



# Friendship Buddies' Experiences in Supporting Peers with Common Mental Health Needs at a Local University in Masvingo, Zimbabwe.

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## Abstract

*Friendship Buddies are lay or semi-professional health workers who narrow the treatment gap for common mental health disorders by addressing the mental health needs of their peers. This study explored the experiences of undergraduate peer counsellors in offering mental health and psychosocial support services to adolescents and young adults in college. A phenomenological research design encompassing fourteen (14) semi-structured in-depth interviews was employed to explore the lived experiences of undergraduate students who provide counselling support to peers with anxiety, depression, suicidal ideation amongst other mental health conditions. The thematic content analysis of interview transcripts revealed four broad themes: 1) opportunity for personal growth and professional development, 2) positively impacting the lives of peers with mental health issues, 3) encountering challenging problems and, 4) managing misconceptions. Friendship Buddies realised that offering counselling to peers with mental health concerns provided rewarding and satisfying opportunities, but was also quite challenging and demanding. Findings underscore the importance for further expansion of the Friendship Buddies initiative to continuously bridge and narrow the treatment gap for mental health problems among college and university students.*

**Keywords:** Experiences, Friendship Buddies, Friendship Bench, Common Mental Health Issues.

## 1. Introduction

Student mental health is an important global health care issue. In contemporary times wherein the demand for mental health care has far outpaced capacity, innovative and creative ways have been initiated to enhance access to mental health and psychosocial support services. The Friendship Buddies is one such initiative for students in higher and tertiary education institutions. Friendship Buddies are lay or semi-professional health workers who narrow the treatment gap for common mental health disorders by addressing the mental health needs of their peers (Wallén, et al. 2021). However, little is known about their experiences as peer counsellors who provide much needed support to their colleagues. Enumerating these experiences can go a long way in informing university



authorities and other helping professionals to better understand and augment efforts that address student health needs.

### **Background**

The treatment gap for mental health conditions has long been acknowledged as large (Chibanda, et al. 2016, Chibanda, et al. 2017) and is seemingly widening for people in developing countries. Millions of people across the world experience mental health problems but the majority seldom receive any treatment particularly in low-income countries such as Zimbabwe. At least 3 out of 4 people with mental health disorders in low-and-middle income countries (LMICs) do not receive care for their condition (WHO, 2017). The situation is no different in higher and tertiary education institutions which remain a microcosm of the whole country. There is an apparent gap between the few psychologists and counsellors and the thousands of students in higher and tertiary institutions in need of mental health and psychosocial support services in Zimbabwe. Their mental health problems do not get adequate attention, and in many instances, they remain difficult to diagnose especially in the absence of skilled professionals. Common mental disorders (CMDs) particularly depression and anxiety, are seldom recognised as illnesses that warrant treatment in low-and-middle income countries, particularly in sub-Saharan Africa. Consequently, they frequently go undiagnosed and untreated.

Psychological and mental health problems among university students are identified as an escalating public health problem worldwide (January, Madhombiro, Chipamaunga, Ray, Chingono & Abas, 2018; Aljaber, 2020). As noted by Abrams, (2022), in the United States, student mental health is in crisis, as it is worsening by nearly every metric. She observes that in the academic year 2020-2021 alone, more than 60% of college students met the criteria for at least one mental health problem. Mental health problems among university students involve a broad spectrum of conditions such as depression, anxiety, substance use, self-injurious behaviours, suicidal ideations, and eating disorders (Zivin, et al. 2009; Limone & Toto, 2022). Studies have established that university students are more susceptible to depression and anxiety than the general population (Ibrahim, Kelly, Adams, & Glazebrook, 2013). Depression is particularly identified as a bane among university students and its prevalence rate is estimated to be six times more than the general population (Evans, et al. 2018). Prevalence estimates range from 23.7% to 37.5% (Ahmed, et al. 2020; Maziti & Mujuru, 2021; Liu, et al. 2019; Levecque, et al. 2017).

The mental health needs of adolescents and young adults in college have not been sufficiently met. This apparent gap has only worsened in recent times due to effects of the prolonged COVID-19 emergency. At its peak around 2020, COVID-19 is understood to have caused a 25% increase in anxiety and depression among women and young people (WHO, 2020). Effects of untreated mental health conditions are broad. As noted by Wallén, Eberhard and Landgren, (2021) if left untreated, mental illness is associated with a number of debilitating effects such as reduced compliance to other medical treatments, inability to maintain relations, work, studies and reduced scholastic attainment, and general poor quality of life. For youths in college, mental health problems such as depression make everything harder to execute and seem less worthwhile. A depressed student is likely to lose their self-confidence, find academic tasks too challenging and hard to do, perform poorly and perceive their education as



nothing worthwhile, but an exercise in futility. The need for quick identification of mental health problems and implementation of early and targeted psychological interventions therefore needs no overemphasis.

There has been a notable global surge in demand for mental health services. Unfortunately, there has not been a corresponding increase in the capacity to meet this demand. In the UK, 1-in-5 students has a current mental health diagnosis, and almost half have experienced a serious psychological issue for which they felt they needed professional help (Pereira et al. 2019; Campbell et al. 2022). A study by Maziti and Mujuru (2021), established a 37.5% prevalence in depression amongst students at Great Zimbabwe University. Globally, university counselling centres have thus seen an unmatched increase in demand for services in the past few years (Abrams, 2022). This discrepancy has widened the treatment gap and calls have grown louder for creative solutions that move away from the ill-equipped traditional counselling centre approach.

The Friendship Buddies or Peer counsellors' initiative is one such creative solution which plays a pivotal role in enhancing access to mental health and psychosocial support by students. To narrow the treatment gap for common mental health problems among adolescents and young adults in colleges, the Friendship Bench scaled up and extended services to youths in higher and tertiary education institutions through the Friendship Buddies or Peer Counsellors. The initiative seeks to address the mental health needs of youths in college through task-shifting to semi-professional undergraduate students. Friendship Buddies are not lay health workers per se, but rather semi-professional, undergraduate students in training. The majority are third year Psychology students undergoing their 1-year industrial attachment or internship as part of their work-related learning. The peer counsellors receive training in problem-solving therapy to extend their services to the community, schools and others in need. Their main focus however, are their peers in the university who may experience mental health challenges due to substance addictions, relationship issues, sexual harassment or exploitation issues, examination anxiety and other common problems amongst youths in college.

Although studies maybe ongoing to evaluate the efficacy of the Friendship Buddies initiative, no study known to the researchers has specifically focused on the experiences of these undergraduate peer counsellors in offering mental health and psychosocial support to their peers in higher education institutions. A study by Wallén, et al. (2021) described the experiences of Friendship Buddies and how they help fellow youths with mental health problems in the community. There is need for more knowledge, particularly from the peer counsellor's perspective, on how they are affected by working in this context to identify gaps, challenges and best practices that can help inform and improve delivery of mental health and psychosocial support services. Increased awareness of these and other issues assists to inform university authorities, policy makers and other helping professionals to better understand and augment efforts that address student health needs.

### **Aim**

The purpose of this study was to explore the lived experiences of Friendship Buddies or Peer Counsellors offering counselling support services to college students with common mental health needs.



## 2. Materials and methods

### Approach and Design

The study adopted a qualitative research approach. Teherani et al (2015), stated that qualitative research is the systematic inquiry into social phenomena in natural settings. This approach enabled in-depth exploration of the peer counsellors' perceptions and meanings towards helping peers within the university environment. A phenomenological research design was thus adopted to illuminate the experiences of Friendship Buddies in supporting fellow students with common mental health challenges. As noted by Leedy and Ormrod, (2015), "a phenomenological study tries to answer the question: What is it like to experience such-and-such?" (p.273). In the same vein, the current study sought answers to the main question: 'What is the lived experience of peer counsellors in supporting students with common mental health needs?' This design allowed firstly, the participants to describe their experiences in their own words and secondly, the researchers to make sense of it and derive meaning from the participants' point of view.

### Participants

To comprehensively capture the peer counsellors' experiences, participants were purposively selected to participate in the study. A total of 14 peer counsellors (two males and twelve females) were invited and consented to share their experiences with the researchers. This non- probability sampling strategy was employed due to its ability to maintain the foundation of a singular focal point. Eligibility included being 18 years and older and consenting to participate.

### Data collection

Data were collected through a semi-structured interview guide which asked open ended questions. The main question was, 'What has been your experience working with students with mental health conditions?', and it was followed up with other probing but non-leading questions. According to Magaldi and Berler, (2020) semi-structured interviews are exploratory interviews that are often used in social and behavioural sciences for the purpose of qualitative researches. The main objective of semi-structured interviews is to try to understand individual perceptions, sentiments and subjective viewpoints on a subject matter. All the 14 in-depth interviews were conducted face-to-face, lasted between 35 – 60 minutes and were audio recorded. Transcription of the recorded interviews was done within 48 hours to enable data analysis.

### Ethical Considerations

Several ethical issues were considered in the current research. Prior to conducting the face-to-face interviews, all the participants received both written and verbal communication on the purpose of the study and that discussions would be audio recorded. This was done to obtain their express informed consent. Participants were largely informed about the research, and had the power of freedom of choice to decide whether to participate in the research or decline. All buddies were reminded that participation was voluntary and they could at any point



withdraw from the study. Only minimal risk for psychological distress was anticipated and no participant exhibited any feelings of discomfort while sharing their stories. Researchers were mindful of the privacy and confidentiality of participants' stories. According to Coffelt (2017), confidentiality and anonymity are defined as ethical practices designed to shield the privacy of human subjects while collecting, analysing, and reporting data. Confidentiality of the participants was well preserved by ridding the process of any identifying information in the course of the research.

### Data Analysis

Thematic content analysis was used to analyse the data (Leedy & Ormrod, 2015). It is one of the popular analytic methods for conventional qualitative researches in social and behavioural science studies. All the researchers went through the transcribed interviews to pick-out recurring meaning units from the participants' narrations. Broader themes were then developed from the meaning units noting the similarities and differences in the experiences of the peer counsellors. As noted by Sandler et al., (2019) meaning-oriented themes can contribute to robust qualitative research findings.

## 3 Results and findings

Analysis of data revealed that experiences of Friendship Buddies in supporting their peers with common mental health needs could be categorised into four (4) major themes: (a) opportunity for personal growth and professional development, (b) positively impacting the lives of peers with mental health issues, (c) encountering challenging problems, and (d) managing misconceptions. The themes are described below along with verbatim quotes participant narrations.

### ***a) Opportunity for Personal Growth and Professional Development***

The peer counsellors perceived their experience as 'Friendship Buddies' quite positively and acknowledged the huge opportunities for personal growth and professional development. They had enough exposure to learn new courses relevant for mental health practitioners. One participant noted;

*"...During my tenure at Friendship Bench, I had an opportunity to successfully complete short courses, for instance, WHO-Quality Rights and Problem-Solving Therapy (PST)." (P.10)*

Buddies described that supporting peers with mental health issues provided a platform to apply the theoretical knowledge gained from the lecture room in solving practical real world challenges. They were able to test the skills and techniques necessary to run counselling sessions.

*"The programs sharpened my counselling tools especially problem-solving skills and the ability to articulate theoretical concepts with practice..."(P.10)*



Friendship Buddies also mingled with key informants in the field of mental health on a different wavelength. Unlike the classroom setting, they rubbed shoulders with their university lecturers, captains of industries and foreign nationals as colleagues addressing mental health-related issues. Another respondent remarked;

*"...I drew impetus from interacting with professionals in the field of Psychology, for instance, Psychology Lecturers and FB supervisors..." (P.2)*

*"...it was my utmost joy to meet the organization's sponsors from Germany..." (P.1)*

The study also revealed that Friendship Buddies had an opportunity to offer solutions to mental health challenges that plague their peers. The process of working in groups, attending important functions and doing radio presentations on GZU Campus Radio provided an opportunity to do public speaking, an exercise that bolstered their self-concept. They also benefitted quite a lot from sensitization programs that were conducted via different mediums. Participants opined:

*"...I relished my stay as a buddy at Friendship Bench (FB). Interacting with quite a number of my age mates in therapeutic sessions dealing with depression was fulfilling. FB availed new programs that were handy in dealing with mental health-related conditions..." (P.13)*

*"...I had an opportunity to do public speaking during the organization's community-engagement events. As a student intern, I also seized the opportunity to run events on my own and represent the organization under minimum supervision..." (P.11)*

*"...the organization gave me a feel of how awareness campaigns are run through radio presentations, online platforms, magazine articles, usually in conjunction with the university..."(P.7)*

The Friendship Buddies viewed their clinical practice as quite rewarding as they also gained prowess and clinical experience to practice ethically as recommended by international and local ethical codes. The buddies attended induction training on research and data management in which they gained an appreciation of data collection and retention. Friendship Buddies aptly posited that;

*"...I attended Medical Research Ethics (MRE) training which equipped me with the necessary skills and techniques to deal with research participants. The major themes of the program were; respect for the participants, justice, beneficence and non-maleficence..." (P10)*

*"...At the end of the ethics training program, I realized that MRE was the cornerstone of all research initiatives. I am going to operationalize the knowledge gained to carry out my dissertation thesis in partial fulfilment of the requirements of my undergrad degree..." (P.7)*

*'...I attended the data management training and got an appreciation of data collection and keeping. Largely, I mastered that data collection must be done promptly and efficiently..." (P.11)*



**b) Positively Impacting the Lives of Peers with Mental Health Issues**

Friendship Buddies described their work as one that positively impacted the lives of their peers who were facing mental health challenges. They felt that their activities were meaningful and fulfilling since they were making a difference in the lives of fellow students at their greatest time of need. Participant 14 remarked:

*'...The CKT (Circle Kubatana-Tose) which offered a safe space for students struggling with different mental health problems to interact and share ideas as well as offering emotional support to each other and that brought oneness and it made students feel accepted and valued...' (P.14)*

Another positive outcome was participation in sensitization programs which widened the programs' catchment area. Moreover, buddies felt that private partnerships with other non-governmental organizations enriched the service package which benefitted the university students. Participant 6 noted;

*"...As buddies we partnered with UNESCO, SAYWHAT, MY AGE in a bid to raise awareness on sexual and reproductive health, and mental health. We visited all town campuses as well as the Mashava campus doing psycho-education. We gave students a whole idea of what depression is, its causes and how it affects the individual. These campaigns were a success because many students later reached out for help. We also partook in the mental health screening for health workers..." (P.6)*

Buddies were also upbeat and expressed satisfaction with their experience of reaching out to Health care workers within the university clinics. They appreciated helping those typically expected to be the helpers. As one participant rightly observed:

*"...going to the local clinic for a sensitization program and meeting the healthcare workers and screening them was eye-opening. These are people who help others on a daily basis but their mental health goes unnoticed. The healthcare workers showed great appreciation for the program as well..." (P.10)*

**c) Encountering challenging problems**

Buddies also encountered challenging problems for which they felt inadequately prepared to solve. As psychologists-in-training, some respondents felt they were not yet quite well prepared to fully support their peers with serious mental health challenges. As one respondent put it:

*"...I also had to cope with feelings of insufficiency and doubt in my ability to help some of the students who had mental health problems" (P.6)*

Another participant felt that it was sometimes difficult to get their clients to fully open up and disclose whatever challenges they will be experiencing.

*"...In terms of sessions, people are generally not open to the idea of sharing their problems, however people can only get help once they acknowledge that they have a problem..." (P.8)*



Others cited experiencing challenges with clients who reached out through online platforms and feeling frustrated for failing to readily assist them. The challenges varied widely and some were beyond the peer counsellors capacity to resolve for instance poor mobile network infrastructure. One respondent said:

*“...I had to offer some sessions online however, with quite a number of challenges. Network connectivity was sometimes poor, data was too expensive for the clients who preferred calls over texts and my phone had power issues due to intermittent power cuts...” (P.11)*

#### **d) Managing Misconceptions**

Friendship Buddies narrated their experiences in managing misconceptions and stereotypes around mental health conditions. They pointed out that these misconceptions were acting as barriers to help-seeking amongst students with different mental health conditions. The idea that mental health problems are a consequence of misfortunes and other spiritual or supernatural forces deterred students from seeking mental health and psychosocial support. Friendship buddies testified:

*“ ...there is quite a lot of students suffering from various mental health conditions. Africans today still believe that mental health problems are caused by witchcraft, bad luck, or bad omen. This has led to ignorance in embracing real causes like drug misuse, thereby seeking help from spiritual and traditional healers rather than mental health professionals...” (P.10)*

Another participant observed that misconceptions need to be managed because they feed into stereotypes, stigma and ultimately discrimination. They stated that:

*“...There is also an issue of discrimination and stereotyping when it comes to mental health conditions. As soon as one gets affected, others discriminate the sufferer and start to call them names...” (P.7)*

#### **4. Discussion**

This study aimed to explore the lived experiences of Friendship Buddies or Peer Counsellors offering counselling support services to college students with common mental health needs. Analysis of interview data revealed four (4) major themes: (a) opportunity for personal growth and professional development, (b) positively impacting the lives of peers with mental health issues, (c) encountering challenging problems, and (d) managing misconceptions. The most recurrent issue which emerged was the realisation by Friendship Buddies that offering counselling to peers with mental health concerns provided rewarding and satisfying opportunities, but was also quite challenging and demanding,

Findings of this study are consistent with the “experiences of young lay health workers delivering Problem Solving Therapy (PST) to adolescents with mental health problems in low-income settings” as described by Wallén et al., (2021, p.814). In this earlier study, it was established that while counsellors had positive and pleasant experiences, they also had moments of negative and difficult experiences although the positive outcomes overshadowed the negative ones (Wallén et al., 2021). In the present study, peer counsellors generally felt very positive about their





work which they viewed as an opportunity for personal growth and professional development. Buddies were afforded the opportunity to grow professionally by training on different other short courses, to interact with mental health professionals and to sharpen their counselling skills by applying theoretical lecture-room knowledge in practical real-world settings as they supported peers with mental health problems.

Peer counsellors also felt grateful for pursuing a profession that positively impacted the lives of peers with mental health problems. These findings correspond with previous studies on the experiences of lay health workers on the original Friendship Bench project (Chibanda et al. 2017; Chibanda et al., 2016). Similar to the grandmothers in Chibanda et al.'s project, buddies also perceived their work to be empowering, meaningful and satisfying, which is quite expected for people in most helping professions. From the interviews, buddies expressed a fervent desire to see the expansion of the Friendship Buddies project given the impact it has had.

Our findings also revealed that peer counsellors encountered challenging problems which appeared to elicit some degree of frustration and distress, although it is not uncommon amongst helping professionals. Consistent with the findings by Wallén et al., (2021) the buddies sometimes experienced feelings of insufficiency or inadequacy when dealing with clients with certain problems, for instance financial challenges, network problems or those not opening up to disclose their real problems. Wallén et al., (2021) established that buddies sometimes felt overwhelmed when they faced situations they did not know how to handle. These observations also echo findings by Chibanda et al., (2017) who also established that grandmothers sometimes felt weighed down by the financial situations of their clients. Buddies sometimes faced similar situations where they felt they could only do so much and no further.

Counsellors also had to grapple with the challenge of managing misconceptions around the explanations for mental health problems. The study by Wallén et al., (2021) similarly observed the issue of superstitious explanatory models of mental illness which pervade African societies. Our findings revealed that these misconceptions were acting as barriers to help-seeking amongst students with different mental health conditions. The belief that mental health problems are a consequence of misfortunes, and other spiritual or supernatural forces deters students from seeking appropriate mental health and psychosocial support.

## **5 Strengths and limitations of the study**

The current research clearly articulated all the steps followed in the research process to ensure transparency as well as to allow for possible replication of the study by future researchers. The use of a semi structured interview guide in data collection, ensured the same set of questions was followed thereby increasing the dependability of generated data. All the four (4) authors actively participated in data collection, transcription, as well as the meticulous data analysis and interpretation which enhanced the credibility and trustworthiness of the study. Verbatim quotes from the participants are also inserted in the findings for authenticity.



A potential limitation to the current research is that fewer males participated because there were generally less males working as Friendship Buddies. However, although only two male participants were interviewed, the current study purposively selected an adequate number of fourteen (14) participants to ensure collected data were credible. The collected data were sufficient to answer the main research question and met the purpose of study. This then calls for the encouragement of males to join helping professions like counselling. Another limitation was that the study was done on a small scale which may limit transferability of some of the findings to other contexts.

## 5. Conclusion

Mental health remains a topical issue amongst adolescents and young adults in college worldwide. The increasing demand for mental health support is even much more pronounced in low-income countries such as Zimbabwe where a large treatment gap for common mental health illnesses exists. This study established that the Friendship Buddies initiative is a significant project that has contributed in no small measure to the mental wellbeing of university students in Zimbabwe. Findings of this study revealed the important work being done by Peer Counsellors in helping students with mental health needs. The significance of this work amplifies the growing calls to scale-up and continuously develop existing mental health care interventions that bridge and narrow the treatment gap for mental health problems among college and university students.

## 6. Recommendations

This study recommends the following:

- ◆ The Friendship Buddies initiative should be scaled-up and expanded to meet the ever-rising demand for counselling and other mental health and psychosocial support services amongst college and university students in Zimbabwe.
- ◆ Self-care activities for peer counsellors to help them better handle encountered problems and cope with their own challenges.
- ◆ Similar study to be conducted on a large scale for wider application of findings.
- ◆ Since men and women differ in how they respond to emotional situations, there is therefore need for helping organisations like Friendship Bench to encourage more males to join professions like counselling.

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