



Examining the mental health and well-being of tertiary students at Zimbabwe Open University (ZOU) in Matabeleland North Province, Zimbabwe.

Jenitha Ndlovu

Zimbabwe Open University

Doi: <https://doi.org/10.55248/gengpi.5.0624.1567>

ABSTRACT

This paper examines mental health and well-being amongst tertiary students at Zimbabwe Open University (ZOU). Social and environmental factors including poverty, politics and economic instability impact on the mental health and well-being of students while pursuing their studies. Limpus & Carlyon (2019)'s framework and Dr Mason Durie (1982) Te whare tapa wha model inform the study. A survey approach investigates the nature, impact, and strategies for promoting mental health and well-being of students at institutions of higher learning. An online questionnaire and interview guide collected data from a stratified sample of thirty ZOU students pursuing different programmes. Narrative and descriptive techniques analysed data from interviews and questionnaire, respectively. Findings from the study point at tertiary education institutions environment having a significant impact on students' mental health and well-being, and more so, current trends in Open Distance and electronic Learning (ODEL) fall short. Ninety percent (90%) of students indicate lack of institutional and staff support while 70% and 80% are concerned about technology and connectivity, and economic instability, respectively. Recommendations put forward are that ZOU as an ODeL institution requires someone with a strong computer literacy and intrinsically motivated. There is need for a comprehensive support system and coordinated approach to assist students' mental health and well-being during their studies. Also, there is a likelihood of an increase in enrolment and completion rate if students are in a stable mental state.

Key terms: mental health, well- being, comprehensive, Open distance learning.

Introduction

Access to tertiary education has increased rapidly in recent years. In Zimbabwe, the government has made it a point that each province has a university or college to cater for community needs. State universities were opened all over the country. The establishment of ZOU as a standalone university has brought a significant change in the delivery mode of tertiary education, from campus centred to Open Distance and electronic Learning (OdeL) using information and communication technologies (Howell et al., 2003). Moreover, ZOU is among regionally recognised open distance learning institutions alongside University of South Africa (UNISA), Open University of Tanzania (OUT), National Open University of Nigeria (NOUN) and the recently established Botswana Open University (BOU) (Mutambara et al., 2015). Notably, a high prevalence rate of mental health conditions among young adults in colleges and universities has been recorded worldwide inclusive of Zimbabwe (Get, Zimbabwe, UNDP, WHO, 2022; Ogrizovic, Craike, Pascoe, Dash, Parker, Calder, 2021). Furthermore, in Australia over 200 000 cases of mental health illness have been reported from university students aged 18-25 years and, 70% experience this condition first time they enrol for tertiary education (Pogrmilovic et al., 2021). Subsequently, at this age, there are several transitional challenges, adapting to adulthood, academic work, fees, and new peers pose a drastic shift in the learning process while trying to manage the new environment (Lai & Yeung, 2022). However, the changes highlighted above are likely to be perceived differently by individuals, thus the physical and psychological aspects are affected (Gruber et al., 2020). Accordingly, Pogrmilovic et al. (2021) observe that psychological stressors encountered in social and environmental setting contribute to mental health illnesses while UNDP & WHO in Zimbabwe (2022), include poverty, politics, and economic instability as some contributing factors as well. Similarly, a study conducted in Zimbabwe at Midlands State University with a cohort of 281 Social Science students identified seven most common stressors namely finance, reading resources, accommodation, food, transport, inadequate infrastructure, and lecturer related problems (Kasayira et al., 2007). It is at this juncture that students and their families anticipate tertiary institutions to provide services that promote mental health and well -being services for the growth and continuity of learning. Institutions of higher learning need to establish necessary supportive and enabling environments to cater for students' needs. A number of studies on the mental health challenges confronting tertiary studies globally have been conducted but very few studies have focused on open and distance learning students. This study, therefore, seeks to fill this scholarly gap by embarking on an empirical examination of the mental health and well-being of Zimbabwe Open University (ZOU) students.

Research aim.

The study seeks to examine the mental health and well-being of Zimbabwe Open University students as well as the strategies that can be adopted to improve their mental health and well-being.

Research questions.

The study is guided by the following research questions:

1. What is the nature of mental health challenges that affect Zimbabwe Open University students?
2. How does mental health and well-being impact on their studies?
3. Which strategies can Zimbabwe Open University adopt to improve the mental health and well-being of students?

Contextual Literature

Background, nature and causes of mental health challenges.

Open and Distance and electronic Learning (ODEL) has grown into an important global strategy in resolving problems of access to education (UNESCO, 2004). Rusike (2003) reports that ODeL has afforded many people the opportunity for accessing education regardless of distance, time and more so at the comfort of one's home, thus improving learning locally, regionally, and globally. ODEL as a mode of learning is likely to put pressure on students resulting in mental health challenges. Mental health and well-being are slowly becoming common problems and increasingly being noted just like depression and anxiety among young people (Limpus & Carlyon, 2019). Limpus & Carlyon (2019) postulate that there is need to look deeply into challenges that are likely to affect students' mental health and well-being while pursuing their studies. Notably, challenges of online delivery learning have been noted as affecting the quality of assignments and work that students present, the motivational aspect and academic performance as well (Patricia, 2020; Rahiem, 2020). Likewise, Sarika et al. (2021) aver that mental health may decrease because of periods of physical distancing and online learning activities, assuming that students' anxiety and stress levels are reduced. Mental health is defined as a "state of well-being in which every individual realises his or her own potential, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to her or his community" (WHO 2005, pg.12). Mental health is an indicator of a person's health and well-being, ability to pursue what one is doing without undue stress, symptoms of depression and anxiety are likely to show if one fails to manage his/her life (Sartika et al., 2021; Salma, 2012). An unstable mental state results in illness, which has been observed to affect tertiary students' developmental trajectory, high rate of dropout and attrition (Pogrmilovic et al., 2021). Mental illness is a leading cause of disability among the young generation worldwide (Gore et al., 2011).

In Indonesia, during the Covid 19 pandemic, university students were introduced to a new mode of learning online where they were isolated from others and individualism was the norm (Sartika et al., 2021). Moreover, mental health problems such as depression, anxiety disorders, mood disorders, posttraumatic stress symptoms, sleep problems, stigmatization, lack of self-esteem, and low self-control are likely to occur in people who have been physically isolated (Hossain et al., 2020). In Australia, a study conducted at Victoria University, financial stress and academic pressure have been considered as worsening or provoking mental health symptoms (Andrew & Wilding, 2004). Research indicates that 20% of students leave university before completing studies because of fees payment challenges and yet, those who will have continued experience mental health problems as well (Pogrmilovic et al., 2021; Mutambara et al., 2015). Conversely, as observed by Brien (1992) and Reamer (1990), self-motivated distance learners are more likely to persist, even under adverse circumstances, such as lack of support from employers and financial constraints. Internationally, stress related challenges have affected tertiary students worldwide, while Germany, United States of America and Hong Kong have higher figures showing self-reported levels of poor performance and low grades and Australia recording 85% (Pascoe et al., 2020; Hysenbegasi et al., 2005). In the same vein, Canadian universities had similar instances in which students' distress, dropouts, and challenges of finding employment lead to mental health breakdown as they were unable to cope (Moghimi et al., 2023). The latter add that a study conducted with 448 Ontario university students, indicate that 60.5% did not have good mental health, 62.4% were ill equipped with mental health handling strategies while financial challenges and inadequate resources had 50.5% and 38.9% respectively. In Zimbabwe, tertiary students are learning under harsh conditions where poverty and insufficient resources are further worsened by economic recession (Mutambara et al., 2015; UNICEF, 2011; Poverty Datum Line Analysis, 2012).

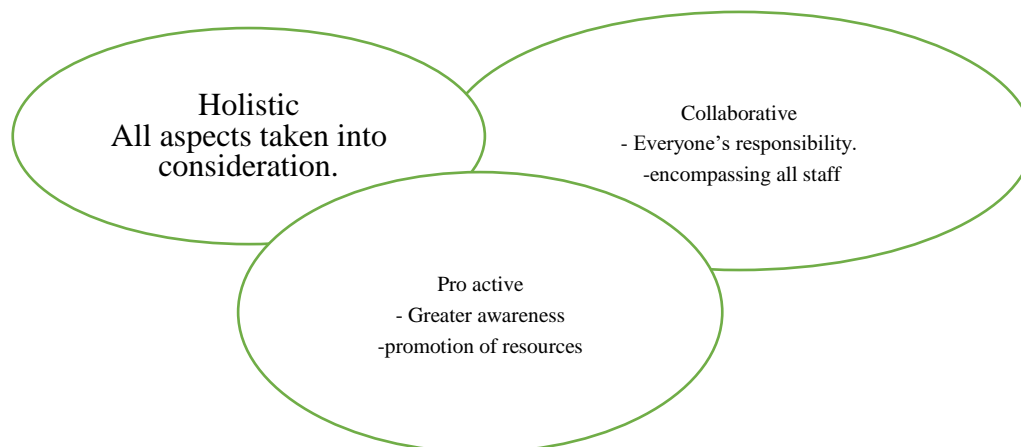
Challenges that could impact on students' mental health are classified under these categories situational, institutional, and dispositional (Mutambara et al., 2015). According to Kruger & Casey (2000) situational challenges include work and home responsibilities that reduce time for study, institutional ones are related to poor planning system and inappropriate advice while dispositional factors focus on the learners' own attitudes and feelings. Subsequently, the need for self-motivation and self-direction becomes important to reduce challenges of mental breakdown leading to failure to successfully complete the course. To add on, Garland (2007) outlines other situational challenges that are posed by distance learning such as poor learning environment, lack of time, duration of the course and failure to balance work, home, and schoolwork. Challenges of learning materials and other activities to supplement income, lack of face-to-face tutorials and delays in feedback on assignments and access to library facilities are increasingly affecting students' mental health and well-being while pursuing studies with the open distance mode of learning (Ukpo, 2005; Kamau, 2007). In the same vein, Johnstone (1999) argues that lack of revenue and supplementing shrinking funds with entrepreneurial activities contributes to mental health breakdown. Moreover, ODeL is anchored on good ICT technical competence to access information disseminated by tutors' failure which could affect students' mental

well-being (Mossberger et al., 2003; Warschauner, 2003). It is, therefore, important for students to be persistent and self-motivated in open distance learning (Garland, 2007; Knowles, 1997).

Improving mental health of students at tertiary level.

Promoting and protecting mental health and well-being is a fast-growing area of interest worldwide. The effectiveness of which relies on the support of policies and regulations, organisational strategies that institutions put in place for their students. Promotion of mental health is anchored on the aspects that are highlighted its definition. Durie 1984's model identified emotional, social, physical, and spiritual aspects as key in mental health and wellness (Ministry of Health, 2017). Lamb & Huo (2017) are of the opinion that promotion of mental health in tertiary institutions requires support of both academic and social environment and the provision of appropriate intervention strategies. Moreover, mental health promotion has been prioritised and laws and policies put in place to improve the quality of the learning environment. To add on, a comprehensive environmental approach to students' mental health improves learning and teaching and more so this has a bearing on their well-being (Pogrmilovic et al., 2021; Lamb & Hou, 2017; Limpus & Carlyon, 2019). Social and emotional strategies that are relevant to each institution have been found to be effective in addressing issues of mental health. The benefits that go with mentally stable tertiary education students, able to complete their studies is realised in the improvement of public health, economic outcomes, and the likelihood of sustainable employment (Lamb & Huo, 2017). Supportively, in a speech that was delivered by the Minister of Higher Education, Professor Murwira at the Distance Education Association of Southern Africa (DEASA) conference, OdeL was reported to be an appropriate vehicle for the transformation of the country's economy through the development of human capital capabilities required for industrialisation (Rusike, 2023). It is, therefore, the role of the institution to see that students are accommodated to reduce instances of mental health problems affecting their well-being and manifestation while pursuing their studies. Sartika et al. (2021) encourage tertiary institutions to be proactive and produce a comprehensive strategy of dealing with mental health and well-being of students while pursuing their studies. Below is a framework that could be used to promote mental health and wellness of tertiary education students.

Theoretical frameworks



Framework to support student mental health and well-being in tertiary education (Limpus & Carlyon, 2019).

The framework has three pillars that are interrelated, proactive, holistic, and collaborative approaches. Proactive requires initiative people, who can produce new programmes that complement and improve the existing ones in mental health (Limpus & Carlyon, 2019). In the same vein, other strategies could include hire of professional counsellors where psychological care is given, use of different social media platforms for communication by both students and staff, and support from family, friends, lecturers, and government structures (Sartika, 2021). Moreover, students' welfare, well-being and safety should be the institution's priority. Collaborative approach looks at mental health as the responsibility of all. Similarly, the teaching staff and student affairs could have sessions with students and engage them on challenges of online learning and fees payment, so that they help them manage their academic work (Patricia, 2020). Subsequently, Fossey et al (2017) maintain that greater understanding about mental health and well-being helps to recognise how best to work with students. Finally, the holistic approach is supported by the Durie 1984 Te whare Tapa wha model in which all aspects of student's well-being are considered useful in mental health promotion of an individual (Limpus & Carlyon, 2019; Ministry of Health, 2017). The model is based on four pillars that are interconnected to make a complete well-being, spiritual, mental, emotional, and family and social. Once one of the pillars is out of the balance the well-being is affected. The model emphasises on the holistic approach in dealing with mental health of an individual. Similarly, Australian tertiary institutions engage in both primary and secondary interventions. Primary deals with promotion of well-being while secondary addresses issues of minimising academic stressors, improving coping strategies and ensuring access to information on treatment and mental health service providers is done timeously (Australian Government Productivity Commission, 2020). Seemingly, Cavion et al. (2017) proposed a framework that emphasises the promotion of protective social and emotional learning (SEL) and resilience, and the prevention of social, emotional, and behavioural problems when dealing with mental health and well-being of learners. The use of these models helps in risk reduction and at the same time

ensuring that safety measures are employed when dealing with students' challenges. The intervention strategies if applied effectively are likely to develop complete students that are likely to finish their studies with less stress, anxiety, and depression emanating from open distance electronic learning.

Methodology

A case study method was used in which both qualitative and quantitative data was collected using a questionnaire and interview guide. The choice of case study method was that of its relevance in exploring a programme or concept (Creswell, 2009), such as mental health and well-being of tertiary education students. This methodology enables researchers to gain a clear understanding about a concept as it is focused on portraying "participants' lived experiences of thoughts about and feelings for a situation" (Cohen, Manion, & Morrison, 2011, p. 254). To add on, case studies provide a rich and vivid description of events relevant to the problem studied (Hitchcock & Hughes, 1995). The use of mixed methods approach in this study is supported by researchers who are of the opinion that while qualitative approach, provides a deeper understanding of issues being investigated, quantitative broadens the study (Dawadi et al., 2021; Taylor & Bogdan, 2016). The design allowed for accurate predictions to be made concerning the problem under study based on collected data and instruments used. Permission to conduct research was sought from Zimbabwe Open University authorities who are the custodians of the institution. Data collection began after permission was sought. The researcher used Student Representative Council (SRC) members for the distribution of questionnaires.

The questionnaire had two sections where demographic information was sought followed by views, opinions on the mental health of students and strategies of improving the mental health and wellness state of students pursuing tertiary education studies. Interview guide sought strategies that tertiary providers used to address issues of mental health. Closed and open-ended questions were used for questionnaire and interview, respectively. Questions for data collection instrument were drawn from literature review, theoretical framework and, adopted and adapted from Limpus & Carlyon (2017). The instruments addressed issues of nature, causes and strategies used to promote and minimise mental health and well-being of tertiary education students. An online survey collected data from students while and face to face interview was used for service providers at the institution. The choice of an online survey is that of ensuring anonymity especially when dealing with sensitive information or area and at the same time reaching many participants (Leavy, 2017). The availability of instruments was communicated to participants through Student Representative Council (SRC) and different social media platforms for them to answer questions. The population consisted of all registered ZOU students and staff. A monkey survey with 95% confidence level and 5% margin error determined the sample size from a population of registered students for the September - December 2023 semester (Leavy, 2017; Taylor & Bogdan, 2016). Random stratified sampling recruited a sample of 30 students from different programmes while expert purposive selected 10 staff members. Moreover, the number of participants is adequate for theoretical saturation to occur in research (Leavy, 2017; Bowen, 2008). Use of stratified sampling technique enabled selection of students from different programmes thereby adding robustness to the study (Neuman, 2006). Expert purposive sampling selected participants who possess characteristic being sought in the study, thereby meeting specific needs of mental health provision and promotion in tertiary institutions (Taylor & Bogdan, 2016). Moreover, the underlying principle of using expert purposive sampling is to select participants that are information rich, capable of answering the research question (Emmel, 2013; Flick, 2014; Mason, 2002; Patton, 2015; Ritchie et al., 2014). Subsequently, rich information is precisely premised on the type of research question and the goal of the study (Marshall, 1996; Palinkas et al., 2015) thus the selected strategy is of paramount importance in data collection process. The questionnaire had an internal consistency Cronbach Alpha index of 0.85 making question reliable and suitable for use in this study.

Data analysis

Qualitative data generated from open ended questions was initially coded using in vivo and thereafter narrative analysis applied. The use of in vivo coding allowed the researcher to maintain or use verbatim participants' language when reporting findings (Leavy, 2017; Strauss, 1987). Quantitative data was aggregated and analysed using descriptive statistics techniques. Use of descriptive analysis is based on its strength of identifying pattern emerging from collected data that are of important to the researcher in telling the story on variable being studied (Loeb et al., 2017).

Findings

Response rate

The study had 63.3% response rate from students studying with ZOU Matabeleland North region. This is, however, a good figure that is likely to yield positive results. Also noted is the fact that sampled respondents were not coerced to be part of the study hence the outcome. Moreover, Zou Matabeleland North students are found all over the region including rural areas, thus, a likelihood of network connectivity challenges is possible as the questionnaire was done online.

Demographic information

Table 1: Gender, age, and educational level

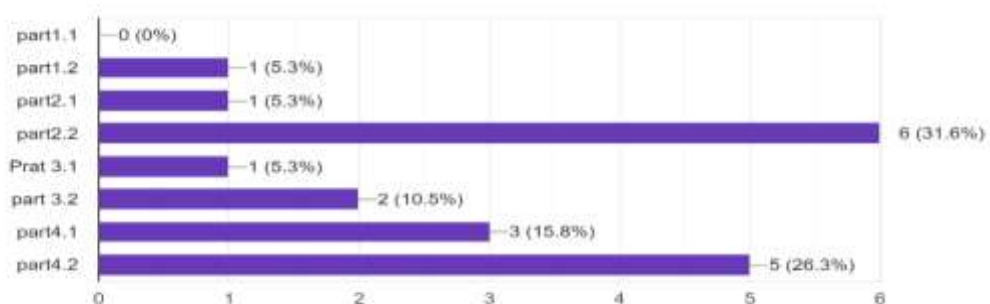
Variable			

Gender	N		% Males	Females (%)			
	19		26.3	73.7			
Total							
Age range	15-20	21-25	26-30	31-35	above 36		
Percentage (%)	0	0	21.1	0	78.9		
Educational level	Undergraduate		Masters		MPHIL/DPHIL		
Percentage (%)	84.2		10.5		5.3		
Faculty	Commerce	Education	Science	Applied social sciences	Arts, Culture and Heritage studies	Agriculture	Technology
Percentage (%)	21.1	15.8	31.6	26.3	5.2	0	0

The provided data presents the socio-demographic variables of a sample population, inclusive of age, gender, educational level, and faculty. The study had 73.7% females against 26.3% males that participated. The age range for this cohort were from 26 – 36 years and above. The age group 26-30 years had 21.1%, and above 36 years had 78.9%. From the data collected, the majority of the respondents were 36 years and above. This, however, corresponds to the nature of the programme at the university. ZOU as an open distance university uses online model of teaching. This could imply that there is a likelihood of attracting students who are keen to be at work while studying at the same time. The undergraduate respondents were 84.2%, Masters 10.5% while those pursuing MPhil/DPhil had a figure of 5.3%. Linked to the above are the programmes that students are doing. The faculty of commerce had 21.1%, Education 15.8%, sciences 31.6%, Applied social sciences 26.3% while Arts, culture and Heritage studies had 5.2%. There were no respondents for Agriculture and Technology, however this does not imply that the institution does not offer those programmes. It could be that the students did not want their concerns captured as the instrument emphasised on voluntary participation.

All respondents highlighted that there were having a knowledge of mental health. There was a response rate of 100% indicating yes. This could imply that mental health is a challenge that people are aware of, and the sampled group could be knowledgeable enough to give informed responses on the topic understudy.

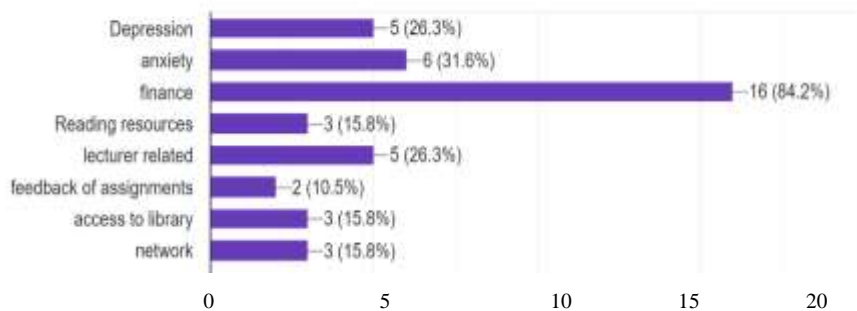
Chart 1: Level of programme



The study further asked respondents to indicate their level for the programme pursued. This was done to ascertain the level at which mental health challenges begin to be visible. Part1.1 which is semester one for new intake had no respondents. The emerging pattern from the data collected is that students' numbers are likely becoming low at part1.1 which is the entry point at university. This could imply that the institution had no new students or if ever they enrolled the numbers could be low. Part 1.2 had 5.3%, while part 2.1 is having 5.3% and part 2.2 had 31.6% respondents as well. It appears the figures are not consistent, at one point there are low and suddenly a sharp rise is noted. Taken together, these results might suggest that there is no association between levels pursued. This could imply that students who register for semester one might not progress to the next, and this could be attributed to challenge experienced during studies. Moreover, some students who could have dropped might also join hence the difference of part 2.1 and 2.2. A good example is that of part 2.1 and 2.2 recording 5.3% and 31.6% respectively. There were 5.3% and 10.5% respondents doing part 3.1 and 3.2, respectively. Part 4.1 and 4.2 had 15.8% and 26.3% respondents. There seems to be some consistent in terms of progression at level 4. At this level, the

students are about to complete, and therefore, might consider the effort and finances that were put, thus persisting with studies (Brien, 1992; Reamer, 1990).

Chart 2: Common stressors amongst tertiary education students (choose more than one)



In chart 2 above, students identified stressors that are common amongst tertiary institutions learners. Depression had 26.3%, anxiety 31.6% and financially challenges was high at 84.6%. The other common stressors that came up were that of reading resources, lecturer related and feedback of assignments recording 15.8%, 26.3% and 10.5% respectively. Access to the library had 15.8%, while network connectivity was at 15.8%. It would appear that students are stressed financially, a figure of 84.6% was recorded. The findings of this study are in line with what other researchers got were students fail to complete due to financial constraints and more so those who continue experience mental stress related challenges (Pogrmilovic et al., 2021; Mutambara et al., 2015; Andrew & Wilding, 2004). Put together, there is a possibility to say that while students are at institutions of higher learning a lot is happening which requires collaborative approach for it to be rectified. Students are going through a lot which is likely to impact on their mental concentration and eventually affecting their studies and continuity. There is a likelihood that depression, anxiety, and lecturer related are also common stressors at tertiary level. Moreover, if Fossey et al. (2017)'s approach is adopted, students with mental health challenges might be recognised early and assisted accordingly.

Chart 3: Stressors that have been experienced by ZOU students (choose more than one)



The chart 3 above illustrates stressors that affect ZOU students studying with Matabeleland North region. Depression, anxiety, and finance had 10.5%, 26.3% and 73.7% respectively. Also common is reading resources at 21.1%, lecturer related stressors had 15.8%, feedback of assignment and access to the library recorded 21.1% and 10.5% respectively. The other stressors identified were meeting deadlines which had 42.1%, network 26.3% and balancing work and study at 57.9%. The data collected from students learning with ZOU, indicate financially constraints (73.7%) as a major stressor followed by balancing work and study (57.9%) and on third position is meeting deadlines (42.1%). Network and anxiety are on fourth position. Students at ZOU like any other students worldwide are seemingly having financially constraint as one of the stressors affecting them. Moghimi et al. (2023) had a similar establishment in Australia were 50.5% of university at Ontario students had financial challenges. Balancing work and study are other common stressors because of the nature of the programme. ZOU as an open distance learning institution allows students to do their studies while at work. However, this kind of learning might put pressure on students requiring one to balance both work and study, failure at which stress, and anxiety could be triggered thereby affecting one's mental health (Garland, 2007; Knowles, 1997; Kruger & Casey, 2000). Network connectivity is amongst the top stressors that is affecting students. This is an online learning anchored on good network connectivity so that assignments are downloaded and uploaded efficiently. However, poor connectivity is likely to affect students as they attempt to meet deadlines, post assignments, and communicate with lecturers. The findings of this study are in line with what Howell et al. (2000) found. Respondents were also affected by reading resources. The nature of the programme makes it difficult for students to access the library for reading material. The implication could be that those that are unable to access library were restricted in their reading resources, thus affecting quality of assignments produced as they relied mostly on their module. Ukpo (2005) and Kamau (2007) found the same in the research that were conducted.

Table 2: The impact of mental health challenges.

Impact	Percentages (%)
Poor performance	30.1

Students fail to progress /pursue other career paths	11.6
Less interest in their studies, fail to engage in course related discussions/activities	19.0
Mental concentration	23.5
Unsociable with relational problems	10.5
Mental health related illnesses	5.3
Total	100%

Table 2 above provides results on the impact of mental health challenges that affect students learning with ZOU. Mutambara et al. (2015) identified three categories of challenges that could impact on mental health situational, institutional, and dispositional. Poor performance is one mental challenge with 30.1% respondents attributing to it. According to Mutambara et al. (2015) poor performance is situational. Students who are stressed mental are likely not to perform well in their studies. Pascoe et al. (2020) and Hysenbegasi et al. (2005) found similar results. Research conducted in Zimbabwe revealed that tertiary students are learning under unfriendly environment in which poverty, failing to balance work and study, lack of resources and furthermore the economy impacts on their studies (Mutambara et al., 2015; UNICEF, 2011; Poverty Datum Line Analysis, 2012). The above conditions have the potential of affecting students' mental health thereby affecting their performances as well. Students failing to progress or pursue other courses had 11.6% while those who disengage or withdraw from course related activities recorded 19%. Meanwhile, mental concentration, unsociable with relational problems and mental related illnesses had 23.5%, 10.5% and 5.3% respectively. For one to concentrate there is need for a stable mental and well-being. There is a widely held view that a healthy mind works productively and fruitful without undue stress. This could imply that mental concentration might decrease due to stressors encountered thereby affecting one's performance. Students who are facing challenges are likely to show signs of being unsociable and failure to relate well with others. This could be an indicator that students are going through a lot and failing to make ends meet hence the behaviour. Unsociable, having relational challenges fall under dispositional (Kruger & Casey, 2000). It is at this point that those students with an attitude and poor relations are monitored and provided with professional assistance. The study also noted that 11.6% respondents are not likely to do other courses with the same institution. There is a possibility that once students are exposed to unfriendly conditions leading to mental stress at a particular institution, they may not consider it for future studies again (Pogmilovic et al., 2021). The last impact is that of mental health illnesses. There were 5.3% respondents who indicated that mental health challenges impact on students' well-being. There is an observation that disability among the young generation is caused by mental illness (Gore et al., 2011). This could imply that institution that do not address mental health challenges are likely to affect student physical and more so the effects could be detrimental at times. Moreover, these stressors could be avoided, if necessary, steps are taken, and students are given the attention that they deserve, yet the core business of the institution is servicing them. Seemingly, no institution functions without students.

Figure 1: Strategies to improve mental health and well being of students (select more than one)

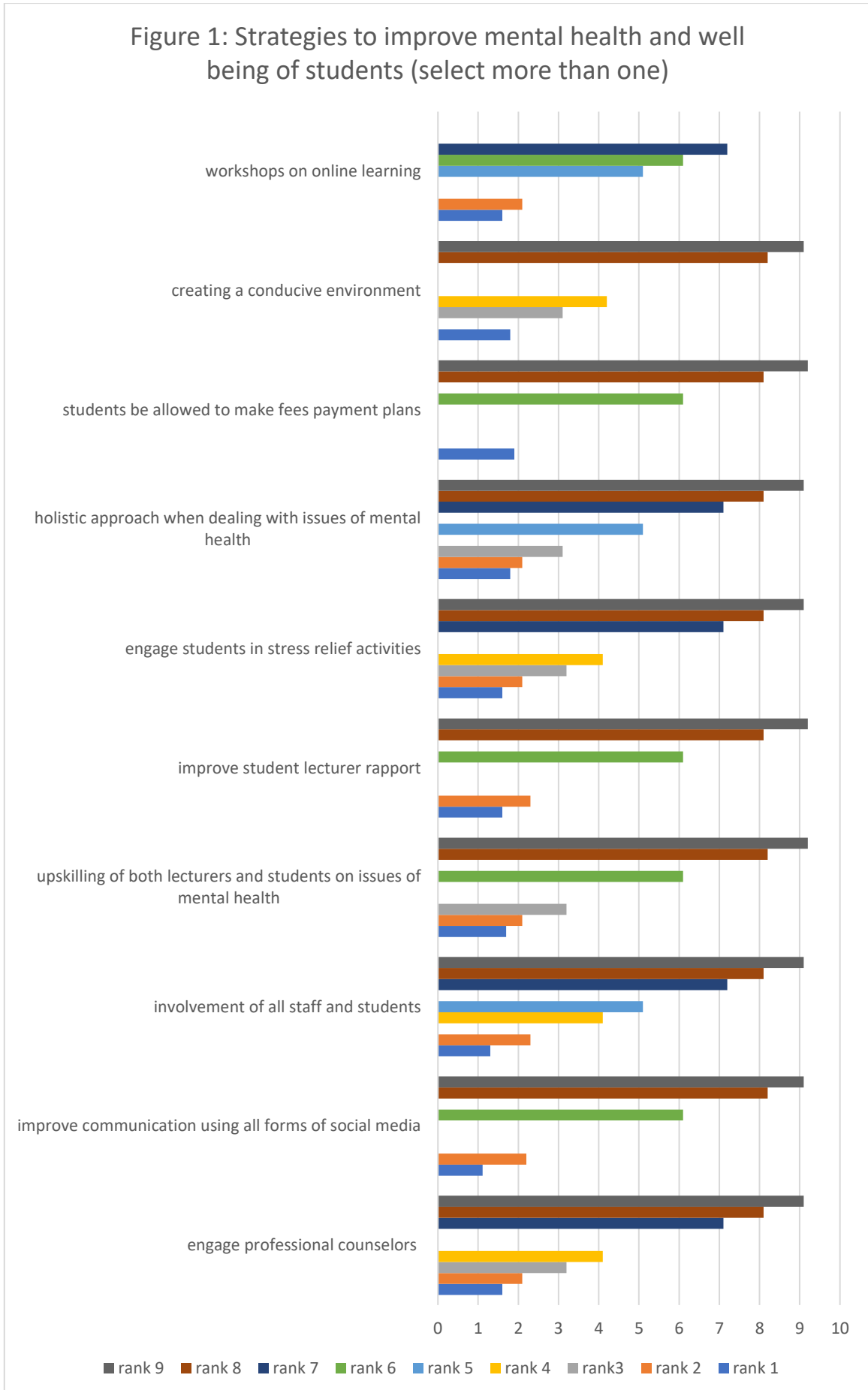


Figure 1 above, shows findings from a question in which students were asked to rank strategies for dealing with mental health and well-being. Rank 1 was the most important while 9 the least. Information collected indicate that respondents ranked the following as number 1: engaging professional counsellors (1.6), improving communication using all forms of social media (1.11), involvement of all staff and students (1.3), up skilling of both staff and students on issues of mental health (1.7), improving student lecturer rapport (1.6), holistic approach when dealing with mental health challenges (1.8), students be allowed to have fee payment plans (1.9), engage students in stress relief activities (1.6), creating a conducive environment (1.8) and workshops on online learning (1.6).

It would appear that communication channels are a problem at the institution as this had (1.11) respondents ranking it first. Communication is one essential tool that breaks all the barriers, creating a user-friendly environment. Students are likely to be assisted if all modes of virtual interactions are used, more so this might help those that are in remote areas to work efficiently and effectively. The institution uses a model that allows one to do studies off campus, hence allowing use of varied virtual communication channels is likely to assist both students and lecturers and eventually motivating them to persist in their studies while additional costs are reduced.

Fees payment plan had (1.9) respondents ranking it number one as well. Research conducted has shown that in Zimbabwe students at tertiary level learn under harsh condition and one such stressor is finance (Mutambara et al., 2015). A similar situation was recorded by Kasayira et al. (2017), Moghimi et al. (2023), Andrew & Wilding (2004), Pogrmilovic et al. (2021) and Mutambara et al. (2015). There is a probability of a reduction in the number of students who dropout, defer studies while attracting new students, and improve the completion rate as well if financial issues are addressed. Holistic approach in dealing with issues of mental health and creating a conducive environment had (1.8) respondents each ranking it one. Limpus & Carlyon (2019)'s framework of dealing with mental health recommends consideration of all aspects that is social, emotional, spiritual, and mental. There is a widely held view that if one pillar is not addressed, the well-being is affected (Durie 1984 Te whare Tapa wha model). Linked to this approach is a user-friendly environment which respondents wants addressed. A friendly environment could be in the form of being approachable and accommodative when challenges arise. This has the potential of promoting a stable and relaxed mental health and well-being and performance is guaranteed eventually. Up-skilling of both lecturers and students was ranked 1.7. Respondents feel there is need to empower both parties. There is a likelihood of having a common understanding once students and lecturers are equipped with mental health handling techniques, and thus a collaborative approach (Patricia, 2020; Limpus & Carlyon, 2019).

Engaging professional counsellors and stress relief activities for students were ranked (1.6) each. Respondents of this questionnaire seem to be comfortable with trained counsellors that are likely to provide credible services hence ranked one. There is a possibility that the institution lacks trained personnel so that students are assisted accordingly. Moreover, institutions need to be proactive when dealing with issues of mental health (Limpus & Carlyon, 2019; Sartika, 2021). Stress relief activities are equally important as there is a likelihood of mental relaxation and at the same time promoting the social aspect. Research has shown that once the individual is removed from a stressful environment mental, social, emotional, and spiritual aspects are cultivated (Ministry of Health, 2017). Moreover, Dhurup & Mokoena (2017) found that without campus recreation students are incomplete. Likewise, there is a possibility of improving the four pillars of mental health once stress relief activities are incorporated.

In the second ranking were the following strategies: engaging professional counsellors (2.1), improving communication using all forms of social media (2.2), involvement of staff and students (2.3), up-skilling of both lecturers and students on issues of mental health (2.1), improving student lecturer rapport (2.3), engaging in stress relief activities (2.3), holistic approach when dealing with issues of mental health (2.1), and workshops on online learning (2.1). It would appear that the above strategies featured in rank one as well suggesting an immediate action to be taken.

In third ranking were the following: engaging professional counsellors (3.2), up-skilling of both lecturers and students on issues of mental health (3.2), engaging in stress relief activities (3.2), holistic approach when dealing with issues of mental health (3.1), and creating a conducive environment (3.1). It would appear that strategies listed in this category all appear in the first ranking. Figure 1 above depicts these strategies as ranked number 4: engaging professional counsellors (4.1), involvement of staff and students (4.1), engaging in stress relief activities (4.1), and creating a conducive environment (4.1). Notably, is the fact that as the level of importance decrease, strategies are becoming fewer. Therefore, there is a possibility that the important strategies have been ranked under 1, 2 or 3, thus the emerging pattern. Ranked fifth is the involvement of both staff and students (5.1). It would seem other respondents do not see the value of a collaborative approach in dealing with mental health. This could imply that may be staff members are the sources of all stress related challenges leading to stress, anxiety and depression and additional triggering mental instability during study.

In the sixth ranking are improve communication using all forms of social media (6.1), upskilling both students and lectures on issues of mental health (6.1) and improving student lecturer rapport (6.1). Five strategies were ranked seven and these are engaging professional counsellors (7.1), involvement of both staff and students (7.2), engage students in stress relief activities (7.1), holistic approach when dealing with issues of mental health (7.1) and hold workshops on online learning (7.2). The eight rank which is second from least important had engaging professional counsellors (8.1), improving communication using all forms of social media (8.2), involvement of staff and students (8.1), upskilling of both lecturers and students on issues of mental health (8.2), improving student lecturer rapport (8.1), engaging in stress relief activities (8.1), and holistic approach when dealing with issues of mental health (8.2). The least important were all the strategies except holding workshops on online learning. It would seem students are worried about issues of online learning since ODeL is the backbone of all off-campus studies. The implication could be that respondents are stressed mentally when dealing with online learning during studies hence the need to understand My Vista.

Interview analysis.

The first question sought to find out from interviewees their understanding of mental health. It was established that informants do understand what mental health entails. One interviewee (P1) reiterated that it is a condition that includes the emotional, mental, social and the psychological well-being of an individual which is likely to affect how one thinks, feels, and acts. The other (P2) added that if not addressed students are likely to experience mental breakdown and fail to complete their studies. The answers given seem to indicate that service providers are aware of mental health and its effects. This then is likely to give the researcher the anticipated answers from the participants of this study in light of their background. The second question was about the effects of mental health to ZOU students. One important effect given is that of loneliness and isolation due to lack of face-to-face interaction (Interviewees P4, P5). This is likely to cause stress and anxiety or exacerbates existing mental health conditions leading to new challenges (P1, P6). The finding of this study corresponds to what Hossain et al. (2020) found. Moreover, reduced motivation and engagement lack of structured learning environment can be stressful and leading anxiety and depression thereby affecting performance said one interviewee (P1, P6, and P5). The other participant (P5) raised the issue of missing out when comparing oneself with the social life that is exposed to peers doing conventional studies. One informant (P1) mentioned the aspect of overreliance on technology leading to fatigue and straining individuals triggering stress, anxiety, and depression. The other (P1) said:

Distance learning comes with additional expenses such as technology upgrades, internet access which can be sources of stress for students.

There is an observation that students struggle to find means of supplementing their income so as to meet demands of the course (Johnstone, 1999; Ukpo, 2005; Kamau, 2007). This, therefore, could trigger and worsen existing stressors leading to mental instability.

Positively, this is how one interviewee (P3) answered, flexibility and control, students learn at their own pace and schedule which can be beneficial in managing the mental health leading to a positive lifestyle. The other raised the issue of improved and strong self-management skills, such as time, organisational and discipline thereby promoting independent learning and beneficial to one's well-being (P4). Brien (1992) and Reamer (1990) found that students who are self-motivated continue with studies despite challenges. There was a contribution of travelling cost incurred since all work is done at the comfort of one's place.

To answer question three which sought for challenges that students at ZOU face. Service providers lamented on unclear organisational structures. Clearly put this is what was said:

The institution has no clear guidelines on how students attend face to face sessions, it is haphazard some faculties do and in others, nothing concrete is said (P1, P3, P5).

There is a possibility that management and lecturer might want to meet student's physical as there are instances in which some are not reachable on any mode of communication. The other participant raised the issue of technology. This is what was said:

Online learning platform Myvista increases stress and anxiety especially when submitting assignments and trying to meet deadlines (P1, P2).

Patricia (2020) and Rahiem (2020) had a similar situation in their research. It would appear students are not given adequate training on the learning platform used at the institution; thus, workshops are needed for the betterment of the system. The other challenge raised by informants is that of students failing to balance work, study, and family responsibilities. There is an observation that students fail to take responsibility for their own learning contributing to stress, anxiety and depression thereby affecting one's mental stability. There is a widely held view that work and home responsibilities reduce time for study (Kruger & Cassey, 2020). It is at this point that a stable mental health, commitment, and resilience are required so that intended programme is done productively and timeously (WHO, 2005).

When asked the question on mitigation measures, several strategies were highlighted. One such measure is that of having a student advisor at the institution campus offering counselling services to students (P1, P3). To add on, another interviewee (P3) added that the office of the student advisor was created so that students' issues and challenges are managed professionally. The other one (P4) said plans are underway to have a state-of-the-art counselling room with relevant equipment. It would appear that the institution is being proactive in dealing with mental health challenges, the measures at the campus are likely to minimise students' sources of stresses if implemented effectively. Limpus and Carlyon (2019) are in support of that. The other measure raised was that of having varied platforms for virtual social interaction such as Google meet, Zoom, Microsoft team and WhatsApp fostering sense of belonging (P1). One member mentioned that Library services are communicated through a WhatsApp group meant for such purposes, so that students are aware of opening times (P4). There is an assumption that students are supposed to be part of these platforms for easy communication, dissemination of information and join colleagues in the same programme. Sartika (2021) had a similar establishment, more so there is a potential of promoting students' behaviour social and emotional Cavion et al. (2017).

Conclusion

The prevalence of mental health challenges at institutions of higher learning has been a worrisome for decades. Tertiary institutions that focused and implemented mental health strategies have not only improved their service, but also maximised the opportunities of current and long-term benefits. The study has overall established that health is incomplete without mental health. What also gleaned from this study are the challenges associated with ODeL. With the adverse effects of the economy, there is an increased number of students with financial challenges as a major mental stressor affecting their studies. There is a possibility of losing potential students to other institutions if the stressors are not given the attention they deserve. Mental stability

coupled with a conducive learning environment are key indicators of one's well-being and impacts positively on an individual's performance. The study, therefore, recommends that mental health challenges be given utmost attention to minimise their adverse effects. The study has potential limitations. The findings of the study cannot be generalised to other regions which could be having a different set up and environment. Secondly, responses from this cohort might not be the same with students from other regions owing to the geographical location of the institutions and dispersion of students.

References

- Andrews, B., & Wilding, J.M. 2004. The relation of depression and anxiety to life-stress and achievement in students. *British Journal of Psychology*, 95(4): 509-521.
- Australian Government Productivity Commission. 2020 Productivity Commission Inquiry Report, Mental Health Volume 1. Productivity Commission.
- Berge, Z.L., Muilenburg, L.Y., & Haneghan, J.V. 2002. Barriers to distance education and training: Survey results. *The Quarterly Review of Distance Education*, 3(4): 409-418.
- Brien, S. J. 1992. The adult professional as graduate student: A case study in university. *Dissertation abstract international*, 53(7):
- Cavioni, V., Ornaghi, V., & Grazzani, I. 2020. Mental health promotion in schools: A comprehensive theoretical framework. *International Journal of Emotional Education*, 12(1): 65 – 82. www.um.edu.mt/ije
- Fossey, E., Bigby, C., Chaffey, L., Mealings, M., Williams, A., Serry, T., Ennals, P. 2017. Students with mental health issues and acquired brain injury: University teaching staff perspectives. *Journal of the Australia and New Zealand Student Services Association*, 49:15–22.
- Garland, M. 1993. Ethnography penetrates the “I didn't have time” rationale to elucidate higher order reason for distance education withdrawal. *Research in distance education*, 8(2): 181-198.
- Glass, G. V., & Hopkins, K. D. 1984. *Statistical Methods in Education and Psychology*. (2nd Ed). Prentice-Hall.
- Gore, F.M., Bloem, P.J., Patton, G.C., Ferguson, J., Joseph, V., Coffey, C., Sawyer, S.M., & Mathers, C.D. 2011. Global burden of disease in young people aged 10-24 years: A systematic analysis. *The Lancet*, 377: 2093-2102.
- Gruber, J., Prinstein, M. J., Clark, L. A., Rottenberg, J., Abramowitz, J. S., Albano, A. M., ... Weinstock, L. M. 2020. Mental Health and Clinical Psychological Science in the Time COVID-19: Challenges, Opportunities, and a Call to Action. *American Psychologist*.
<https://doi.org/10.1037/amp0000707>
- Hossain, M. M., Sultana, A., & Purohit, N. 2020. Mental health outcomes of quarantine and isolation for infection prevention: a systematic umbrella review of the global evidence. *Epidemiology and Health*, 42, 1–11. <https://doi.org/10.4178/epih.e202003>
- Hysenbegasi, A., Hass, S.L., & Rowland, C.R. 2005. The impact of depression on the academic productivity of university students. *Journal of Mental Health Policy Economics*, 8(3): 145-51.
- Johnstone, D.B. 1999. The future of the University. *International Journal*. Brennan, M. Pedowitz, T. Huber, & T. Shar, (Eds). What kind of university? (pp. 239-251). SRHE and Open University Press: Buckingham.
- Kamau, J. 2007. Retraining primary school teachers against diminishing resources: Is distance education the answer? Conference paper, UNESCO, second regional seminar for Africa, Accra Ghana; UNESCO.
- Kasayira, J.M., Kudzai S. Chipandambira, K.S., & Hungwe, C. 2007. Stressors and Coping Strategies of State University Students in a Developing Country. *Journal of Psychology in Africa*, 17(1): 45-50.
- Kember, D. 1989. A longitudinal-process model of drop-out from distance education. *Journal of higher education*, 60(3): 278-301.
- Knowles, M. (1984) *The Adult learner: A neglected species* (3rd Ed.). Houston, TX: Gulf Publishing.
- Kruger, R. A., & Casey, M. A. 2000. *Focus Groups: A practical guide for Applied Research*, 3rd ed. London Sage.
- Lamb, S., Huo, S. 2017. *Counting the costs of lost opportunity in Australian education*. Mitchell Institute: Melbourne, Australia.
- Leavy, P. 2017. *Qualitative, quantitative, mixed methods, arts-based and community based participatory research approaches*. The Guilford Press. New York, London.
- Limpus, W., & Carylton, T. 2019. Considering How Tertiary Education Providers Can Best Support the Mental Health and Wellbeing of their Students. *Journal of the Australian and New Zealand Student Services Association*, 27(2): 188-200.
- Loeb, S., Dynarski, S., McFarland, D., Morris, P., Reardon, S., & Reber, S. 2017. *Descriptive analysis in education: A guide for researchers*. (NCEE 2017–4023). Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Centre for Education Evaluation and Regional Assistance.

- Ministry of Health. 2017. Te Whare Tapa whā Maori Health model Hauora Maori. Retrieved from: <https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maorihealth-models-te-whare-tapa-waha>.
- Moghimi, E., Stephenson, C., Gutierrez, G., Jagayat, J., Layzell, G., Charmy Patel, C., McCart, C., Gibney, C., Langstaf, C., Ayonrinde, O., Khalid-Khan, S., Milev, R., Snelgrove-Clark, E Soares, C., Omrani, M., & Alavi, N. 2023. Mental health challenges, treatment experiences, and care needs of post-secondary students: a cross-sectional mixed-methods study
- Mokoena, B.A., & Dhurup, M.R. 2017. Evaluation of a campus service quality recreational scale. *Studia Universitatis Babeş-Bolyai Oeconomica*, 62(3): 67-82. DOI: 10.1515/subboec-2017-0014
- Mossberger, K., Tolbert, C. & Stansbury, M. 2003. *Virtual inequality: Beyond the digital divide*. Washington, D. C: Georgetown University Press.
- Musingafi, M.C.C., Mapuranga, B., Chiwanza, K., & Zebron, K. 2015. Challenges for Open and Distance learning (ODL) Students: Experiences from Students of the Zimbabwe Open University. *Journal of Education and Practice*, 6(18): 59-66. www.iiste.org
- Mutambara, J., & Bhebe, V. 2012. An Analysis of the Factors Affecting Students' Adjustment at a University in Zimbabwe. *International Education Studies*, 5(6):244-250.
- Pascoe, M.C., Hetrick, S.E., & A.G. Parker, A.G. 2020. The impact of stress on students in secondary school and higher education. *International Journal of Adolescence and Youth*, 25(1): 104-112
- Patricia, A. 2020. College Students' Use and Acceptance of Emergency Online Learning Due to COVID-19. *International Journal of Educational Research Open*, 100011. <https://doi.org/10.1016/j.ijedro.2020.100011>
- Rahiem, M. 2020. The Emergency Remote Learning Experience of University Students in Indonesia amidst the COVID-19 Crisis. *International Journal of Learning, Teaching, and Educational Research*, 19(6), 1–26. <https://doi.org/10.26803/ijlter.19.6.1>
- Salman, A. 2012. Investing in Mental Health. *Investing in Mental Health*, 342.
- Sartika, D., Muttaqin, K.R., Luthfi Abi Naufal, M., Savitri, N., Rachman, R.S. 2021. Student's mental health, coping strategy, and educational impacts during the Covid-19 pandemic in Indonesia. *International Journal of Economics, Business and Management Research*, 5(9):17-30. www.ijebmr.com
- Strauss, A. L. 1987. *Qualitative analysis for social scientists*. Cambridge: Cambridge University Press.
- UNESCO, 2004. *Final report of the meeting of higher education partners*. World Conference on Higher Education. Paris: UNESCO