interpersonal level where family and friends are involved, family dynamics, the relationship status with members in the family, and social support all contribute to common mental health disorders or can alleviate them. This also goes to the community level where social and economic factors in the community affect mental health. At societal level, social norms and economic inequality may influence mental health of society as a whole. In an ever-evolving society, all the changes at different levels of environment presence pressure which can lead to unstable mental health for young people e.g., rising unemployment rate, stigma and discrimination, disintegration of families due to migration and economic hardships and interpersonal relationships.

According to the social causation theory, socio-economic inequality causes stress that gives rise to mental illness (Jin, Zhu & He 2020). Social stressors are considered major contributing factors of common mental health disorders, for instance when one is exposed to chronic adverse conditions

such as economic hardship, unemployment or unsafe living environments leads to psychological disorders (Bruggeman, Héroufosse, Van der Heyden & Smith, 2024). It also notes that when people are marginalised or disadvantaged, they are at heightened risk of experiencing mental health issue because of systemic inequalities, discrimination and limited access to resources (Zhang, Xu & You, 2023). The theory also emphasises on absence of strong supportive relationships can exacerbate mental health disorders. Therefore, in addressing the common mental health disorders, there is need to have interventions that address more than individual-focused interventions for instance, reducing social inequalities, come up with community-based interventions and trauma-informed care (Jin et al., 2020; Zhang et al., 2023).

The social determinants of health theory on the other hand, emphasises the importance of social and economic factors in determining mental health. For instance, it notes that, economic inequality, work pressure and access to resources impact the mental health by putting pressure on young people and the society (Silva, Loureiro & Cardoso, 2016). Thus, it contends that people exposed to unfavourable social circumstance are at heightened risk of poor mental health over their lifetime. Social determinants of health (SDH) theory refer to the systemic conditions individuals experience throughout their lifespan from birth to death, that shape mental health outcomes and drive inequities within and across populations (Kirkbride et al., 2024). These determinants include economic stability (such as income, employment, socioeconomic status), education, food and housing security, social support networks, exposure to discrimination or childhood adversity, and the quality of neighbourhood environments. Access to affordable and culturally appropriate healthcare is also a critical factor. Collectively, these structural conditions influence mental well-being and contribute to disparities in mental health outcomes (Kirkbride et al., 2024).

According to Shoshani & Kor (2021) trauma is another cause of common mental health disorders. The trauma hypothesis, which holds that people suffer psychological trauma when they come into situations that are overwhelming, endanger their lives or safety, and leave them feeling powerless, lends credence to this (Tahan, Taheri & Saleem, 2021, Emanuel, 2021). Events like violent crimes, natural disasters, accidents, or extreme neglect can cause psychological trauma. Each person experiences the impacts of trauma in a different way, with reactions ranging from minor to incapacitating emotional, bodily, cognitive, and psychological symptoms (Shoshani & Kor, 2021; Tahan et al., 2021).

2.3 Empirical literature review

A systematic literature review, often known as an empirical literature review, examines previous empirical studies to address a particular research question (Bailey, Yeoman, Madden, Thompson & Kerridge, 2019). Empirical research relies on measurements and observations to reach conclusions rather than information derived from theories or assumptions (Paul & Criado, 2020). Hence this section provides literature review based on previous study findings and conclusion of the contemporary causes of mental health challenges among people, challenges to access services and enablers to access services. Traditional

2.4 Contemporary causes of mental health challenges among young people

According to Farreras (2019), the long standing the risk factors of mental health disorders have encompassed genetics, family history and early childhood trauma among others. While these factors continue to play a role in causing CMD in young people, it has also been shown that the causes have also evolved due to social, environmental, technological and cultural changes (Gilbert, 2020). The factors have also been supported by various theories of mental health as discussed in the conceptual research section.

2.4.1 Socio-economic factors

Studies have shown that socio-economic status of young people is among the leading causes of mental health challenges (Jin et al, 2020; Zhang et al., 2023; Hawkins, Bwanika & Ibanda, 2020). When young people encounter unpleasant socio-economic experiences such as poverty unemployment, income inequality and low level of education they are more liked to experience high rate of common mental health disorders. Thus, social determinants of mental health are among the leading causes of common mental health disorders. This is supported by various theories such as social causation theory, social exclusion theory and neo-materialist theory.

2.4.1.1 Poverty

According to the social causation theory, the condition of poverty had consequences to mental health disorders through financial stress, decreased social capital and lack of access to resources (Jin, Zhu & He, 2020). It therefore shows that poverty has profound effects on the mental health of young people, influencing their emotional, cognitive, and social development. Poverty is simply

defined as a state of being poor, in which those who are poor do not have enough income or consumption to put them above adequate minimum threshold (Zhang, Xu & You, 2023). Thus, poverty also relates to deprivation of basic needs. While poverty is a multi-dimensional concept, literature has concurred that there is a causal relationship between poverty and common mental health disorders.

In a study by Ridley, Rao, Schilbach, and Patel (2020) the authors explored the bidirectional causal relationship between poverty and common mental disorders, specifically depression and anxiety. The authors review interdisciplinary evidence to understand how poverty contributes to mental illness and vice versa. The findings had overwhelming evidence showing that negative economic shocks, such as job loss or financial crises, can lead to the onset of mental health issues. Financial strain increases stress and uncertainty, which are significant risk factors for developing depression and anxiety. Additionally, living in poverty often entails exposure to adverse conditions like substandard housing, unsafe neighbourhoods, and limited access to healthcare, all of which can negatively impact mental health.

Other scholars have pointed to the same sowing various mechanics through poverty leads to common mental disorders. Richardson and Maguire (2020) noted that poverty is associated with financial instability which leads individuals to struggles meeting the basic needs which creates chronic stress and further precipitate anxiety disorders. In addition, **Zhang et al., (2023)** concurred that poverty often leads to social marginalization, reducing access to supportive networks and increasing feelings of isolation, which are linked to depression. Poverty also reduces access to resources. Limited financial means restrict access to mental health services, nutritious food, and safe environments, all contributing to poorer mental health outcomes. Imperatively, persistent poverty can erode an individual's sense of control and self-worth, leading to hopelessness which is a key feature of depression.

Studies in developing countries have substantiated the claim that poverty is a cause of mental disorders among young people. One of such studies was done by Gibbs, Jewkes, Willan, & Washington (2018) as they examined the interplay between poverty and mental health among young adults 18-30 years in South Africa. The study identified significant association between poverty and poor mental health outcomes concluding that indicators of economic hardship, such as food insecurity and unemployment, are linked to increased levels of depression and anxiety

among both young women and men. Hawkins et al. (2020) also noted that mental health disorders linked to poverty presented a significant burden in Uganda.

The findings are also in line with Nyoni, Ahmed, and Dvalishvili (2022) who reported found that young people living in poverty were at heightened risk of developing mental, emotional and behavioural disorders (MEBDs) in Sub-Saharan Africa. Factors such as malnutrition, exposure to violence and limited access to education and healthcare contributed to this increased vulnerability. Along with the findings by Baranne and Falissard (2018) chronic poverty can lead to prolonged stress, advdersely affecting young people's cognitive development and increasing susceptibility to mental health disorders.

2.4.1.2 Youth employment

According to Amissah and Nyarko (2017), unemployment occurs when a person is ready and prepared to work but is unable to locate a paid position. Virgolino et al. (2022) conducted a thorough analysis of the relationship between unemployment and mental health and discovered that, regardless of the economic circumstances, unemployment contributes to mental health issues among young people. Unemployment leads to financial strain in young people who are trying to establish their lives and consequently these unemployed individuals are more vulnerable to commit suicide and suffer from anxiety and mood disorders (Virgolino et al., 2022). The relationship between unemployment and mental health is explained by Amissah and Nyarko (2017), who point out that losing a paid job increases the danger of social exclusion, loneliness, and worsening consequences on one's identity and wellbeing. According to Mokona, Yohannes, and Ayano (2020), youngsters without jobs experience feelings of exclusion, pessimism, and a loss of control over their lives, which has an impact on their mental health.

In developed countries, Barbalat and Franck (2020) concluded from their findings that higher levels of unemployment are associated with increased prevalence of mental health disorders across Organisation for Economic Cooperation and Development (OECD0 countries. This indicates that unemployment is a significant psychosocial factor contributing to mental health challenges in these nations. The authors underscored the importance of addressing unemployment as a means to improve mental health outcomes in developed countries.

In developing countries, particularly in African continent, the rate of unemployment among the youth is very high. According to the Donkor (2021) most young people are forced to join the informal sector as they fail to secure formal employment due to few job opportunities. According to a study conducted in Ghana by Amissah and Nyarko (2017), the rate of young unemployment was appalling, and as a result, the psychological well-being of unemployed youth was lower than that of employed youth. Youths without jobs had lower levels of self-esteem, suicidality, sadness, and cognitive distortions than youths with jobs. Financial stability and the ability to fulfil social and familial responsibilities are two benefits of employment, which is a crucial precondition for both mental and physical well-being. According to Mokona, Yohannes, and Ayano's (2020) research in Ethiopia, men are more negatively impacted by unemployment than women because of conventional gender norms.

In Zimbabwe, unemployment is also rampant, and it has also contributed mental instability among young people. For instance, in a study by Mutambara, Makanyanga and Mudhovozi (2019) it was pointed that recent graduates often have pressure to get employed, and with the situation where majority are unemployed this creates anxiety, stress and depression. The same findings were also confirmed and extended by Mtemeri and Mashavira (2019) established that unemployment has exposed the unemployed youths to vices like drug abuse, prostitution, violent behaviour and loitering among others.

On the other hand, Amissah and Nyarko (2017) noted young people do not only experience common mental disorders due to unemployment per se, but also those that are employed are likely to be affected. Stresses associated with employment such as being under-employed and work-related pressures also pose mental health pressures in young people. Thus, in analysing the causes of mental health challenges it is imperative that the study takes into account employment components and determine how being unemployed and being employed has mentally affected young people in Zimbabwe who access services at Friendship Bench.

2.4.2 Social Support and Relationship Dynamics

According to Johnson-Esparza, Rodriguez Espinosa, Verney, Boursaw, and Smith (2021) social support plays a protective role against common mental health disorders such as anxiety and depression. In opposite, social isolation and poor- quality relationships constitute risk factors to

mental challenges. Social support relates to the support that comes from the surrounding people such as family, relatives, friends and community. In developed countries, Frame (2017) noted that the erosion of community ties and increasing loneliness have been linked to rising rates of depression and anxiety. For instance, this has been supported by Santini, Jose, Cornwell, Koyanagi, Nielsen, Hinrichsen, and Koushede, (2020) in a study in the United States in which they found that individuals with weak social networks were 50% more likely to develop depression. It noted that social disconnectedness indirectly affected mental health by increasing perceived isolation consequently leading to increased symptoms of depression and anxiety. Social dynamics have shifted due to globalisation as Eriksen (2020) put it that it has caused fragmentation within societies. These changes have led to a lot of movement globally with immigration affecting traditional family and community connectedness.

According to Jabbari, School and Rouster (2023) family dynamics have shifted significantly over the past few decades, and these changes can contribute to mental health disorders in young people. Family dynamics, according to the authors, are the ways in which family members interact, their roles and connections, and the various factors that affect these interactions. Due to their reliance on one another for material, emotional, and physical support, family members are one of the primary sources of relationship security or stress. Secure and supportive family ties provide love, support, and guidance, while strained family ties are hindered by disputes, constant criticism, and onerous demands. Thus, among other mental health conditions, disturbed family relationships may be a contributing factor to stress, anxiety, and depression (Smokowski, Rose, Bacallao, Cotter, & Evans, 2017).

Where there is conflict in the family, young people are exposed to violence and abuse which generates trauma and have long term effects on their mental wellbeing (Jabbari et al., 2023). Studies have also shown parenting changes due to work also affect children with the increasing number of dual-income families, along with growing economic pressures, can lead to less parental involvement and more stress at home. This can result in young people feeling neglected, anxious, or insecure. Divorce and family instability the rise in divorce rates and family instability has been linked to an increase in mental health issues among young people (Jabbari et al., 2023). Separation or divorce can disrupt young people’s emotional stability and create long-term anxiety or depression.

2.4.3 Trauma and adverse life events

Exposure to trauma and adverse life events, such as abuse, violence, and natural disasters, is a significant risk factor for CMHDs. In developed countries, childhood trauma has been linked to long-term mental health consequences. A study in the United States found that individuals who experienced childhood abuse were three times more likely to develop depression in adulthood (McLaughlin et al., 2020).

In developing countries, conflict and displacement are major contributors to CMHDs. For example, a study in Syria found that over 50% of internally displaced persons exhibited symptoms of depression and anxiety (Charlson et al., 2019). Similarly, in post-conflict settings such as Rwanda, high rates of PTSD and dep ression have been reported among survivors of genocide (Rieder & Elbert, 2021).

Although psychosocial determinants have been identified, little study has been done on how they affect young people's attitudes and access to mental health care. In order to close this gap, qualitative research is needed to understand how psychosocial stressors affect help-seeking behaviours and how programs like the Friendship Bench can help.

2.4.4 Technological advancement

The mental health of young people has been profoundly impacted by the emergence of digital technologies and social media. Research has progressively connected mental health conditions including anxiety, despair, and low self-esteem to excessive social media use and screen time in recent years (Scotte, Valley, & Simecka, 2017; Twenge, Joiner, Rogers & Martin, 2018; Lattie, Lipson & Eisenberg, 2019). For instance, cyberbullying and social comparison as a result to social media has contributed to mental health concerns among young people (Twenge et al., 2018). Sites like Facebook, Instagram, and TikTok have been observed to generate irrational comparisons that cause anxiety, melancholy, and feelings of inadequacy. Because of the anonymity of the internet, cyberbullying has increased in frequency and can cause psychological trauma and emotional suffering (Choliz, Echeburua & Ferre, 2017). Furthermore, studies have also shown that too much screen time, particularly right before bed, has been connected to disturbed sleep cycles, which can make mental health problems worse. Young people's anxiety and despair are intimately linked to inadequate sleep (Lattie et al., 2019).

Twenge, Joiner, Rogers and Martin, (2018) observed that overuse of social media has been associated with higher rates of anxiety and depression in developed nations, especially among teenagers. For instance, youths who used social media for more than five hours a day had a 70% higher chance of having suicidal thoughts, according to a study conducted in the United States (Twenge et al., 2020). In developing countries, disparities in mental health are made worse by the digital divide. Social media gives users access to support and knowledge, but it also exposes them to phoney lifestyle comparisons and abuse. Young individuals who used social media frequently reported feeling more anxious and having low self-esteem, according to an Indian study (Singh et al., 2021). In South Africa, research by Nwosu & Chukwuere (2021) revealed that excessive screen time, body image issues, and cyberbullying were the main causes of CMD in teenagers.

Although social media and digital devices are becoming more widely available in Zimbabwe, less is known about how they affect mental health. Nonetheless, anecdotal data indicates that young Zimbabweans are more likely to engage in online activities that cause addiction-like behaviours, cyberbullying, and social anxiety (Doyle, Brandason, Dauya, McHugh, Grundy, Dringus & Ferrand, 2021).

2.4.5 Increased Academic and Social Pressures

Studies have shown that in recent years, social and academic expectations have increased (Iqbal, Hmdani, Mazhar, Munawar, Tanvir, Dogar & Hassan, 2024; Almroth, Laszlo, Kosidou & Galanti, 2019). Young people may suffer from elevated stress, which can result in anxiety, depression, and burnout due to the competitive nature of educational institutions and the increased expectation to perform well (Lipson & Eisenberg, 2018). The need to fit in and high expectations make these pressures worse. Young people are under increasing pressure to succeed academically, participate in extracurricular activities, and make career plans. This frequently leads to stress or feelings of inadequacy. Due in large part to social media's influence, peer pressure and the urge to fit in with society's standards have increased in recent years. Anxiety, eating disorders, and problems with self-esteem may arise from this (Chen & Hesketh, 2021; Lipson & Eisenberg, 2018; Almroth et al., 2019).

Expectations can have a significant impact on adolescents' mental health, with both parental and self-expectations playing crucial roles, according to a study by Almroth et al. (2019) that examined

how academic expectations from both parents and adolescents themselves influence mental health outcomes during adolescence. According to the study, teenagers who have higher parental expectations for their academic performance are less likely to experience externalizing difficulties including violence and conduct problems. According to this, parents who set high academic requirements for their kids may promote positive behavior and lessen the chance that they will externalize. Conversely, teenagers who have higher self-expectations are more likely to experience internalizing issues like anxiety and sadness. This suggests that adolescents may experience more stress and mental health issues if they set extremely high academic goals for themselves. The study also made clear that teenagers' mental health may suffer if their parents' expectations for their academic performance don't align. For example, there may be more stress and mental health problems if parents have high expectations while teenagers have low expectations of themselves.

Smith-Greenaway and Yeatman (2020) examined the impact of unmet educational aspirations on mental health in a low-income country. They discovered that those whose expectations for their schooling were not fulfilled have higher levels of depressive symptoms than people whose expectations were fulfilled. This implies that mental health may suffer as a result of the discrepancy between expected and actual educational accomplishment. According to the study, there is a correlation between the difference between expected and actual educational performance and a rise in depression symptoms.

2.5 Barriers for Young People in Accessing Mental Health Services

Radez et al. (2021**)** highlight that while proven, evidence-based treatments are available for youth mental health disorders, fewer than two-thirds of affected young people and their families seek professional support. This shows that there is a gap in access to mental health treatment among adolescents across the globe. This is cemented by Brostrom et al. (2021) who noted that three out of four people with CMD in several low-middle income countries (LMIC) are thought to be untreated. However, it very unfortunate that untreated mental health issues in children and adolescents, when combined with risk factors like poverty, social marginalization, and domestic abuse, lead to risky behaviors in children and teens (Doyle, Bandason, Dauya, McHugh, Grundy, Simms & Ferrand (2023). Hence mental health is a societal concern that needs to be addressed especially among the adolescents who are the most affected.

Research by Radez et al. (2021) and James, Nash, and Comiskey (2024) identifies multiple barriers that hinder adolescents' access to mental health services, which can be grouped into four key themes: individual, social, therapeutic, and systemic/structural factors. This classification demonstrates how a complex interplay of internal and external influences shapes young people's ability to seek and obtain mental health support. The following sections examine these factors in greater detail.

2.5.1 Individual Challenges

Individual factors include limited mental health knowledge and broader perception of help-seeking. Limited mental health knowledge referred to as lack of awareness describes a lack of understanding regarding mental health conditions, their signs, and the range of available treatments (Mahmoodi, Ahmadzad, Eslami, Abdi, Hosseni & Rasoulian, 2022). Young people are especially affected by this barrier since they might not be aware of the warning signs of mental health problems or know where to turn for assistance. Despite comparatively high levels of mental health literacy, many young people in developed countrues are nonetheless ignorant of the resources that are available. For instance, according to a U.S. study, just 40% of depressed adolescents knew about local mental health resources (Mojtabai & Olfson, 2020). According to Rickwood (2020), a study conducted in Australia found that many young people did not seek treatment because they did not know how to obtain mental health services.

In developing countries lower levels of mental health literacy and ignorance are a more significant obstacle to accessing mental health services. For instance, this is confirmed by Shadhiye (2020) who conducted a study in India which established that 70% of young people with mental health problems were not aware of the assistance that were available to them. Low levels of awareness are also exacerbated by stigma and cultural beliefs particularly in sub-Saharan Africa. Jenkins et al. (2018) concurred with as the study in Kenya revealed that many young people were ignorant of biological treatments for mental health conditions and believed that they were caused by supernatural forces.

However, Mahmoodi et al. (2022) concur that despite the availability of research on mental health awareness, most studies have been conducted in Western countries and are limited to the awareness of depression and schizophrenia. The authors further note that research in development countries

is limited particularly on positive mental health literacy. Therefore, this calls for this study to examine how lack of awareness is a barrier to accessing mental health in Zimbabwean context. Peer pressure, academic stress, and identity formation are some of the difficulties that young people encounter, and these issues might affect their awareness and behavior while seeking support.

2.5.2 Psychological Barriers

Young people's access to mental health services has also been discouraged by psychological factors which include fear of judgement, self-doubt, stigma and self-reliance perceptions (Chibanda et al., 2018). The fear of being judged by family, friends, or medical professionals affects young people hence contributing to them shunning the services. Studies in both developed and developing countries have supported this assertion. Rickwood et al. (2019) found that in developing countries young people tend to worry about being labelled attention seekers or dramatic hence end up not accessing mental health servies. The findings in Australia shown that adolescents were afraid of peer rejection significantly which hindered their ability to seek help (Rickwood et al., 2019). Jenkins et al. (2018) further argument that fear of being judged is frequently linked to family expectations and cultural standards especially in developing countries. For example, a study conducted in Kenya found that young people were scared that if they sought mental health therapy, their family would see them as failures (Jenkins et al., 2018).

Youth who have unfavorable opinions about mental health services such as doubts about their efficacy or concerns about confidentiality violations are also discouraged from getting treatment. Mojtabai et al. (2018) in United States established that a large number of teenagers thought treatment was unhelpful or boring. These negative perceptions are also evident in low-income countries where young people do not have confidence in medical institutions. Chibanda et al. (2018) demonstrated that in Zimbabwe many young people shunned mental health services because of concern that medical professionals would treat them unfairly.

Another psychological factor which has hindered young people from accessing services is the belief in their independence and self-reliance. Self-reliance is frequently linked to cultural values of independence, especially in wealthy countries. According to a Canadian study, many young people put off getting help because they thought their issues weren't serious enough (Kessler et

al., 2018). In developing countries Pillay et al. (2021) contented that self-reliance is frequently fueled by a lack of knowledge about mental health concerns and mistrust of official assistance. In their study in South African it was discovered that a large number of young people would rather rely on unofficial support systems than look for expert assistance.

2.5.3 Social support

The major social barrier in young people's access to mental health services is family dynamics. Families are often the primary decision-makers in many cultures, even when it comes to obtaining mental health treatment. Adolescents may be discouraged from seeking help if their families have negative attitudes about mental health, such as stigma or denial. To substantiate this assertion Mojtabai et al. (2018) found that 40% of youth with mental health issues in the United States did not seek help because their families dismissed their concerns as just a phase. In a comparable situation Gulliver et al. (2019) found that in the United Kingdom parents often discouraged help-seeking due to fear of stigma or lack of awareness about mental health services. The situation has also been portrayed in India, Nigeria and other sub-Saharan African countries where family influence is often stronger due to collectivist cultural norms. Shadhiye et al. (2018) found that in India many families attributed mental health issues to weakness or laziness leading to reluctance to seek professional help. In Nigeria, families often preferred traditional or spiritual healing over biomedical treatments, further discouraging youth from accessing mental health services (Gureje et al., 2020).

The role of peer influence is undeniably another factor which discourages young people from accessing services. This is because of the fear of being judged by peers who might have different opinions with regards to mental health discouraging health seeking. In Canada, it was Canada found that many youths avoided seeking help because they feared being labeled crazy or weak by their colleagues (Kessler et al., 2018). Similarly, a study in the United States found that peer stigma was a major deterrent to help-seeking among adolescents (Eisenberg et al., 2018). In Kenya it was noted that many youths avoided seeking help because their peers also viewed mental health issues as a sign of faintness or catastrophe (Jenkins et al., 2018). In Zimbabwe, Chibanda et al., 2018 found peer stigma as a key barrier to accessing mental health services among college students.

2.5.4 Socioeconomic Factors

Access to mental health services is significantly hampered by poverty, especially in developing nations. Young people and their families are unable to pay for therapy, transportation, and other related expenses due to financial limitations. Low-income kids in industrialised nations were much less likely than their wealthier counterparts to seek mental health services, according to a study conducted in the United States (Mojtabai et al., 2018). Similarly, a study conducted in the UK found that one of the main causes of young people's unmet mental health needs was financial obstacles (Gulliver et al., 2019). High out-of-pocket expenses and a lack of adequate mental health infrastructure frequently make poverty worse in developing nations. For instance, 70% of young people with mental health problems in India, according to research, could not afford therapy (Shidhaye et al., 2018). According to Jenkins et al. (2018), poverty and a lack of insurance coverage were found to be the main obstacles to receiving mental health services in sub-Saharan Africa.

The use of mental health services is significantly hampered by socioeconomic factors such as unemployment and underemployment. Young people without jobs frequently lack the funds to get assistance, and their unstable financial situation may cause them to feel even more stressed. Research has indicated a high association between mental health concerns and unemployment in wealthy nations. For instance, an Australian study discovered that young people without jobs had twice the likelihood of experiencing mental health issues, but they were less likely to seek help because of the expense and stigma (Rickwood et al., 2019). Unemployment in underdeveloped nations is frequently linked to more general economic difficulties, which further limit access to mental health services. For example, a South African study found that youth unemployment is a significant cause of mental health problems and a barrier to receiving assistance.

2.5.5 Therapeutic factors

Adolescents also reported that the perceived therapeutic relationship with professionals also hinders access to services as it is they perceive it difficult to trust an unknown person and not guaranteed confidentiality. In developed countries, mental health services are provided with professional such as professional counsellors, therapists, psychologists and psychiatrist and nurses among others (Platell, Cook & Martin, 2017). However, studies in developing countries show that

that there is gap with regards to professional mental health practitioners, a situation which has created a huge gap in access and treatment of mental health issues (Baxter, Burton & Fancourt, 2022; Siddiqui, Ikeda, Saxena, Miller, Pater & Naslund, 2022; Platell et al., 2017). Friendship Bench (2024) has further argument by indicating that in under-resourced settings 75%-85% of people who need mental health support do not have or cannot access care, hence there is need to close this treatment gap. In this regard, developing countries have come up with task-shifting initiatives which entails assigning limited tasks typically performed by specialized health workers to someone with less formal, comprehensive, or lower level of health education to bridge the treatment gap in mental health especially focusing on CMDs (Liang et a., 2016).

2.5.6 Systematic and structural barriers

The systematic and structural barriers to accessing mental health services have been found to be financial costs associated with mental health services, logistical barriers, and availability of professional help.

The dearth of youth-specific mental health services is one of the most commonly mentioned issues in literature. In many nations, youth mental health services are either understaffed, underfunded, or both, which results in lengthy wait periods or a lack of available treatment alternatives Chibanda et al., 2018). The lack of youth-focused mental health experts frequently causes delays for young people seeking care, according to a Jones et al. (2020) study. Access to services may be much more restricted in rural or sparsely populated areas, making this shortage of resources worse.

The fragmentation of services is another structural issue. Young people's mental health services are frequently dispersed throughout many sectors (such as primary care, education, and speciality services), making it challenging to navigate the system, according to a review by Lawrence et al. (2019). This fragmentation may lead to uneven treatment, a lack of continuity in care, and trouble coordinating among services.

Studies have also shown that adolescents and young adults face additional age-related obstacles. When young people approach adulthood, there may be a service gap since many mental health treatments for children and adolescents are not properly integrated with programs for adults. There is sometimes a lapse in care when moving from teenage to adult mental health services, which can be especially troublesome for people who have continuous mental health requirements (Friedli &

Parsonage, 2021). Young individuals may be more likely to fall between the cracks as a result of this disparity.

2.5.7 Technological Barriers

Reaching young people who might otherwise find it difficult to receive traditional in-person care has become more feasible with the growth of digital mental health services. But there are still difficulties because of technological limitations. The efficacy of digital mental health therapies may be impeded by privacy concerns, a lack of digital competence, and restricted access to dependable internet (Rathod et al., 2022). Additionally, because they might prefer in-person interactions or are unsure of the anonymity of online platforms, some young people might not feel comfortable asking for help digitally.

2.6 Factors which Facilitate Access to Mental Health Services by Young People

While access to mental health services remains a significant barrier for many young people, several factors can facilitate access to care and improve engagement with mental health services. The key facilitators of access to mental health services for young people include systemic, individual, social, and technological factors.

2.6.1 Systemic Facilitators

Literature has documented that systematic enabler of mental health access for young people encompasses availability of youth friendly services/ centers, integrated and holistic care models and school based mental health services. Youth-centered services that are tailored to the developmental and psychological needs of young people are critical facilitators of access. According to the World Health Organization (WHO, 2021), services designed specifically for youth create a safe, non-judgmental environment that encourages help-seeking. For example, in the United Kingdom, Child and Adolescent Mental Health Services (CAMHS) have been effective in providing specialized care for young people, leading to improved engagement and outcomes (Green et al., 2020).

Integrated care models that coordinate mental health services with education, primary care, and social services have been shown to improve access for young people. Walker et al. (2021) found that integrated care reduces fragmentation and creates streamlined pathways to care, ensuring

continuous and comprehensive support. School-based mental health professionals, for example, play a key role in identifying students in need and facilitating referrals (Reinke et al., 2020).

Schools are also critical entry point for mental health support, particularly in underserved communities. School-based programs reduce barriers related to stigma, location, and affordability. Reinke et al. (2020) highlighted that school counselors and teachers can act as gatekeepers, identifying at-risk students and connecting them to appropriate services. These programs are especially effective in reaching youth who may not otherwise access mental health care.

2.6.2 Individual Facilitators

Studies have shown that to improve access to mental health services, interventions need to focus on individual facilitators. These include improving awareness through psychosocial education, peer support and social networks as well as empowering the young people to have autonomy to select services. Increased awareness of mental health issues and available services is a significant facilitator of access. Psychoeducation programs that inform young people about mental health symptoms and encourage help-seeking behavior have been shown to reduce barriers. Gowers et al. (2020) found that such programs, often delivered in schools or online, help demystify mental health conditions and promote the idea that seeking help is a sign of strength.

Peer support is also a powerful facilitator of help-seeking behavior. Cheadle et al. (2021) found that young people are more likely to seek help when encouraged by peers. Peer networks that openly discuss mental health and guide others toward services can reduce stigma and normalize help-seeking. Peer leaders with lived experience of mental health issues can also make services feel more approachable. In addition, empowering young people to take an active role in selecting their mental health care providers and treatment plans enhances engagement. Johnson et al. (2019) found that adolescents and young adults who have control over their treatment process tend to have better outcomes and higher satisfaction with care. This autonomy fosters trust and ensures that treatment aligns with the young person’s preferences and needs.

2.6.3 Social Facilitators

Family support is a critical facilitator of access to mental health services. Attkisson et al. (2020) found that when parents or guardians are informed and supportive, young people are more likely

to seek help. Family-based interventions that involve both the young person and their family members have been shown to improve treatment outcomes (Kuo et al., 2021). Parental encouragement can also reduce stigma and address misconceptions about treatment. Changing social attitudes and reducing stigma are crucial for encouraging help-seeking behavior. Guevara et al. (2020) found that communities promoting open discussions about mental health through public campaigns, school programs, and peer networks can reduce stigma. Normalizing mental health conversations helps young people feel less isolated and more willing to seek help.

2.6.4 Technological Facilitators

Digital mental health services, including telehealth and online therapy, have become important facilitators of access. Smith et al. (2021) found that digital platforms provide flexibility in timing and location, making them particularly beneficial for youth in remote areas or with busy schedules. The anonymity of online platforms can also reduce stigma and encourage help-seeking. Social media platforms are increasingly used to provide mental health information and support. Seabrook et al. (2022) found that young people are more likely to seek support if it is integrated into platforms they already use. Peer-led campaigns and online support groups can facilitate connection and encourage professional help-seeking.

Mobile health (mHealth) applications designed for mental health are popular among young people. These apps provide self-guided tools, cognitive behavioral therapy (CBT) exercises, and links to professional services. Wasil et al. (2020) demonstrated that mHealth apps help young people track their mental health, access information, and stay connected with support systems, improving engagement with care.

2.7 Conclusion

The foregoing chapter discussed the theoretical framework and reviewed literature aligning to the study objectives. The chapter explored the psychosocial factors contributing to common mental disorders which are complex and multifaceted, involving interactions between individual, social, and environmental factors. The Socioeconomic factors, such as poverty, unemployment, and lack of education, were noted as significant barriers to accessing mental health services among youth. These factors disproportionately affect youth in low-resource settings, particularly in developing countries, but also impact marginalized populations in developed countries. The review also

highlights the importance of addressing facilitators of access to mental health services for young people. By leveraging systemic, individual, social, and technological factors, policymakers and healthcare providers can create more accessible and effective mental health care systems.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter gives an outline of the methodology used in the study and it encompasses the research design, sampling methods, the data collection instruments It is noted that to enhance positive findings, a study needs to be conducted in a particular form. The study is qualitative in nature and so it took a qualitative approach. The chapter also covers the ethical considerations that were observed during the course of the study.

3.1 Research Philosophy

This study adopts an interpretivist research philosophy, rooted in constructivist principles. The interpretivist approach operates on the premise that reality is not objective but socially constructed through individual experiences, cultural frameworks, and shared meanings (Lincoln & Guba, 1985; Creswell, 2014). Ontologically, this paradigm rejects the notion of a singular reality, instead recognizing multiple realities that emerge from human interpretation within specific social contexts. This philosophical position is particularly appropriate for investigating young people's experiences with mental health services, as it acknowledges these experiences as: subjective and multifaceted; shaped by personal, cultural, and situational influences; and not reducible to uniform or purely objective data. By focusing on personal narratives, the study preserves the richness and complexity of participants' experiences, rather than simplifying them into quantifiable measures.

Interpretivism recognizes that research is intrinsically value-laden, meaning that the study is influenced by the researcher's experiences, prejudices, and relationships with participants. The study emphasized empathy and participant empowerment which demonstrates this axiological position. The study takes an ethical and participatory stance by providing a forum for youth to express their worries without directing their answers. An axiological commitment to reducing power disparities and making sure that the results have meaning for the participants themselves is further demonstrated by the use of a youth-friendly interaction techniques. This research accepts subjectivity as a strength, allowing for fuller, more genuine insights on mental health access hurdles than positive studies that aim for neutrality.

3.2 Research Approach

The research methodology used in this study was qualitative. According to Moser and Korstjens (2017), qualitative research generates in-depth insight by examining complicated real-world events. Qualitative research examines participants' life experiences, attitudes, and behaviours in contrast to quantitative approaches, which concentrate on numerical data and experimental interventions (Tenny et al., 2022). Investigating the "how" and "why" of phenomena, creating theoretical frameworks for additional study, and gaining deep, contextual insights that are not possible with just quantitative data are all made possible by this method.

In this study, the qualitative approach was useful in this study as it provided an opportunity to explore the real experience of the young people in accessing mental health. The qualitative approach enabled an opportunity to the adolescents to explain their world view and why they find it difficult to access mental health services and what do their considered as facilitators to improve their experiences. Qualitative approach allowed the adolescents to voice their concerns and determine what they consider as important to them without them being guided to think in a certain way like when things like a quantitative questionnaire is used. The qualitative approach was used through face-to-face interaction with the adolescents in a youth friendly interaction. This further facilitated the researchers to observe young people's behaviour through non-verbal cues.

3.3 Research Design

Among the several qualitative research designs are ethnography, grounded theory, and case studies. A case study research design was used in this investigation. According to Bloomberg and Volpe (2022), a case study is a methodological research strategy that is utilised to produce a thorough grasp of a current topic or event in a confined system. To obtain a practical grasp of the phenomenon, a case study necessitates a comprehensive examination of an individual, organisation, or event. In order to gain a comprehensive understanding of a problem or phenomenon of interest in its natural, real-life setting, a case study should be carried out, according to Stake (2010).

A case study was appropriate for this study since it gave the researchers a chance to concentrate on the young people's experiences obtaining mental health treatment. The "case" in this study was young people with common mental health illnesses, and the research was constrained by the

observation that while mental health problems can affect persons of all ages, young people are disproportionately afflicted. As a result, it enabled the researcher to concentrate on the distinct experiences of this age range.

3.4 Study Setting

Dzivarasekwa was established in 1983, and it is situated in Harare Province, 18 kilometres to the northwestern side the Central Business District (CBD). It comprises Glaudina, Dzivarasekwa Extension and Dzivarasekwa. Dzivarasekwa is a high-density neighborhood with numerous recurring issues, including water supply, sewerage reticulation, and a growing number of potholes as a result of less road maintenance, according to ZESN (2015). High rates of youth unemployment have been reported in the area. The majority of people in this constituency make their living by purchasing and selling goods on the informal market.

3.5 Target Population

A target population is a of individuals the research intends to conduct research in and draw conclusions from (Tenny, Brannan & Brannan, 2022). In this regard, the study focused on young people experiencing common mental health disorders and required access to mental health services. As the study focuses on Friendship Bench, these were the adolescents who came forth or had accessed mental health services at the organisation through its cadres. These adolescents included everyone despite them having completed the therapeutic sessions or not, allowing an opportunity for wider participation to understand from all angles the challenges in accessing mental health services. While young people is a broader term used interchangeably with the word adolescent or youth which ranges between 15 to 35 years according to the National Youth Policy, the study focused on the youth between the ages of 18 to 24 years as these young people did not require parental consent which could have be difficult to seek if children were included given the limited time of the research. The necessity of focussing on young people in such a study is justified by Radez et al. (2021), who point out that since young people can actively seek help, especially as they age, it is crucial to find out what they think about the obstacles to getting help for mental health issues.

The study also targeted key informants such which include lay health workers (LHWs), social workers, professional counsellors and psychologists at Friendship Bench. Through problem-

solving therapy, these staff members interact closely with teenagers who suffer from common mental health conditions. Their engagement was useful to also understand their perspectives given the direct interaction they have with the targeted group.

3.6 Sampling procedure

Sampling procedure refers to the systematic selection of the study participants who are considered to be representative of the study population. Selection of participants in qualitative research depends on the purpose of the research and is found to rely heavily on the researcher's discretion (Moser&Korstjens, 2018). While there are different sampling methods that are encompassed as probability and non-probability sampling techniques, this study employed non-probability sampling techniques. Non-probability sampling is a method of selecting units from a population using a subjective i.e., non-random method(Tenny, Brannan & Brannan, 2022). The justification for this choice was that it is difficult to obtain a complete sample frame from Friendship Bench due to data protection issues, hence making it impossible to use probability sampling techniques which require such full access. Non-probability sampling was a quick, simple, and affordable method of gathering data that was pertinent to this study because it does not require a full survey frame (Tenny, Brannan & Brannan, 2022). The study utilised convenient sampling and purposive sampling techniques.

3.6.1 Convenient sampling technique

Convenient sampling is simply undertaken as selection of study participants based on availability or convenience (Tenny et al., 2022). This sampling technique was used to select primary participants. The choice was made considering that the researcher accessed the young people through availed data, and those that walked into access services. This reduced time for data collection and made it easier for the researchers to reach the study participants (Golzar, Noor, & Tajik, 2022). While convenient sampling has its limitations in creating biases, the researcher guarded against this by ensuring that sampling was done from different ends for instance, walk in clients at office, clients being serviced in the community by lay health workers and those that received services through the WhatsApp platform.

3.6.2 Purposive sampling technique

Purposive sampling is selection of study participants based on the researcher's rationale for being the most informative (Bhardwaj, 2019). Purposive sampling was used to select key informants. This was based on the researcher's judgement of who was more informative based on experience (Bhardwaj, 2019) in working with young people in providing mental health services. Of the three key informants, they included a lay health worker, a social worker and a psychologist.

3.7 Sample size

The practice of choosing a subset of people from the population in order to estimate the characteristics of the entire population is known as sampling, according to Bhardwaj (2019). Sampling is done based on the rational that in research it almost difficult to include the whole target population hence there is need to select a manageable sample of participants who are representative of the whole population (Moser & Korstjens, 2018). In qualitative data, sampling is important as inclusion of the whole target population is impossible as qualitative data is overwhelming to collect, collate and analyse. It is therefore important to come up with a sample sizeA population's estimations are based on the number of observations, which is known as the sample size. From the population, the sample size was determined. For qualitative research, it has been suggested that a minimum sample size of 12 be used in order to achieve data saturation (Clarke & Braun, 2013). When participant remarks and topics seem to be repeated, new data seems to no longer add to the conclusions, a phenomenon known as thematic saturation.

In this study, the research drew a sample size of 12 young people and 3 key informants from the target population of young people 18 to 24 years and the key informants respectively.

3.8 Data Collection Methods

Data collection entails methodological process of gathering and evaluating the relevant information from different sources to answer the research questions or objectives (Barret & Twycross, 2018). Data collection methods refer to the techniques and procedures that are employed to gather information for the study (Moser & Kortjens, 2018). Given that the study used qualitative methodology, qualitative data collection methods were considered. Qualitative data collection includes interviews, focus group discussions and observations and they allow the research to

interface directly with the research participants and understand their world view. The study adopted in-depth interviews as the primary data collection method.

3.8.1 In-depth interviews

According to Hogg and Rutledge (2020), in-depth interviews are in-person encounters in which participants are asked and encouraged to provide a detailed account of a subject being examined. Due to the extensive nature of data collecting, in-depth interviews work best with smaller samples. Comprehensive details are captured by the researcher through in-depth interviews, making it simple to code material as the conversation goes on. According to Broström et al. (2021), mental health issues are extremely personal and frequently impacted by social, cultural, and personal circumstances. Thus, by employing in-depth interviews the researcher is able to explore participants lived experiences, perceptions, and emotions in detail, which is crucial for understanding the specific causes of mental health challenges among young people. To prevent knowledge loss, the researcher used a diary to record specifics. Given the difficulties in organizing and recruiting participants, in-person interviews were chosen as the method of choice for data collection.

3.9 Data collection instruments

Data collection instruments are tools used to gather information for research (Barret & Twycross, 2018). The tools are structured with questions to get information from the participants and can be administered by the researcher or self-administered by the participant depending on the nature of the instrument. Questionnaires, focus group discussion, interview guides and an observation checklist are a few examples of data collection tools (Clark & Vaele, 2018). The study adopted in-depth interview guides which align with in-depth interview data collection method.

3.9.1 In-depth interview guides

An in-depth interview guide is a data collection tool with a pre-designed list of key questions that a research plans to use during an in-depth interview (Clark & Veale, 2018). The questions are there to guide the researcher to ask key issues to answer the research questions. While they are structured questions, there is no particular formula to ask them, as this is determined by the extent the

participants respond. Two interview guides were developed for young people with CMDs and another one for Key Informants respectively.

The choice of using an in-depth interview guide was cautiously made based on the sensitivity of the subject matter. In-depth interview guides had an open-ended structure which allowed participants to freely express their experiences and stories without being limited by predetermined answers, providing deeper insights into the difficulties they encounter. In-depth interview guides were also considered as they offered a structure while granting flexibility to delve deeper into any new themes or concerns that come up throughout the discussion. Participants could freely and confidentially express themselves in a private, secure setting which can be guaranteed during in-depth interviews (Radez et al., 2021).

3.10 Data Procedure

The researcher first sought approval to research on the topic from Bindura University of Science Education. After the topic and research proposal was approved, the researcher sought permission from Friendship Bench to conduct the study. The permission was granted in the form of a letter which then led the researcher to access the research participants. The data collection tools were designed and pre-tested on two random young people at Youth Friendship Bench in Dzivarasekwa which resulted in refining the data collection tools. Afterwards, actual data collection was done at Dzivarasekwa Youth Friendship Bench centre accessing random walk-in clients who suited the target population of the study. The researcher sought informed consent from the participants after discussing with them the purpose of the study. Research ethics were observed in engaging with research participants. The interviews were conducted in a secure office to ensure confidentiality. After interviews with primary participants, the researcher then conducted key informant interviews. Data collected was securely preserved, and data analysis was then done manually using thematic data analysis approach.

3.11 Data Trustworthiness

Data trustworthiness in qualitative research includes elements such as credibility, dependability, confirmability, and transferability of findings (Ahmed, 2024; Haq et al., 2023; Eryilmaz, 2022). By implementing these strategies, the study ensured the trustworthiness of findings and contributes to a deeper barriers and facilitators for mental health access for young people in Dzivarasekwa.

3.11.1 Credibility

This has to do with the accuracy and integrity of the research findings (Ahmed, 2024). Long-term engagement, consistent monitoring, and triangulation are ways to establish credibility (Ahmed, 2024; Rose & Johnson, 2020). The researcher ensured that sufficient time is spent with participants to build rapport and gain a deeper understanding of their lived experiences and access to mental health services. The research gave the participants an opportunity to review and verify their responses by summarising the conversation and all captured details to ensure that their experiences were accurately captured. Data was cross verified through primary participants, previous studies and key informants to provide a comprehensive understanding of the subject. Finally, regular discussions with research supervisor were done to help refine interpretations and reduce potential researcher bias.

3.11.2 Dependability

The consistency and dependability of the research findings are referred to as dependability (Haq et al., 2023; Rose & Johnson, 2020). Thorough documentation and the establishment of an audit trail are the means by which it is accomplished. Transparency was ensured by keeping a thorough record of every stage of the study process, including data collecting, analysis, and decision-making. In order to minimise any potential subjective influence on data processing, the researcher additionally kept a reflective notebook throughout the study to record personal biases, assumptions, and comments.

3.11.3 Confirmability

Conformability guarantees that results are based on participant experiences rather than the prejudices of the researcher. Peer debriefing, member checking, and reflexive journaling are ways to accomplish it (Ahmed, 2024; Eryilmaz, 2023). This was achieved through maintaining a reflexive journal systematically documenting thoughts, decisions, and reflections to enhance objectivity. The researcher also quoted direct verbatim from participant interviews when presenting the findings in chapter four, to illustrate key themes and support interpretations.

3.11.4 Transferability

Transferability refers to the extent to which research findings can be applied to similar contexts. It can be achieved through comprehensive and detailed explanations (Haq et al, 2023; Rose &

Johnson, 2020). While qualitative research does not seek statistical generalizability, this study ensured transferability through detailed descriptions of the study context, participants. The researcher further ensured that participants are selected based on their lived experiences.

3.12 Data Presentation and Analysis

Data presentation is the process of representing raw data into a more structured way to convey information effectively to the audience (Creswell & Poth, 2018; Moser & Korstjen, 2018). Data analysis on the other hand, examines and interprets collected data to extract insights, identify patterns, and answer research questions. It involves organizing, coding, and categorizing information, to make sense of complex responses (Creswell & Poth, 2018). Thematic analysis, which focusses on finding, examining, and interpreting patterns or themes in qualitative data, was employed in this study. The first step in the six-step process of thematic analysis is familiarisation, in which researchers browse through the material and make preliminary notes. Subsequently, significant data segments are methodically tagged to provide initial codes. The next stage, "searching for themes," groups these codes into possible topics. To make sure the themes appropriately reflect the data, they are examined and improved. After that, researchers give the themes names and definitions that capture their essence and significance in relation to the study topics. The final step is producing a report that provides a narrative of the analysis, using examples to illustrate the identified themes and their insights (Guest, et al., 2012).

3.13 Delimitations of the study.

The study focused on the young people, male and female aged 18 to 24 years with common mental health disorders who attempted to and fully accessed mental health services through Friendship Bench interventions. Young people outside this age range and who have access mental health services through other interventions were totally excluded from the study. The study focused on young people in Dzivarasekwa, Harare.

3.14 Limitations of the study

Qualitative studies encounter several limitations which the researcher must be aware of. One limitation was analysing qualitative data from in-depth interviews which was time consuming and limited time could have restricted the thoroughness of the analysis. To counter this limitation, the

researcher ensured that data collection and analysis was done during vacation period such that when semesters started, they concentration was on dissertation compilation.

The study experienced challenges in data collection from adolescents who could not open up to their experiences. To counter this, the researcher employed social work skills to build rapport with the study participants to allow them to have a trusting relationship in which they are able to discuss their experiences without fear of being judged or having their information exposed. The study also adhered to research ethical principles.

3.15 Ethical considerations

Barrow et al. (2022) define research ethics as the moral principles governing what constitutes acceptable research conduct. The authors emphasize that ethical research must demonstrate respect for participants while actively minimizing potential harm. In alignment with these principles, this study adhered to the following ethical considerations.

3.15.1 Do no harm

In accordance with the ethical framework proposed by Barrow et al. (2022), this study established stringent safeguards to preserve the beneficence principle. These steps included putting in place safeguards to reduce psychological and physical suffering and putting protective measures in place against possible exploitation in order to mitigate risk. A data protection system that guarantees the full security of all participant information and has developed safe data storage protocols to prevent inadvertent disclosure can also guarantee do no harm. By ensuring informed consent through transparent communication procedures, guaranteeing participants' unconditional right to withdraw without penalty, and establishing mechanisms for immediate withdrawal upon participant request, the study complied with the framework for voluntary participation to prevent harm to participants.

3.15.2 Informed consent

A crucial precondition for all data collection efforts was gaining voluntarily informed consent, in line with BERA (2004) criteria. The researcher created a thorough consent statement that stated the main goals and objectives of the study, covered all pertinent ethical issues, and specifically addressed concerns about secrecy and anonymity in order to guarantee adherence to this ethical obligation. This consent form was also sent to all potential participants by the researcher before any data collection operations began, giving them enough time to evaluate and think it over.

3.15.3 Confidentiality and Anonymity

Scholars emphasize the ethical imperative of implementing robust measures to protect participant confidentiality and data security (Dane, 1990; Miles & Huberman, 1994). This study adhered to the following stringent protocols. Firstly, it was pre-collection disclosure whereby clear explanation of confidentiality measures during informed consent process was given and explicit inclusion of privacy protections in research agreements. In data handling procedures strict limitation of access to researchers only, secured storage of all records (both written and audio formats and implementation of controlled yet functional accessibility protocols. With regards to storage utilization of physically secured locations for hard copies, protection of digital storage with restricted access privileges and maintenance of optimal balance between security and research accessibility was done. These measures collectively ensured compliance with established ethical standards while facilitating legitimate research needs. The protocols were designed to maintain participant trust, prevent unauthorized disclosure and preserve data integrity throughout the study period.

3.16 Chapter Summary

The procedures the researcher used to gather, examine, and present the data were described in this chapter. The methodology and research tools, including the use of interview guides, were described and supported. Sampling methods were also discussed, and convenient and purposeful sampling were employed in this study. This chapter presented the processes that researcher undertook to collect, analyze and present the data. The research instruments and methods were stated and justified, and these included the use of interview guides. Sampling techniques were also highlighted and for this research purposive sampling and convenient sampling were used. This chapter included ethical topics such voluntary involvement, anonymity, and secrecy. The presentation and analysis of the research findings will be covered in full in the upcoming chapter.

CHAPTER FOUR: PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.1 Introduction

Since thematic data analysis was employed, the study findings will be presented in this chapter using a thematic manner. Direct verbatim statements from study participants are used to bolster the findings and highlight their experiences with accessing mental health treatments at the Youth Friendship Bench in Harare. The results are discussed in relation to the theoretical framework and literature. The chapter is organized with subheadings that include data on study demographics and topics that were developed in accordance with the study's objectives and themes.

4.2 Demographic information

The study collected demographic information of the participants disaggregated by sex, age, highest level of education, relationship and employment status. The disaggregated findings are presented below.

Table 1: Summary of participants demographic information

Participant code	Sex	Age	Highest level of education	Relationship Status	Employment Status
01	F	24	Tertiary	Single	Unemployed
02	M	23	Tertiary	Single	Unemployed
03	M	18	Secondary school	Single	Unemployed
04	M	22	High school	Married	Informally employed
05	F	22	Tertiary	Single	Unemployed
06	M	19	High school	Single	Unemployed
07	F	20	Secondary school	Married	Informally employed
08	F	21	Secondary school	Single	Self-employed
09	F	23	Secondary school	Married	Unemployed
10	F	24	Primary school	Married	Informally employed
11	M	20	Secondary school	Single	Unemployed
12	F	22	Secondary school	Married	Self-employed

Table 2: **Summary of Key Informants demographic information**

Designation	Sex	Years of experience
Community Health Worker	Female	5 years
Social Worker	Female	8 years
Psychologist	Male	10 years

4.3 Presentation, analysis and discussion of themes

The data gathered for the study led to the development of several themes. The following section offers a discussion under broad themes, such as the current causes of mental health issues in young people, the difficulties young people face in accessing mental health services, and the factors that make it easier for young people to access mental health services, because these themes were in line with the study's objectives and research questions. The following subthemes are discussed as they surfaced from the responses provided by the participants.

4.4 Contemporary causes of mental health challenges in young people in Dzivarasekwa, Harare

The study found that contemporary causes of mental health challenges among youth are complex and diverse. Mostly, socio-economic issues are the leading causes of common mental health disorders among young people. These include limited access to resources, relationship challenges, academic pressures, isolation, social media pressures and trauma.

4.4.1 Limited access to resources

The study participants noted that limited access to resources caused by youth poverty and economic hardships is among the leading cause of mental health challenges in Harare. It was noted that, due to unemployment young people struggle to secure income to meet their needs. Due to life demands, which they struggle to meet they find themselves in depressive moments. Participant 3 pinpointed poverty as the leading cause:

"Poverty is one of the causes of mental health challenges among the youth today. Young people are finding it to secure employment and with lack of income it's difficult to survive. This has made some youths to turn to substance and drug abuse" (Participant, 3)

In addition, participant 11 highlighted a situation where they were unable to meet the basic needs for the upkeep of the family due to unemployment as they said:

"I am now an adult, and parents expect that I look for myself and also contribute to the upkeep of the family. But it is difficult to meet these demands without employment. They start to see me as a useless person but not acknowledging that things are really hard." (Participant, 11)

This also resonated what participant 4 said:

*"I got into depression for failing to meet the needs of my child. I have a 9-month-old baby and requires pampers and all sort of baby things, yet the work I do doesn't pay much for me to afford all the needs because I also have rent and other things to cover. So, yes when you don't have enough resources you get into depression." (*Participant, 4)

The key informants were also in concurrence with the idea that poverty which is characterised by limited access to resources has been impacting negatively on the mental health of young people. Key informant 1 said;

"Poverty is a major cause of mental health challenges in young people these days. When in poverty it is difficult to afford basic standards of living due to limited resources. This has caused many of the young people to be involved in various social ills such as committing crime and drug and substance abuse as coping ways." (Key Informant, 1)

Further to that, Key informant 2 added that:

"Lack of resources not only cause mental health problems in young people but also exacerbate the mental health challenges they face because it hinders access to early interventions" (Key Informant, 3)

According to these findings, the main obstacles to young people's mental health and access to mental health care are poverty and unstable finances. Both key informants and participants describe a vicious cycle in which lack of income and unemployment cause anxiety, depression, and feelings of worthlessness, which are then made worse by pressures from family and society. One young person (Participant 3), for example, described how their family saw them as 'useless' since they were unable to make a financial contribution, which made them feel even more ashamed and alone. Another participant described how his child fell into depression as a result of the stress of not being able to pay for basic necessities. As short-term solutions to their problems, these financial hardships frequently drive young people to turn to dangerous coping strategies like drug misuse or criminal activity. Key informants further buttressed that poverty impedes access to early interventions, causing mental health problems to deteriorate before assistance is sought. Due to a lack of income, mental health services are sometimes viewed as a luxury rather than a need, especially when basic necessities like food and shelter are prioritised. Many young people lack

safety nets and support due to systemic problems such high youth unemployment and intergenerational poverty.

These results are consistent with previous research that shows poverty to be a contributing factor to poor mental health as well as a result of it (Jin, Zhu & He, 2020). As Zhang et al. (2023) puts it poverty limits people's access to resources. Ridley et al. (2020) also noted that financial difficulty is regularly associated with greater rates of substance addiction, anxiety, and depression, especially among young people, according to research. The findings also highlighted the bi-directional relationship between poverty and common mental health disorders which has been shown in literature. The Problem- Solving Therapy (PST) provides a useful foundation for tackling these issues. PST has a strong emphasis on goal-setting and systematic problem-solving, which can help young people overcome everyday obstacles, develop self-efficacy, and reclaim control in situations where there are few outside resources available. Incorporating PST into community-based programs may promote adaptive coping mechanisms and lessen the psychological effects of financial instability.

4.4.2 Relationship problems

The findings also revealed that young people experiencing interpersonal relationships also encounter common mental health disorders such as stress, anxiety and depression. Issues of intimate partner violence was picked as common among young people's experiences. Among the factors intertwined with intimate partner violence and abuse include inability to meet family needs straining relationships, cheating and jealous. Participant 4 shared how marital conflicts due to inability to meet the family needs led to depression.

"While I was struggling to make ends meet, I ended up having conflict with my wife who kept on putting pressure on me as if I was not doing enough. Sometimes when I get home, she would be angry and starts shouting at me because I would not have bought what the baby needs. This made me go into depression and I had to seek help from Youth Friendship Bench." (Participant, 4)

Other participants also highlighted relationship challenges with their boyfriends and are caught in a web of violence and abuse as illustrated by Participant 1.

"I had a relationship problem with my boyfriend of 4 years. He started cheating with other girls, and I decided to leave him, but he kept on coming back. When I finally told him that I could not

tolerate his behaviour anymore he became violent and was stalking me. I went through hell, and it was very depressing. After gathering strength, I had to report him to police, that is how it ended by the mental breakdown that I suffered was severe and one officer at police referred me to Youth Friendship Bench" (Participant, 1)

The key informants also corroborated that relationship problems were contributing to mental health issues in young people as said:

"Relationship problems are real, and young people are enduring relationships these days. There is a lot of cheating that is going on by both parties, men and women – they call it 'mjolo' pandemic. In some cases, we receive cases of intimate partner violence and disagreements from young married couples" (Key Informant, 2)

These findings show that relationship problems are a major cause of common mental health issues in youth, with power dynamics, conflict, abuse, and infidelity appearing as major stresses. These accounts exhibit several trends. As demonstrated by Participant 4's experience, where financial stress resulted in marital conflict and spousal pressure regarding childcare responsibilities, ultimately prompting depression, financial strain first exacerbates interpersonal problems. This demonstrates how relational stress, and socioeconomic factors combine to exacerbate mental health risks.

Second, numerous participants reported violent relationships that resulted in significant psychological anguish, highlighting intimate partner violence as a particularly harmful element. Trauma and mental breakdowns can result from toxic relationships, as seen by Participant 1's story of an unfaithful boyfriend turning violent and stalking. Another participant talks about an abusive and controlling husband who restricted her work, causing her to become economically and psychologically dependent, which had a detrimental effect on her mental health. These stories demonstrate how coercive control and power disparities in relationships can seriously harm the wellness of young people.

The key informant's mention of a '*mjolo pandemic'*, a phrase used to describe the prevalence of casual relationships, raises the possibility that shifting relationship standards are causing mental health issues, with infidelity causing instability and conflict. This finding suggests that young people may be exposed to additional psychological pressures as a result of modern dating cultures.

Crucially, the stories show that relationship issues frequently escalate to a crisis point before getting assistance, with several participants only seeking mental health care following serious arguments or police involvement.

These results are consistent with research showing a substantial correlation between prevalent mental health issues in young people and relationship stressors such coercive control, adultery, and intimate partner abuse (Johnson-Esparza et al., 2021). Relationship problems, especially when combined with financial stress, greatly increase the risk of anxiety, sadness, and trauma-related illnesses (Frame, 2017). The PST is relevant in that it focuses on empowering individuals to break down complex relational problems into manageable steps is particularly relevant in situations where power imbalances or emotional entanglements limit a young person's sense of agency.

4.4.3 Social media pressure

In the contemporary times where technology is the life of the day young people are frequently using social media platforms for different purposes including communication. However, it tends out that social media is putting pressure on young people due to sharing of flashy lifestyles which has psychological effect on others of the same age who feel that they are behind with life. The participants in the study were noted to be present on social media and one of the participants' testimony best captured how young people fall into social media pressure leading into common mental disorders by saying:

"I was spending too much time on social media platforms especially Instagram and Tik Tok. Seeing others of my age posting nice things, driving cars, in fashionable clothing and enjoying life while I am stuck at home and I cannot afford that. It made me feel backward, and I hated myself and being born in a poor family background. I had a lot of anxiety which ended up in me being depressed." (Participants, 6)

The key informants also shared the same viewpoint emphasizing that:

"These platforms are being used to promote and showcase lifestyle that are either not sustainable or realistic for many youths. It gives them unnecessary pressure to keep up with the life they cannot afford. A lot also happens on these platforms such as online bullying and spreading of malicious gossip which further harm the mental health of young people." (Key Informant, 2)

The results of the study demonstrate the significant influence that social media pressures have on youth mental health, exposing several interrelated ways in which these platforms exacerbate stress, anxiety, and depression. The simple claim made by Participant 2 that social media is directly related to mental health issues lays the groundwork for more thorough explanations of how this happens. A moving example is given by Participant 6, who describes how melancholy, self-loathing, and feelings of inadequacy were exacerbated by continuous exposure to carefully manicured, idealised lifestyles on Instagram and TikTok. This habit, also known as 'social comparison,' is especially harmful when young people compare their own life to others' highlight reels. It exacerbates socioeconomic inequities and results in a bad self-perception. The participant's mention of resenting their 'poor family background' underscores how social media amplifies existing inequalities, making financial and social limitations feel more oppressive.

Key Informants went on to highlight that social media frequently encourages unsustainable and unrealistic lifestyles, putting undue pressure on users to live up to impossible expectations. Young people may experience emotional hardship as a result of internalising a sense of failure for not attaining what they see online, or financial strain as a result of feeling pressured to spend more than they can afford in order to maintain appearances. The informant also draws attention to other negative features of social media, like vicious gossip and cyberbullying, which exacerbate mental health issues. These factors produce a poisonous atmosphere in which youth are directly harassed in addition to being exposed to unattainable expectations, thus undermining their emotional health and sense of self. When taken as a whole, these answers present a troubling image of social media as a two-edged sword that provides entertainment and connections, but on the other hand also fosters anxiety, sadness, and self-doubt. The frequency of online abuse, the culture of comparison, and the need to fit in all contribute to the mental health crisis among young people.

These findings are consistent with a growing body of literature linking social media use to increased rates of depression, anxiety, and poor self-esteem among young people (Scotte et al., 2017; Twenge et al., 2018; Lattie et al., 2019). The phenomenon of social comparison, where users evaluate themselves against idealized portrayals online, is a well-documented mechanism contributing to psychological distress, particularly in adolescents and young adults (Chloliz et al., 2017). Problem Solving Therapy (PST) offers a useful approach to help young people navigate these digital stressors by promoting cognitive restructuring and problem-focused coping strategies.

PST encourages users to identify specific challenges, such as feelings of inadequacy stemming from social media use, and to generate and evaluate realistic solutions, which can counteract harmful thought patterns and impulsive behaviours.

4.4.4 Academic stress

Young people also expressed that with the high expectations to excel in academics; the increased academic demands are also contributing to common mental health challenges. Young people are pressured to obtain high grades and when they fail to obtain them, they feel inadequate. For instance, Participant 5 who was in tertiary education showed how failing to attain grades for first class degree led into depression all quoted:

"Academic pressure is one of the causes. I remember when I started my part 1, I had to work hard because I wanted distinctions. My parents told me that I should attain a first-class degree. But when results came, I was disappointed that after all my hard work I only had 2.1 and 2.2s only. The thought of disappointing myself and not meeting the academic expectations of my parents was overwhelming that is why I ended up in depression." (Participant, 5)

Another participant also related to his repeated failure of O' level exams:

"I have failed O' level exams three times. Last year [2024] *November was my last hope because my parents told me that was the last time they were paying for me. However, I came up with 4 Ds and 2 Cs. This made me go through a hard time as all my hope was lost. At one time I thought of committing suicide because I felt I am a failure in life."* (Participant, 3)

This was also concurred by the key informants who noted that these high expectations have negative psychological impact on young people who are not academically gifted, yet they might have strengths in certain skills which are often undervalued.

"I concur that high academic expectations are among the causes of mental health problems in young people. I have come across students that have failed their O' level, A' level and even at university, while their parents have high expectations on them. I think one thing that is happening is parents failing to acknowledge that some children may not be academically gifted and but can have strength in certain skills, hence instead of emphasising on academic passes they could also help their children through vocational skills training." (Key Informant, 1)

The interview responses reveal academic stress as a significant and often overwhelming contributor to mental health disorders among young people, characterized by intense pressure to meet high expectations, fear of failure, and a lack of alternative pathways to success. The following responses were noted. The story of Participant 5 demonstrates how personal and parental expectations can lead to a destructive cycle of perfectionism in which even academically sound scores, like 2.1 or 2.2, are viewed as failures and cause depression. This demonstrates the detrimental effect that strict academic standards have on self-esteem, as young people internalise disappointment from both their families and them. Similar to this, Participant 3's story of recurrent exam failures and suicide thoughts highlights the severe psychological effects of academic setbacks, especially when parents present them as a last chance. A limited social definition of success that equates academic achievement with personal value, leaving little room for alternate types of accomplishment, is reflected in the fear of being labelled a 'failure in life' as a result of performing poorly on exams.

Key Informant 1 offers a critical viewpoint by pointing out that rigid parental and social expectations that place a higher priority on academic achievement than personal qualities are frequently the source of the issue. The informant's observation that some young people might do better in vocational skills than traditional academics suggests a systemic problem where families and educational institutions usually overlook a variety of talents, which makes it more stressful for students who find it difficult to succeed in traditional academic settings. In addition to exacerbating anxiety and sadness, this one-size-fits-all strategy ignores and undervalues alternative paths to both career and personal fulfilment.

These findings echo findings by Iqbal et al. (2024) and Almroth et al. (2019) who found that in recent years social and academic expectations have increased. This put young people at risk of mental health issues among youth, including depression, anxiety, and suicidal ideation (Chen & Hesketh, 2011). PAT can be particularly effective in this domain by helping students reframe academic challenges, set realistic goals, and develop problem-solving skills to cope with academic setbacks. PST fosters a more adaptive mindset by shifting the focus from uncontrollable outcomes, like grades, to actionable steps, reducing the psychological burden of perceived failure.

4.4.5 Loss of loved ones

The study also noted that grief because of loss of a loved one is one of the causes of current mental health disorders among young people in Harare. It was learnt that, in losing a loved one like a parent or a very close relative can be very difficult especially when they were the only support system. Participants 8 shared how she felt after loosing her uncle as she reflected that:

"My mental health breakdown was due to stressful life events as I had lost my uncle…basically a lot was going on in my life during the grieving period and I ended up being helped to seek mental health support." (Participant, 8)

Participants 12 also alluded to loosing her parents having consequences on her mental health as she disclosed that:

"I lost my parents in consecutive months. It was difficult to accept and as I navigate the grieving process, I ended up findings myself in mental impairment. I couldn't do anything straight without crying, I was hypersensitive and very emotional. I tried to understand why God allowed such thing to happen in my life?" (Participant, 12)

The experience of participant 8 serves as an example of how sorrow, when exacerbated by additional stressors in life, might result in a mental health crisis severe enough to necessitate professional assistance. This implies that young people might not have the proper coping strategies to deal with bereavement and other difficulties at the same time, making them susceptible to emotional breakdown. With symptoms similar to difficult sorrow, Participant 12's story of losing both parents in quick succession emphasises how destabilising severe or many losses may be. Their attempt to make sense of the devastation in light of their faith such as *"why God allowed such a thing"* further illustrates how grief may undermine fundamental convictions and exacerbate suffering. Both stories show a similar pattern in which unresolved grief shows up as emotional or chronic suffering that interferes with day-to-day functioning. Together, these answers highlight how sorrow in young people is more than just sadness but it's a destabilising force that can develop into long-lasting mental health conditions if it's not adequately supported.

These findings are supported by existing literature that identifies bereavement, especially in adolescence and early adulthood, as a major risk factor for developing depression, anxiety, and complicated grief (Rieder & Elbert, 2021). The psychological toll of losing a loved one is often

intensified when grief is compounded by other life stressors or unresolved trauma, as seen in the participants' accounts. Problem Solving Therapy (PST), while not a grief-specific intervention, can be adapted to help bereaved youth manage the practical and emotional disruptions caused by loss. PST can assist individuals in breaking down overwhelming emotions into manageable challenges, encouraging active coping and helping to restore a sense of control during periods of emotional turmoil. However, these findings also highlight the need for grief-specific interventions such as bereavement counselling and support groups, that validate and address the unique emotional and spiritual questions that arise during mourning.

4.5 Challenges for young people in accessing mental health services at Youth Friendship Bench in Dzivarasekwa, Harare

The study found that young people face diverse socio-economic challenges in accessing mental health services at Youth Friendship Bench. The identified challenges included limited awareness of availability of mental health services, societal stigma, fear to access services, diminished family and societal support system, access costs and technological challenges.

4.5.1 Limited awareness of mental health services availability

The study shown that there is inadequate knowledge among young people with regards to mental health services availability which hinders accessibility. Further, it was pinpointed that not only do they lack knowledge of services, but they also fail to grasp their experiences to recognise them as mental health disorders requiring intervention. This was reflected in different responses such as reflections by Participant 7 who said:

"I didn't even know there were free counselling services in my community until my friend told me. I thought mental health support was only for people with severe problems, not someone like me who was just stressed and anxious all the time." (Participant, 7)

Participants 6 also demonstrated limited awareness:

"I was not aware of the existence of Youth Friendship Bench, so it took me time to get hope. I only learnt about Friendship Bench when I came across a Tik Tok video then I got interested in it. I then found that I could then seek help since the signs I was experiencing related to the description of common mental health disorders they described" (Participant, 6)

On the other hand, other participants could not recognise the symptoms they were having as mental health disorders that they required intervention. For instance, Participant 9 shared that:

"I did not know that the symptoms I was having were typical of common mental health disorders. Then one day I came across a community health worker from Friendship Bench who was telling people about services they offer. I became inquisitive and that's how I learnt that I needed help" (Participant, 9)

The key informants also concurred as they shared that:

"Young people sometimes lack knowledge of where to access mental health services. Sometimes they might not even know that what they are experiencing are mental disorders unless they get someone to tell them." (Key Informant, 1)

According to these findings, young people's inability to seek mental healthcare is largely due to a lack of mental health literacy, which can show itself in three main ways. First, as seen by Participant 7's astonishment at learning about free community counselling and Participant 6's delayed access to Friendship Bench until seeing a TikTok video, there is a general lack of knowledge about the programs that are offered. This implies that youth cannot be reached by traditional outreach techniques, hence digital and peer-led awareness efforts are required. Second, many young people have a misconception about mental health issues. For example, Participant 3 first dismissed depression as just sadness, while other participants failed to identify their symptoms, delaying getting assistance until a crisis. These testimonies expose the perilous normalisation of anguish, in which young people suffer from curable illnesses as a result of inadequate psychoeducation about symptom identification.

Thirdly, Key Informant 1 points to a systemic knowledge gap that is without outside assistance, young people frequently struggle to recognise disorders or navigate care systems. Together, these answers highlight how information gaps reinforce practical barriers and self-stigma. The recurrent theme of unintentional discovery by friends, social media, or community workers. indicates that youth-friendly, focused mental health literacy programs could close this gap, especially if they are offered through peer networks and digital channels that young people already use.

Mahmoodi et al. (2022) had similar findings which showed that limited mental health literacy is a major barrier to timely and appropriate mental health care, especially among youth. Mahmoodi et al. (2022) further noted that misunderstanding symptoms, underestimating the severity of distress, and not knowing where or how to seek help contribute to delayed intervention and worsened outcomes.

4.5.2 Individual fear and mistrust of services

The study found that fear and mistrust serve as significant psychological barriers preventing young people from accessing mental health services, particularly due to concerns about confidentiality breaches and social repercussions. Participant 10 expressed that:

"I was afraid that counsellors will share my information with others or will end up contacting my husband which would cause more problems. This made me feel reluctant to approach their services." (Participant, 10)

This was also emphasized by Participant 4:

"I feared lack of anonymity and confidentiality given that the services are offered in the community and it's easier to know people." (Participant, 4)

Key informants also acknowledged that:

"Before accessing services some of the young people might be afraid of sharing their information with professionals as they consider them strangers. They fear that they information may not be secure. This may inhibit them to access services." Key informant, 2)

The reason for Participant 10's hesitation to seek counselling was her fear that her husband would learn private information, which could make her domestic situation worse. This worry emphasises how power dynamics and gender-based vulnerabilities can discourage people from getting treatment. In a similar vein, Participant 4's concern with the lack of anonymity in community-based programs highlights the stigma associated with mental health, as recognition at a clinic may result in rumours or condemnation. These stories highlight a larger lack of trust in mental health services as young people balance the dangers of getting help against the possible repercussions of being exposed. The worry of confidentiality being violated is not purely hypothetical; it stems from power disparities in the real world, such as marital control, and the close-knit communities

where privacy is difficult to ensure. For people who are already in vulnerable circumstances, such as abuse survivors or people in coercive partnerships, this suspicion can be particularly paralysing. These findings align with Platell, Cook & Martin (2017) who noted that adolescents perceived therapeutic relationship with professionals as a hinderance to access to services as it is they perceive it difficult to trust an unknown person and not guaranteed confidentiality.

4.5.3 Societal stigma

The study also found that young people face societal stigma which hinders them from accessing mental health services. The stigma is shaped by societal beliefs that mental health breakdown is a sign of weakness and those that report to have mental health issues are given negative labels. For this reason, young people end up shunning mental health services so that they are not judged. Participant 11 shared her stigmatisation struggles that:

"People in my community were judging and gives me some negative labels that worsened my mental health. Instead of seeking for help I ended up having suicidal thoughts triggered by these stigmas." (Participant, 11)

It was also noted that the stigma is also gendered with the belief that men have to be strong. This perpetuates silence and exacerbating psychological distress. Participant 6 had to say.

"People in my community say mental health issues are just 'drama' or being weak. So even when I was feeling low, I didn't reach out because I thought no one would take me seriously." (Participant, 6)

The key informant also reinforced that:

"Boys are less likely to ask for help because of stereotypes around masculinity. They're told to 'tough it out,' which prevents early intervention." (Key Informant, 3)

Another key informants further brought another issue on LGBTQ noting that:

> *"LGBTQ youths fear stigma and discrimination when accessing Friendship Bench services. However, Friendship Bench staff are usually trained and equipped to appropriately work and address members of the LGBTQ community."* (Key Informant, 2)

The experiences of the participants show how stigma may become life-threatening, as unfavourable labels not only deterred the young people from getting treatment but also heightened suicidal thoughts. The participants brought attention to the trivialisation of mental health issues as 'drama' or weakness, which breeds guilt and loneliness. Many young individuals internalise their misery rather than face rejection or invalidation as a result of the pressure to fit in with these contemptuous cultural views. Key informants also revealed how gender-based stereotypes exacerbate the issue, especially for boys who are expected to 'tough it out' in society. This narrative of toxic masculinity relentlessly postpones care until crises arise by equating vulnerability with failure. While societal bias prevents LGBTQ+ people from seeking treatment because they fear discrimination or hostility, Friendship Bench has taken action to close this gap by providing personnel with inclusive care training, according to the key informant. It highlights a crucial conflict whereby anticipatory stigma which is the dread of being mistreated or judged may keep marginalised people from using services that are both technically feasible and culturally appropriate. The informant's insight highlights how LGBTQ+ young people deal with a dual burden of identity-specific prejudice that might cause them to become isolated from support networks and the general stigma around mental health. Although the mention of staff training points to an improvement in institutional readiness, the continued stigma in society reveals that more extensive cultural change is required to guarantee LGBTQ+ adolescents feel comfortable seeking care. This is consistent with research from around the world that minority stress exacerbates inequities in mental health. Therefore, in order to combat harmful norms and openly support LGBTQ+ inclusion, service-level adjustments are essential, but they must be combined with community-wide anti-stigma initiatives.

These findings echo extensive literature emphasizing that social stigma both external and internalized, is a central barrier to mental health access, particularly among youth and marginalized groups (Baxter et al., 2022). Stigma functions not only by discouraging help-seeking through fear of judgment but also by fostering shame and self-blame, which delay intervention and worsen outcomes. This is particularly pronounced in patriarchal or conservative cultures where vulnerability is seen as weakness, and among LGBTQ+ youth, who face the compounded effects of identity-based discrimination and mental health stigma, a dynamic well explained by the minority stress model (Meyer, 2003).

4.5.4 Diminished family and societal support system

The family and societal support system play a crucial role in encouraging young people to access mental health services. However, when young people do not get sufficient encouragement, they often feel discouraged and shun accessing mental health services. The interview responses revealed how shrinking family and societal support systems create significant obstacles for young people seeking mental health services, often exacerbating their psychological distress. One participant divulged that:

"When I told my parents I was feeling really depressed, they just said, 'You're too young to be stressed, just focus on school.' They didn't take me seriously, so I never brought it up again which made me suffer in silence for a long time." (Participant, 5)

Another participant said:

"My family and friends said I was being dramatic and behaved liked I am the only person who had lost parents. It made me lose my self-esteem more and I started doubting myself. I failed to get help in time because it took me long to realise that what I was experiencing was genuine and with or without the family support I needed to do something about it." (Participant, 12)

The key informants also noted that:

"Many young people want help but can't get it because their parents either don't believe in mental health care or see it as a failure." (Key informant, 1)

They also added a gendered dimension saying:

"For LGBTQ+ youth, rejection from family is a major barrier. If their parents don't accept their identity, they're even less likely to support them getting mental health care." (Key Informant, 2)

Participant experiences highlight the contemptuous attitudes that are common in many families, where young people suffer in silence as mental health issues are downplayed with statements like being "too young to be stressed." In addition to delaying getting assistance, this invalidation perpetuates the idea that their suffering is not important enough to warrant attention. Furthermore, as young individuals start to question the legitimacy of their own feelings. The participants stories

demonstrated how a lack of empathy from loved ones can undermine self-esteem and prolong suffering.

Key Informant 1 elaborates on this issue by pointing out that a significant number of parents reject mental health services or see them as a sign of weakness, so depriving their kids of an important source of support. As Key Informant 2 notes, this is especially damaging for LGBTQ+ youth because they are doubly alienated because family rejection of their identity frequently results in active opposition to mental health assistance. Collectively, these answers present a concerning image of how unsupportive settings push youth to deal with mental health issues on their own. Significant repercussions include untreated illnesses, protracted suffering, and a dependence on self-awareness to seek assistance without family support. This emphasises how urgently community education initiatives that focus on families and social networks are needed in order to promote empathy and dispel damaging myths around mental health.

In the same vein, literature has shown that ddolescents may be discouraged from seeking help if their families have negative attitudes about mental health, such as stigma or denial. To substantiate this assertion Mojtabai et al. (2018) found that 40% of youth with mental health issues in the United States did not seek help because their families dismissed their concerns as just a phase. In a comparable situation Gulliver et al. (2019) found that in the United Kingdom parents often discouraged help-seeking due to fear of stigma or lack of awareness about mental health services. The situation has also been portrayed in India, Nigeria and other sub-Saharan African countries where family influence is often stronger due to collectivist cultural norms (Gureje et al., 2020).

4.5.5 Access costs

Young people also expressed that they face challenges to access services due to transport related costs. Some participants noted that they have to get transport to get to the Youth Friendship Bench centre and with no income this might be a challenge. Participant 9 said:

"When I learnt that I could access services at Friendship Bench I was still in rural areas. I did not have transport money to come back which extended my stay and the time to seek help." (Participant, 9)

Participated 3 also added that:

"To get to the centre I need to board a commuter omnibus which costs $0.50c but I did not have the money." (Participant, 3)

Key informants also alluded that:

"Affordability is an issue when it comes to accessing services because of lack of income, there is high unemployment among the youths in Zimbabwe." (Key Informant, 2)

The participant stories illustrate how financial hardship, and remote location can cause delays in care, as people in rural areas find it difficult to pay for transportation to service centres, which can exacerbate their condition and prolong their suffering. In a similar vein, participants' incapacity to pay for a small bus fare ($0.50) highlights how severe economic precarity can make even minor expenses unaffordable, thereby excluding young people from care. In Zimbabwe's larger youth unemployment issue, where a lack of funds makes mental health therapies an expensive luxury for many, key informant places these individual struggles in perspective. When taken as a whole, these stories show how poverty and mental health access interact to create a vicious cycle in which untreated disorders may further impair economic stability and financial limitations hinder treatment.

Rickwood et al. (2019) noted that young people often in financial dire situation due to economic challenges such as low income and unemployment lack funds to get assistance. The narratives show how even minimal fees or transportation costs create insurmountable barriers for economically marginalized youth, reinforcing the social gradient in health. PST, with its emphasis on pragmatic, low-cost interventions and structured problem-solving skills, is especially relevant in these contexts. Delivered through task-shifting models like Zimbabwe's Friendship Bench, which utilizes trained lay health workers PST has been shown to be both scalable and effective in resource-constrained settings (Chibanda et al., 2016).

4.5.6 Virtual challenges

The study noted that some services are offered online, and young people reported facing challenges with this. The common challenges that were cited include electricity challenges affecting reachability of the young people as well as issues of confidentiality on virtual follow-ups and services. The participants were quoted saying the following:

"Another challenge that I encountered was during follow-ups which were done online. Sometimes I would see at night that someone tried to call me during the day, but the phone would have been off due to electricity challenges." (Participant, 8)

Another participant also shared her struggles revealing that:

"I share my phone with my husband because most of the times his is not working. The challenge comes when Friendship Bench do a follow while y husband is having the phone." (Participant, 10)

The way that unpredictable electricity interrupted online follow-ups for participants, highlights how simple utility gaps can undermine therapeutic continuity, making clients feel alone when calls are missed or responses are delayed during blackouts. Because clients could mistake service interruptions for abandonment rather than infrastructure faults, this technical instability runs the danger of undermining trust in remote care systems. In the meantime, stories such as Participant 10's story illustrates how privacy issues arise due to device scarcity, as her spouse and she split phone ownership, endangering confidentiality during follow-ups. This situation highlights a gendered aspect of phone access restrictions, since women's reliance on male-controlled technology may discourage candid conversations about mental health, particularly in patriarchal settings where stigma endures.

These findings are in tandem with studies which has shown that the efficacy of digital mental health therapies may be impeded by privacy concerns, a lack of digital competence, and restricted access to dependable internet (Rathod et al., 2022). Additionally, because they might prefer in-person interactions or are unsure of the anonymity of online platforms, some young people might not feel comfortable asking for help digitally.

4.6 Factors which facilitate access to mental health services by young people at Youth Friendship Bench in Dzivarasekwa, Harare

The study found that despite several challenges that young people experience in accessing mental health services, there are quite a number of enabling factors which have promoted young people access services at Youth Friendship Bench. These factors include availability of youth friendly services, online platforms, peer support, social media coverage, recommendations from loved ones and awareness raising efforts. Despite these factors, the participants also highlighted some recommendations to improve accessibility.

4.6.1 Youth friendly services

The participants highlighted that youth-friendly service design plays a pivotal role in facilitating mental health access for young people by creating safe, welcoming, and non-judgmental spaces. Participant 10 explained:

"I feel that the setting doesn't discriminate me from my counsellor and the counsellor are very welcoming and support making me feel heard and loved." (Participant, 10)

Participant 1 also added that:

"The Friendship Bench setting is conducive. It accommodates both parties without judging one another. The types of approaches they use are very effective, for instance, strength-based perspectives. The counselors are well trained." (Participant, 1)

The key informants also alluded that:

"There is individual acceptance and nonjudgemental attitudes in their services which are tailor made help the young persons with their unique challenges." (Key Informant, 2)

Counsellors' approachable and sympathetic manner was frequently commended by participants. Participants emphasised how the non-hierarchical environment made them feel heard and loved, while others emphasised the customised, individualised care that met their particular needs without passing judgement. A crucial element that emerged was the services' emotional and physical safety which aided in fostering confidence. Well-trained therapists' use of strength-based approaches was praised by both participants and key informants, who also suggested that adolescent empowerment principles improve therapeutic efficacy. Furthermore, the adaptability of session timings considers the changing schedules of youth, lowering real-world obstacles to regular participation. When combined, these components create an environment that is conducive to youth and combats frequent barriers to entry such as institutional rigidity, stigma, and mistrust. While Friendship Bench's approach succeeds by emphasising accessibility and dignity, the constant emphasis on emotional safety implies that traditional clinical settings frequently fall short of meeting the needs of young people. Young people are more likely to seek out and benefit from mental health care when they are exposed to environments that value their independence and uniqueness, which highlights the importance of service design in addition to service accessibility (Green et al., 2020).

The emphasis on youth-friendly service design in the interview responses resonates strongly with literature underscoring the importance of creating supportive, non-judgmental environments to enhance mental health engagement among young people (WHO, 2021). The relational aspects, such as empathetic counsellor attitudes, confidentiality, and strength-based approaches, align closely with PST principles that prioritize collaborative, empowering interactions tailored to the individual's context. PST's structured yet flexible framework benefits from such a youth-centred approach, as it encourages active participation and fosters a sense of agency, which participants identified as key to their positive experiences.

4.6.2 Online platforms

Few participants acknowledged that access to Youth Friend Bench services through online platforms was also a commendable approach which widened access to services. The participants were convinced that mental health services should be appealing to young people by leveraging on the youth day to day activities such as the use of internet. One participant said:

*"I was able to access their services through social media where I inquired how could I be helped. I think this is a very good approach as it is appealing to our age considering that many young people are using internet and social media." (*Participant, 2)

One key informant noted that providing an online platform for mental health services has also been another facilitator for mental health access for young people at Youth Friendship Bench.

"The services are free, and one can have online sessions with added anonymity." (Key Informant 2)

As noted, Youth Friendship Bench's use of online platforms as a gateway for mental health access is a crucial innovation in removing obstacles that young people confront. These virtual services' free nature removes financial barriers, guaranteeing fair access for young people from low-income families. Additionally, the additional layer of anonymity allays concerns about social exposure or stigma, which was a recurrent issue in previous answers. Those who are hampered by social discrimination, privacy restrictions, or geographic isolation especially benefit from this digital strategy. Online sessions that combine secrecy and accessibility not only increase reach but also satisfy young people's desire for flexible, discrete support. But as other participants pointed out, issues like power outages or a lack of devices need to be addressed to make sure these platforms

don’t unintentionally leave the most vulnerable people behind. This could be the reason why this element was brought up by just a few youths.

The integration of online platforms within Youth Friendship Bench exemplifies a promising advancement in overcoming traditional barriers to mental health access among young people, aligning with broader literature on digital mental health interventions (Smith et al., 2017). By offering cost-free, anonymous support, these platforms directly address financial constraints and stigma-related fears (Seabrook et al., 2022). This digital model resonates with findings that young people often prefer discreet, flexible services that fit their lifestyles and privacy needs (Wasil et al., 2020). Overall, the Youth Friendship Bench’s digital innovation illustrates how technology, when thoughtfully implemented, can enhance the accessibility, confidentiality, and responsiveness of mental health care for vulnerable young populations.

4.6.3 Peer support

The study also established that peer supporters play a pivotal role of in facilitating mental health service access for young people, emphasizing their unique ability to bridge the gap between clinical care and youth-specific needs. Participant 2 explained:

“I really like that at Youth Friendship Bench there are available peer support services.” (Participant, 2)

The key informants also supported the sentiments saying:

“Peer support approach helps encourage young people to access mental health services. At Youth Friendship Bench, YouFB buddies are more relatable to the youth hence making the services more youth friendly and easily accessible.” (Key Informant, 3)

The endorsement of Youth Friendship Bench’s peer support services by young people illustrates how relatability and familiarity lessen the stigma attached to getting professional assistance. This view was reinforced by key informants, who emphasises how YouFB buddies who are trained peer supporters, improve accessibility by utilising common language and experiences, making services seem less institutional and more culturally relevant. The informant’s observation that peers are ‘more relatable to the youth’ speaks to the power of lived experience in dismantling barriers like mistrust or stigma, particularly for demographics sceptical of traditional authority figures.

Peer supporters encourage early help-seeking behaviours by establishing a low-threshold entrance point to care through their approachability and empathy. This approach is in line with international research showing that peer-led interventions increase youth engagement by normalising mental health issues and promoting a sense of community (Green et al., 2020). The effectiveness of these programs, however, depends on organised training to guarantee that peers can handle crisis situations and confidentiality boundaries while preserving their genuine relationship with users. Peer support at Youth Friendship Bench is therefore an example of a best-practice innovation, showing how youth-friendly services need to think about not only what care is provided but also who provides it and how their identity might either empower or repel vulnerable service seekers. Investing in peer networks and integrating professional monitoring to strike a balance between clinical safety and relatability are necessary for scaling this strategy.

The interview responses highlight the critical contribution of peer supporters within Youth Friendship Bench as trusted intermediaries who effectively bridge the gap between formal mental health services and the unique cultural and developmental needs of young people (Chibanda et al., 2016). Participants and key informants emphasize how peer supporters shared lived experiences and relatable communication styles foster trust, reduce intimidation, and dismantle stigma, barriers frequently cited in youth mental health literature (Green et al., 2020).

4.6.4 Social media coverage

The study also found that Youth Friendship Bench is appealing to young people through social media coverage. The organisation social media approach where it has visibility in different platforms such as TikTok, Facebook and Instagram make their approach reachable to young people whose online presence is high in the modern era. Another participant agreed that:

"I think Youth Friendship Bench is doing good by reaching out through social media such as TikTok, Instagram and Facebook. Young people these days are always on social media which increases the chance for raising awareness and visibility." (Participant, 2)

Key informants also supported that:

"The use of Instagram to appeal and reach out youths is one of the facilitators." (Key Informant, 1)

The study findings demonstrate how Youth Friendship Bench's strategic use of social media is a potent enabler of young people's access to mental health services. The cultural significance of digital outreach recognition of sites like Facebook, Instagram, and TikTok, where connecting with young people in their regular online environments greatly raises awareness and lowers obstacles to getting help. This strategy makes use of young people's almost continual social media presence to turn these channels into easily accessible entry points for mental health help and education. Key Informants focus on Instagram's allure serves as more evidence that platform-specific content, catered to young people's inclinations for relatable, engaging, and visual message, can demystify mental health services and normalise behaviours related to seeking help. In addition to raising awareness, Youth Friendship Bench combats stigma by using peer-shared stories and covert service promotion on social media, which has a broad audience.

Smith et al. (2021) found that digital platforms provide flexibility in timing and location, making them particularly beneficial for youth in remote areas or with busy schedules. The anonymity of online platforms can also reduce stigma and encourage help-seeking. Social media platforms are increasingly used to provide mental health information and support. Seabrook et al. (2022) found that young people are more likely to seek support if it is integrated into platforms they already use.

4.6.5 Secondment by loved ones or trusted people

Participants also highlighted that family and peer networks have pivotal influence in facilitating young people's access to mental health services at Youth Friendship Bench. They noted that when services are seconded by the people that they trust or love, it facilitates access by giving one a motive and drive to do so. Participant 9 rightfully said:

"If a service is referred by a peer or someone who have accessed it, it gives you confidence." (Participant, 9).

Another participant said,

"Youth Friendship Bench is becoming accessible through referrals from colleagues, for example I remember a family member forwarding to me a link with Youth Friendship Bench, this encouraged me to consider visiting them." (Participant, 6)

The key informants also added that:

"Adolescents can find it worthy to reach out for mental health support with or at the recommendation of a loved one. We have recorded significant figures of adolescents who report that they become aware of us or sought help after hearing from close friends and relatives." (Key informant, 2)

These findings show the power of referrals when they are made by trusted people. Therefore, it can be concurred that by reaching out to a wider audience, Youth Friendship Bench creates opportunities for many other young people who would be referred by their loved ones who would have accessed the services. The key informant observation that many youths arrive with or at the recommendation of a loved one indicated how trusted personal relationships often serve as critical conduits to care, bridging the gap between reluctance and engagement. This dynamic is especially salient for youth, whose help-seeking behaviours are frequently shaped by the attitudes and encouragement of their immediate social circles. There was a concurrence that family and friends play a huge role in determining service by being supportive networks that can actively promote mental health care, while unsupportive or stigmatizing ones may inadvertently obstruct it. This underscores the necessity of parallel sensitization efforts targeting not just youths but their broader ecosystems like educating families and peers to recognize mental health needs, reduce stigma, and advocate for timely intervention. Such an approach aligns with socio-ecological models of care, where community-wide mental health literacy amplifies the impact of clinical services.

The findings are in tandem with literature which has shown that family support is a critical facilitator of access to mental health services. Attkisson et al. (2020) highlights that when parents or guardians are informed and supportive, young people are more likely to seek help. Family-based interventions that involve both the young person and their family members have been shown to improve treatment outcomes (Kuo et al., 2021). Parental encouragement can also reduce stigma and address misconceptions about treatment. Changing social attitudes and reducing stigma are crucial for encouraging help-seeking behavior.

4.7 Chapter Summary

The foregoing chapter has provided a presentation, interpretation, analysis and discussion of the study findings on the barriers and enables for young people in accessing menta health services at Youth Friendship Bench in Harare. The study managed to establish the contemporary factors

leading to common mental health disorders among the youths, as well as the challenges they continue to face in accessing mental health services and enabling factors to be accessing these services. The next chapter will provide a summary of the study, conclusion and recommendations.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The dissertation will be summarised in this chapter. This is accomplished by providing a thorough synopsis of the research, along with conclusions and suggestions. The chapter is significant because it shows how the study accomplished its goal.

5.2 Summary

The study sought to explore the factors that hinder and facilitate access to mental health by young people at Friendship Bench in Dzivarasekwa, Harare. It was guided by three objectives to assess the contemporary causes of mental health challenges among youths in Harare, explore the challenges for young people in accessing mental health services at Friendship Bench, and determine factors that facilitate access to mental health services by young people at Friendship Bench. This was a qualitative study, and case study research design was adopted. Young people between 18 to 24 years who had accessed services at Youth Friendship Bench were targeted, and a total of 12 young people were sampled using convenient sampling techniques. A total of 3 key informants were purposively sampled and this included a community health worker, a social worker and a psychologist. In-depth interviews were conducted with both primary participants and key informants. The method of data analysis used therefore was thematic analysis to derive at the findings answering the study objectives.

5.2.1 Contemporary causes of mental health challenges among young people in Dzivarasekwa, Harare

The study established that that are several interrelated reasons why young people in Harare experience common mental health disorders. A cycle of unemployment and lack of income leads to despair, anxiety, and feelings of worthlessness, which are frequently made worse by expectations from family and society. Poverty and financial instability are at the heart of this cycle affecting the young people. Stress was also found to be exacerbated by relationship problems such as infidelity, abuse, and conflict, especially when combined with financial hardship. Social media pressures were also found to be among the leading causes of mental health disorders through influencing unrealistic lifestyle comparisons, cyberbullying, and heightened feelings of inadequacy. Another important factor is academic stress, which is fuelled by high expectations and

a fear of failing because there are few other options due to strict cultural definitions of success. Young people are also destabilised by the loss of close ones, and unresolved sorrow frequently results in long-lasting mental health issues. Since they emphasise the need for workable solutions to deal with situational and structural stressors, such as relationship education, financial empowerment, and digital literacy initiatives, these causes are consistent with the tenets of Problem-Solving Therapy (PST).

5.2.2 Challenges faced by young people to access mental health services at Friendship Bench in Dzivarasekwa, Harare

The study found that when young individuals seek mental health treatment, they face many obstacles. A significant problem was low mental health literacy, as many people were unable to identify symptoms or were ignorant of the services that were available, which delayed getting treatment. Access was further hindered by mistrust and fear of services, especially with regard to confidentiality violations and social consequences. Dismissive views and gender-based stereotypes are examples of social stigma that isolated youth and prevented candid conversations about mental health. Reduced social and familial support networks made the issue worse since hostile surroundings minimise their hardships. It was also noted that young people face access costs, particularly in areas with limited resources, due to financial obstacles like transportation. Again, virtual obstacles were reported to impede remote service delivery include unstable energy and a shortage of devices. These obstacles highlight the significance of PST-informed solutions, including initiatives to foster trust to promote help-seeking, community education to lessen stigma, and decentralised, reasonably affordable services.

5.2.3 Facilitators for young people to access mental health services at Youth Friendship Bench in Dzivarasekwa, Harare

According to the findings, Youth Friendship Bench uses a number of successful strategies to make mental health treatments more accessible. A secure and accepting atmosphere is promoted by youth-friendly service design, which is defined by empathetic counsellors, customised care, and flexible scheduling. Online resources remove barriers connected to money and stigma by offering anonymous, cost-free support. Peer supporters created relatability and trust by bridging the gap between youth needs and clinical care through their shared life experiences. Social media coverage meets young people where they are by using digital platforms to normalise asking for help and

increase awareness. Family and loved ones' recommendations also played a very important role since they promoted the use of services through relationships of trust.

5.3 Conclusion

The study draws attention to the intricate interactions between systemic, relational, and socioeconomic issues that affect young people's mental health in Harare. The main causes of psychological distress are poverty, interpersonal problems, social media demands, academic stress, and bereavement; these factors frequently exacerbate one another in a cyclical fashion. Significant obstacles to receiving mental health treatments, such as a lack of understanding, stigma, financial limitations, and infrastructure restrictions, exacerbate these difficulties even more.

Nonetheless, the results also provide encouraging avenues for intervention, especially using the Youth Friendship Bench concept. The initiative shows how specialised mental health services may successfully engage young people by emphasising youth-friendly, accessible, and culturally sensitive approaches like peer support, digital platforms, and community-based outreach. In order to provide scalable and long-lasting solutions, it is also stressed how crucial it is to address systemic deficiencies through public awareness campaigns, strategic alliances, and regulatory reforms.

Finally, the study emphasises the necessity of comprehensive, multi-level treatments that address the underlying causes of mental health issues as well as the systemic obstacles to care. Incorporating mental health literacy, economic empowerment, and creative service delivery models can help stakeholders build a more encouraging atmosphere for youth, promoting resilience and enhancing general wellbeing. The research's conclusions encourage immediate action to close current gaps and guarantee that mental health services are accessible, reasonably priced, and sensitive to the needs of young people in Harare and other comparable settings.

5.4 Implications for Social Work

The study's conclusions have important ramifications for social work practice, especially when it comes to the provision of mental health services for youth in Harare and comparable environments. Through their implementation of community-based interventions, psychosocial support, and advocacy for easily available resources, social workers play a vital role in addressing mental health issues. The study emphasizes how social workers must use a multifaceted approach that takes

systemic, cultural, and economic barriers to mental health care into account. Social workers should combine economic empowerment initiatives with mental health treatments since social pressures, unemployment, and unstable finances are all significant causes of mental health issues in young people. This could involve financial literacy seminars, vocational training, and collaborations with neighborhood groups to provide revenue-generating opportunities, lessen stress, and improve psychological well-being.

Fighting stigma and raising mental health literacy are two more important implications for social work. According to the study findings, misunderstandings about mental health, fear of being judged, and ignorance of the resources that are available cause many young people to put off getting treatment. Peer-led support groups, school-based mental health education, and community awareness campaigns are some ways social workers can address the issues. Social workers can lessen stigma and promote early intervention by normalizing discussions about mental health. Social workers should also interact with community influencers, religious leaders, and traditional healers to create trustworthy, culturally relevant mental health support networks.

The study also emphasizes the significance of service delivery models that are accessible and youth-friendly, like Friendship Bench's. Social work professionals can effectively involve young people by utilizing digital platforms, peer support networks, and flexible therapy schedules. Social workers should promote decentralized mental health services, including mobile clinics or community-based counselling centers, in light of the financial and infrastructure obstacles (such as transportation expenses and power shortages). Additionally, incorporating technology, such social media outreach and telehealth, can aid in closing service accessibility gaps, especially for underserved adolescents.

Lastly, the study urges systemic changes and policy lobbying to improve youth mental health support. Social workers should participate in policy discussions to advocate for better training for community health workers, more financing for young people's mental health programs, and the inclusion of mental health services in primary care. Through a comprehensive strategy that integrates direct service, community mobilisation, and policy advocacy, social workers may significantly contribute to improving mental health access and building resilience among youth in Harare and beyond.

5.5 Recommendations of the study

Based on the findings of the study, the study makes recommendations that call for a multi-sectoral, culturally sensitive, and youth-centred approach to mental health care as follows.

5.5.1 Policy and programmatic recommendations

- There is need for advocacy in improving national mental health prioritise through increased funding for community-based services and school mental health programs.
- Policy makers should work on developing a national mental health curriculum that can be incorporated into school syllabi to promote early awareness, reduce stigma, and teach coping strategies.
- There is need scale up free or low-cost mental health programs, including mobile clinics, telehealth options, and decentralized counselling centres to expand mental health services coverage and accessibility.

5.5.2 Stakeholders and partners-based recommendations

- Stakeholders like Youth Friendship Bench should foster cross-sector collaborations. Partnerships between schools, NGOs, healthcare providers, and private sector actors will enable a coordinated mental health support network.
- Youth Friendship Bench should also leverage corporate social responsibility (CSR) by encouraging businesses to sponsor mental health programs, digital platforms, and peer support networks.

5.5.3 Community and research participants-based recommendations

- Enhance community mental health literacy. Conduct workshops, radio programs, and social media campaigns to educate families and youth on recognizing symptoms and seeking help.
- Train more young mental health advocates to provide informal counselling and referral services within their communities.
- Address cultural and gender-specific barriers. Tailor interventions to challenge harmful stereotypes and support marginalized groups.

5.5.4 Social work-based recommendations

- Adopt trauma-informed and strength-based approaches by training social workers to recognize the impact of poverty, abuse, and grief while empowering clients through resilience-building strategies.

- Advocate for systemic change. Social workers should push for policy reforms that address socioeconomic determinants of mental health, such as unemployment and housing insecurity.

5.6 Recommendations for Future Studies

- There is need to explore longitudinal impacts by investigating how sustained mental health interventions affect long-term well-being and socioeconomic outcomes for youth.

- Focus on intersectional vulnerabilities through research on how gender, sexuality, disability, and poverty intersect to shape mental health access and outcomes.

- Study the effectiveness of digital mental health solutions in low-resource settings.

5.7 Chapter Summary

The main conclusions of the study, which examined the barriers and facilitators to young people's access to mental health treatments at Friendship Bench in Dzivarasekwa, Harare, are outlined in this chapter. It has given social workers an overview of the study's results, conclusions, suggestions, and ramifications.

References

Almroth, M., László, K. D., Kosidou, K., & Galanti, M. R. (2019). Academic expectations and mental health in adolescence: a longitudinal study involving parents' and their children's perspectives. *Journal of Adolescent Health*, *64*(6), 783-789.

Amissah, C. M., & Nyarko, K. (2017). Psychological effects of youth unemployment in Ghana. *Journal of Social Sciences*, *13*(1), 64-77.

Bailey, C., Yeoman, R., Madden, A., Thompson, M., & Kerridge, G. (2019). A review of the empirical literature on meaningful work: Progress and research agenda. *Human Resource Development Review*, *18*(1), 83-113.

Baranne, M. L., & Falissard, B. (2018). Global burden of mental disorders among children aged 5–14 years. *Child and adolescent psychiatry and mental health*, *12*, 1-9.

Barbalat, G., & Franck, N. (2020). Ecological study of the association between mental illness with human development, income inequalities and unemployment across OECD countries. *BMJ open*, *10*(4), e035055.

Barrett, D., & Twycross, A. (2018). Data collection in qualitative research. *Evidence-based nursing*, *21*(3), 63-64.

Baxter, L., Burton, A., & Fancourt, D. (2022). Community and cultural engagement for people with lived experience of mental health conditions: what are the barriers and enablers? *BMC psychology*, *10*(1), 71.

Beji-Chauke, R. T., Davies, T., Chibanda, D., & Garman, E. (2022). Barriers and facilitators of retention to a psychosocial intervention among adolescents with common mental disorders in Harare: a qualitative study. *Minerva Psychiatry, 63(2), 141-151.*

Bhardwaj, P. (2019). Types of sampling in research. *Journal of Primary Care Specialties*, *5*(3), 157-163.

Broström, S., Johansson, B. A., Verhey, R., & Landgren, K. (2021)."Seeing a Brighter Future"–Experiences of adolescents with common mental disorders receiving the problem-solving therapy "Youth Friendship Bench" in Zimbabwe. *Issues in Mental Health Nursing*, *42*(11), 1019-1029.

Bruggeman, H., Héroufosse, J., Van der Heyden, J., & Smith, P. (2024). The relationship between mental health and employment: a systematic review of cohort studies. *European Journal of Public Health*, *34*(Supplement_3), ckae144-1106.

Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, *394*(10194), 240-248.

Chen, X., & Hesketh, T. (2021). Educational aspirations and expectations of adolescents in rural China: Determinants, mental health, and academic outcomes. *International Journal of Environmental Research and Public Health*, *18*(21), 11524.

Chibanda, D., Verhey, R., Munetsi, E., Cowan, F. M., & Lund, C. (2016). Using a theory driven approach to develop and evaluate a complex mental health intervention: the friendship bench project in Zimbabwe. *International journal of mental health systems*, *10*, 1-9.

Chibanda, D., Weiss, H. A., Verhey, R., Simms, V., Munjoma, R., Rusakaniko, S., ... & Araya, R. (2018). Effect of a primary care–based psychological intervention on symptoms of common mental disorders in Zimbabwe: A randomized clinical trial. *JAMA, 316*(24), 2618-2626.

Chitiyo, C., Verhey, R., Mboweni, S. N., Healey, A., Chibanda, D., Araya, R., & Wagenaar, B. H. (2023). Applying the Consolidated Framework for Implementation Research to Optimize Implementation Strategies for the Friendship Bench Psychological Intervention in Zimbabwe. *Global Implementation Research and Applications*, *3*(3), 245-258.

Chóliz, M., Echeburúa, E., & Ferre, F. (2017). Screening tools for technological addictions: A Proposal for the strategy of mental health. *International Journal of Mental Health and Addiction*, *15*, 423-433.

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic technology*, *89*(5), 482CT-485CT.

Cleland JA. The qualitative orientation in medical education research. Korean J Med Educ. 2017 Jun;29(2):61-71.

Dewan, M., Weerasekera, P., Stormon, L., & Jackson, D. (2022). Techniques of brief psychodynamic psychotherapy. *Gabbard's Textbook of Psychotherapeutic Treatments*, 65.

Donkor, A. (2021). Africa's youth unemployment crisis is a global problem. *Foreign Policy*, 1-8.

Doyle, A. M., Bandason, T., Dauya, E., McHugh, G., Grundy, C., Dringus, S., ... & Ferrand, R. A. (2021). Mobile phone access and implications for digital health interventions among adolescents and young adults in Zimbabwe: cross-sectional survey. *JMIR mHealth and uHealth*, *9*(1), e21244.

Doyle, A. M., Bandason, T., Dauya, E., McHugh, G., Grundy, C., Simms, V., ... & Ferrand, R. (2023). Common mental health and emotional and behavioural disorders among adolescents and young adults in Harare and Mashonaland East, Zimbabwe: a population-based prevalence study. *BMJ open*, *13*(3), e065276.

Eisenberg, D., Hunt, J., & Speer, N. (2018). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease, 206*(9), 675-682.

Eisenberg, D., Hunt, J., & Speer, N. (2018). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease, 206*(9), 675-682.

Emanuel, S. (2021). Trauma Theory, Trauma Story. *Brill Research Perspectives in Biblical Interpretation*, *4*(4), 1-51.

Eriksen, T. H. (2020). *Globalization: The key concepts*. Routledge.

Farreras, I. G. (2019). History of mental illness. *General psychology: required reading*, *244*.

Foley G, Timonen V. Using Grounded Theory Method to Capture and Analyze Health Care Experiences. Health Serv Res. 2015 Aug;50(4):1195-210.

Frame, S. (2017). Julianne Holt-Lunstad probes loneliness, social connections. *American Psychological Association, October*, *18*.

Gibbs, A., Jewkes, R., Willan, S., & Washington, L. (2018). Associations between poverty, mental health and substance use, gender power, and intimate partner violence amongst young (18-30) women and men in urban informal settlements in South Africa: A cross-sectional study and structural equation model. *PLoS one*, *13*(10), e0204956.

Gilbert, P. (2020). Compassion: From its evolution to a psychotherapy. *Frontiers in psychology*, *11*, 586161.

Golzar, J., Noor, S., & Tajik, O. (2022). Convenience sampling. *International Journal of Education & Language Studies*, *1*(2), 72-77.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2019). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*(1), 113.

Gureje, O., Lasebikan, V. O., Kola, L., & Makanjuola, V. A. (2020). Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being. *The British Journal of Psychiatry, 188*(1), 26-32.

Hawkins, C., Bwanika, J. M., & Ibanda, M. (2020). Socio-economic factors associated with mental health disorders in Fort Portal, western Uganda. *South African Journal of Psychiatry*, *26*.

Iqbal, S., Hamdani, A. R., Mazhar, S., Munawar, A., Tanvir, M., Dogar, S. F., & Hassan, A. (2024). Exploring The Role Of Parental Expectations And Pressures On Students' Academic Performance And Mental Health. *Migration Letters*, *21*(S9), 1232-1242.

Jabbari, B., Schoo, C., & Rouster, A. S. (2023). Family dynamics. In *StatPearls [Internet]*. StatPearls Publishing.

James, P. D., Nash, M., & Comiskey, C. M. (2024). Barriers and Enablers for Adolescents Accessing Substance-Use Treatment: A Systematic Review and Narrative Synthesis. *International Journal of Mental Health Nursing*.

Jenkins, E. K., Bungay, V., Patterson, A., Saewyc, E. M., & Johnson, J. L. (2018). Assessing the impacts and outcomes of youth driven mental health promotion: A mixed-methods assessment of the Social Networking Action for Resilience study. *Journal of adolescence*, *67*, 1-11.

Jin, Y., Zhu, D., & He, P. (2020). Social causation or social selection? The longitudinal interrelationship between poverty and depressive symptoms in China. *Social Science & Medicine*, *249*, 112848.

Johnson-Esparza, Y., Rodriguez Espinosa, P., Verney, S. P., Boursaw, B., & Smith, B. W. (2021). Social support protects against symptoms of anxiety and depression: Key variations in Latinx and non-Latinx White college students. *Journal of Latinx Psychology*, *9*(2), 161.

Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Chatterji, S., Lee, S., & Ustun, T. B. (2018). The global burden of mental disorders: An update from the WHO World Mental Health (WMH) surveys. *Epidemiologia e Psichiatria Sociale, 18*(1), 23-33.

Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., ... & Griffiths, S. L. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World psychiatry*, *23*(1), 58-90.

Lattie, E. G., Lipson, S. K., & Eisenberg, D. (2019). Technology and college student mental health: challenges and opportunities. *Frontiers in psychiatry*, *10*, 246.

Lipson, S. K., & Eisenberg, D. (2018). Mental health and academic attitudes and expectations in university populations: results from the healthy minds study. *Journal of Mental Health*, *27*(3), 205-213.

Mahmoodi, S. M. H., Ahmadzad-Asl, M., Eslami, M., Abdi, M., Hosseini Kahnamoui, Y., & Rasoulian, M. (2022). Mental health literacy and mental health information-seeking behavior in Iranian university students. *Frontiers in Psychiatry*, *13*, 893534.

McLaughlin, K. A., Colich, N. L., Rodman, A. M., & Weissman, D. G. (2020). Mechanisms linking childhood trauma exposure and psychopathology: A transdiagnostic model of risk and resilience. *BMC medicine*, *18*, 1-11.

MoHCC, UNICEF and WHO (2023). A case for mental health of children and adolescents in Zimbabwe. UNICEF

Mojtabai, R., & Olfson, M. (2020). National trends in mental health care for US adolescents. *JAMA psychiatry*, *77*(7), 703-714**.**

Mojtabai, R., Olfson, M., & Han, B. (2018). National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics, 138*(6), e20161878.

Mokona, H., Yohannes, K., & Ayano, G. (2020). Youth unemployment and mental health: prevalence and associated factors of depression among unemployed young adults in Gedeo zone, Southern Ethiopia. *International journal of mental health systems*, *14*, 1-11.

Moser, A., &Korstjens, I. (2017). Series: Practical guidance to qualitative research. Part 1: Introduction. *European Journal of General Practice*, *23*(1), 271-273.

Moser, A., &Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European journal of general practice*, *24*(1), 9-18.

Mtemeri, J., & Nhamo, M. (2019). Interrogating Challenges of Youths Unemployment in Rural Areas of Masvingo, Zimbabwe: A Search for Alternative Options. *Journal of African Interdisciplinary Studies*, *3*(5), 16-27.

Mutambara, J., Makanyanga, T. R., & Mudhovozi, P. (2018). Psychological health and optimism amongst unemployed graduates in Zimbabwe. *Journal of Student Affairs in Africa*, *6*(2).

Mutuyimana, C., Cassady, C., Sezibera, V., & Nsabimana, E. (2021). Prevalence and correlates of depression among rural and urban Rwandan mothers and their daughters 26 years after the 1994 genocide against the Tutsi. *European Journal of Psychotraumatology*, *12*(1), 2005345.

Nezu, A. M., Nezu, C. M., & D'Zurilla, T. J. (2012). *Problem-solving therapy: A treatment manual*. springer publishing company.

Nyoni, T., Ahmed, R., & Dvalishvili, D. (2022). Poverty and Children's Mental, Emotional, and Behavioral Health in Sub-Saharan Africa. *Child Behavioral Health in Sub-Saharan Africa: Towards Evidence Generation and Policy Development*, 19-39.

Osimo, F. (2002). Brief psychodynamic therapy. *Comprehensive handbook of psychotherapy: Psychodynamic/object relations*, *1*, 207-238.

Paul, J., & Criado, A. R. (2020). The art of writing literature review: What do we know and what do we need to know?. *International business review*, *29*(4), 101717.

Perkins, A., Clarke, J., Smith, A., Oberklaid, F., & Darling, S. (2021). Barriers and enablers faced by regional and rural schools in supporting student mental health: a mixed-methods systematic review. *Australian Journal of Rural Health*, *29*(6), 835-849.

Pillay, A. L., Lockhat, M. R., & Naidoo, P. (2021). Mental health literacy among South African youth: A qualitative study. *South African Journal of Psychology, 51*(1), 78-89.

Platell, M., Cook, A., & Martin, K. (2017). Barriers to mental health care for disadvantaged adolescents: Perspectives of service providers. *Advances in Mental Health*, *15*(2), 198-210.

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European child & adolescent psychiatry*, *30*(2), 183-211.

Reiss, V., Brown, L., Sisitsky, S., & Russell, R. (2021). The influence of socio-economic factors on community mental health. *Jurnal Sosial, Sains, Terapan Dan Riset (Sosateris)*, *10*(1), 79-90.

Richardson, T., & Maguire, N. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, *370*(6522).

Rickwood, D. (2020). Help-seeking in young people. In *Youth mental health* (pp. 35-52). Routledge.

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2019). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 4*(3), 218-251.

Ridley, M., Rao, G., Schilbach, F., & Patel, V. (2020). Poverty, depression, and anxiety: Causal evidence and mechanisms. *Science*, *370*(6522), eaay0214.

Risal, A. J. K. U. M. J. (2011). Common mental disorders. *Kathmandu University Medical Journal*, *9*(3), 213-217.

Santini, Z. I., Jose, P. E., Cornwell, E. Y., Koyanagi, A., Nielsen, L., Hinrichsen, C., ... & Koushede, V. (2020). Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. *The Lancet Public Health*, *5*(1), e62-e70.

Scott, D. A., Valley, B., & Simecka, B. A. (2017). Mental health concerns in the digital age. *International journal of mental health and addiction*, *15*, 604-613.

Shidhaye, R. (2020). Unburden mental health in India: it's time to act now. *The Lancet Psychiatry*, *7*(2), 111-112.

Shidhaye, R., Murhar, V., Gangale, S., Aldridge, L., Shastri, R., Parikh, R., ... & Patel, V. (2018). The effect of VISHRAM, a grass-roots community-based mental health programme, on the treatment gap for depression in rural communities in India: A population-based study. *The Lancet Psychiatry, 4*(2), 128-135.

Siddiqui, S., Ikeda, D. J., Saxena, S., Miller, B. F., Patel, V., & Naslund, J. A. (2022). Scaling up community-delivered mental health support and care: A landscape analysis. *Frontiers in Public Health*, *10*, 992222.

Silva, M., Loureiro, A., & Cardoso, G. (2016). Social determinants of mental health: a review of the evidence. *The European Journal of Psychiatry*, *30*(4), 259-292.

Smith-Greenaway, E., & Yeatman, S. (2020). Unrealized educational expectations and mental health: Evidence from a low-income country. *Social Forces*, *98*(3), 1112-1142.

Smokowski, P. R., Rose, R. A., Bacallao, M., Cotter, K. L., & Evans, C. B. (2017). Family dynamics and aggressive behavior in Latino adolescents. *Cultural diversity and ethnic minority psychology*, *23*(1), 81.

Stansfeld, S., Clark, C., Bebbington, P. E., King, M., Jenkins, R., & Hinchliffe, S. (2016). Common mental disorders. NHS digital.

Tahan, M., Taheri, H., & Saleem, T. (2021). Review of psychological trauma: theory, practice, policy and research. *Rivista di psichiatria*, *56*(2), 64-73.

Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). Increases in depressive symptoms, suicide-related outcomes, and suicide rates among US adolescents after 2010 and links to increased new media screen time. *Clinical psychological science*, *6*(1), 3-17.

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC medical research methodology*, *18*, 1-18.

Verhey, R., Chitiyo, C., Mboweni, S. N., Chiriseri, E., Chibanda, D., Healey, A., ... & Araya, R. (2021). Optimising implementation strategies of the first scaleup of a primary care psychological intervention for common mental disorders in Sub-Saharan Africa: a mixed methods study protocol for the optimised Friendship Bench (OptFB). *BMJ open*, *11*(9), e045481.

Verhey, R., Chitiyo, C., Mboweni, S., Turner, J., Murombo, G., Healey, A., ... & Araya, R. (2022). Using the RE-AIM framework to evaluate the implementation of scaling-up the Friendship Bench in Zimbabwe–a quantitative observational study. *BMC health services research*, *22*(1), 1392.

Virgolino, A., Costa, J., Santos, O., Pereira, M. E., Antunes, R., Ambrósio, S., ... & Vaz Carneiro, A. (2022). Lost in transition: a systematic review of the association between unemployment and mental health. *Journal of Mental Health*, *31*(3), 432-444.

Whittle, E. L., Fisher, K. R., Reppermund, S., Lenroot, R., &Trollor, J. (2018). Barriers and enablers to accessing mental health services for people with intellectual disability: A scoping review. *Journal of Mental Health Research in Intellectual Disabilities*, *11*(1), 69-102.

Zhang, K., Xu, X., & You, H. (2023). Social causation, social selection, and economic selection in the health outcomes of Chinese older adults and their gender disparities. *SSM-Population Health*, *24*, 101508.

APPENDINCES

Appendix I: Approval Letter from Friendship Bench

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

22 May 2025

TO WHOM IT MAY CONCERN

Permission Letter for Sithabiso Dade Mahofa's Study at the Friendship Bench

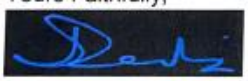
This letter serves as formal notification that Sithabiso Dade Mahofa, a BSc Hons Social Work student at Bindura University of Science Education, has been granted permission to conduct research at the Friendship Bench. Their study is titled **"BARRIERS AND ENABLERS FOR YOUNG PEOPLE IN ACCESSING MENTAL HEALTH SERVICES. A QUALITATIVE STUDY OF THE YOUTH FRIENDSHIP BENCH."**

The study explore the factors which hinder and facilitate access to mental health services by young people at Youth Friendship Bench in Zimbabwe. We are confident that the findings of the study will be of great benefit to the Friendship Bench organization and contribute to the growing body of knowledge.

We appreciate your support towards this important project.

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

Yours Faithfully,



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Friendship Bench
Mental health for Communities
4, Weale Road
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www.friendshipbenchzimbabwe.org

Appendix II: Research Letter – Bindura University of Science Education

FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 11th April 2025

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, SITHABISO O. MAHOFA, Student Registration Number B213011B, 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

E.E. CHIGONDO
CHAIRPERSON

CHAIRPERSON
11 APR 2025

Appendix III: Consent Form

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

Introduction

Dear Participant

My name is Sithabiso Dade Mahofa. I am a fourth-year student at Bindura University of Science Education, pursuing a Bachelor of Science Honours Degree in Social Work. As part of the requirements for my degree, I am conducting a research project, and I kindly invite you to participate. Before you agree to take part in the research, please feel free to discuss it with anyone you trust. If there are any terms or questions you do not understand, please do not hesitate to ask, and I will be happy to explain. I kindly ask for your support in this research by taking a few minutes to respond to the questions that follow, as openly and freely as you feel comfortable. Your cooperation and support are greatly appreciated.

Title of the study

Barriers and enablers for young people in accessing mental health services. A qualitative study of the Friendship Bench

Purpose of the study

The study aims to explore the factors which hinder and facilitate access to mental health services by young people at Friendship Bench in Zimbabwe.

Ethical considerations; privacy, confidentiality and voluntary participation

Please be reminded that your participation in this study and interview is strictly confidential. Your responses will be handled with the utmost confidentiality and will only be used for the purposes of this research. Participation is entirely voluntary, and you have the right to decide whether or not you feel comfortable taking part in the interview. Should you choose to participate, you are free to withdraw from the interview at any time without any consequences.

Contact details

If you have any other questions, you can contact me on the following details

Email: mahofasithabisodade@gmail.com

Phone number: +263 71 757 5008/ +263 78 359 3948

If you are willing to participate and contribute to and in the study, you can kindly fill your details in the spaces below.

Participant signature (pseudonym) …….…….

Signature of researcher…….

Date…….…….

With thanks

Sithabiso D. Mahofa

Appendix IV: In-depth Interview Schedule for Young People at Friendship Bench

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

Section I: Demographic Information

Respondents code: _____

Sex: _____

Age: _____

Highest level of education: _____

Highest level of education: _____

Relationship status: _____

Employment status: _____

Section II: Contemporary Causes of Mental Health Challenges Among Young People

1. I understand at some point you experienced mental health issues which prompted you to seek services at Friendship Bench. What mental health concerns have you experienced?
2. In your opinion, what do you think were the main causes of those mental health issues?
3. From your own experience and what you have observed in your community, what do you consider to be the causes of mental health challenges among young people in your modern-day community?

Section III: Challenges in Accessing Mental Health Services at Friendship Bench

4. What has been your experience like in using Friendship Bench for mental health support?
5. May you explain to me any challenges that you faced before assessing mental health support from Friendship Bench?
6. What challenges did you experience, if any, when you were accessing mental health services at Friendship Bench?

Section IV: Facilitators of Access to Mental Health Services at Friendship Bench

7. What do you think makes the Friendship Bench an effective or appealing option for young people seeking mental health support? Probe: Is it the approach, the setting, the counselors, or something else?
8. How does the Friendship Bench address the unique needs of young people?
9. Are there any specific features of the Friendship Bench (e.g., peer support, community-based approach) that make it easier for young people to access services?
10. Can you tell me your positive experiences, if any, about you using the Friendship Bench?

The end! Thank you for your sincere participation!

Appendix V: In-depth Interview Schedule for Key Informants at Friendship Bench
Section I: Demographic Information

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

Respondents code: _____

Sex: _____

Designation: _____

Years of experience at Friendship Bench: _____

Section II: Contemporary Causes of Mental Health Challenges Among Young People

1. In your opinion, what are the main causes of mental health challenges among young people today? *Probe: Can you give examples from your own experience or what you've observed in your community?*
2. How do social and economic factors (e.g., poverty, unemployment, education) contribute to mental health challenges among young people?
3. Do you think technology and social media play a role in young people's mental health? If so, how?
4. Are there cultural or traditional beliefs that affect how young people perceive or experience mental health challenges?

Section III: Challenges in Accessing Mental Health Services at Friendship Bench

5. From your experience what challenges do young people face when trying to access mental health services at the Friendship Bench? *Probe: Are there issues related to stigma, cost, location, or availability of services?*
6. What specific challenges, if any, are faced by certain groups of young people *(e.g., girls, LGBTQ+ youth, rural youth)* in accessing the Friendship Bench?

Section IV: Facilitators of Access to Mental Health Services at Friendship Bench

7. What do you think makes the Friendship Bench an effective or appealing option for young people seeking mental health support? *Probe: Is it the approach, the setting, the counselors, or something else?*
8. How does the Friendship Bench address the unique needs of young people?
9. What specific features of the Friendship Bench (e.g., peer support, community-based approach) that make it easier for young people to access services?
10. How do family and peer networks influence young people's decision to seek help at the Friendship Bench?
11. May you share with me any success stories or positive experiences about young people using the Friendship Bench?

The end! Thank you for your sincere participation!