

RESEARCH ARTICLE

Counsellors' experiences of integrating virtual interventions to provide mental health support for students

Amava kwiingcali zengqondo nabacebisi ngokuhlanganisa unyango lwemveli ukuhambisa inkxaso nonyango kwimpilo ngokwasengqondweni kubafundi

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ABSTRACT

This study sought to explore the experiences of counsellors at Nelson Mandela University's Emthonjeni Student Wellness counselling unit regarding the implementation of a blended counselling model which integrated virtual interventions into the existing practice model. Grounded theory methodology was employed to generate an understanding of the evolving counselling practices and the growing acceptance of a blended model in a student counselling centre at a South African public university. The establishment of the new model entailed the integration of psychological knowledge and experience with other domains of knowledge, such as information technology; professional ethics; and student support. The data for this article were collected through semi-structured interviews with counsellors working at the university's counselling unit. The theoretical framework emerging from this study sheds light on the evolution of counselling practices within the university context and how students' mental health and wellness can be supported using virtual interventions. The study identified five main themes to be addressed in the establishment of a blended counselling model: the transition to integration; challenges and obstacles; benefits and advantages; diversity and uniqueness; and training issues for counsellors. It was found that key concepts that can form the basis of a blended counselling model and the training and development of counsellors required to establish such a model, include adaptation and flexibility, technological proficiency, cultural sensitivity and diversity, and boundary management. Each of these key concepts relates to areas for skill development in counsellors. In addition, it was found that an integrative, evidence- and scholarship-based approach to analysing these concepts would produce significant benefits for student counselling services at South African public universities.

KEYWORDS

Counselling, student mental health, virtual interventions

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ISISHWANKATHELO

Olu phando lujolise ekuphononogeni amava kwiingcali zengqondo nabacebisi abakwisebe lase Emthonjeni Student Wellness, elikwiziko lemfundo ephakamileyo eyiNelson Mandela, malunga nokusetyenziswa komgaqo woxilongo, ogxile ekuhlanganiseni unyango lwezixhobo zedijithali kucebiso noxilongo obelusetyenziswa. Kolu phando kusetyenziswe i-grounded theory ukuphuhlisa ulwazi oluphangaleleyo nasekwandiseni ukwamkeleka kweenguqu kucebiso nakuxilongo lwengqondo kwiziko lemfundo ephakamileyo yaseMzantsi Afrika. Oku kudinga ukuhlanganiswa kolwazi lwezizululwazi yengqondo kunye namava kwiindawo ezahlukeneyo, ezifana nobuchwepheshe bolwazi, imithetho yobungcali, kunye neenkqubo zokuxhasa abafundi kumaziko emfundo ephakamileyo. Idatha yaqokelelwa ngodliwano-ndlebe olulungelelanisiweyo kwiingcali zoxilongo lwengqondo nabacebisi babafundi abasebenza kwicandelo lwengcebiso lwezempilo yengqondo kunye nempilo jikelele lemfundo ephakamileyo. Isakhelo sethiyori esavelayo sikhanyisele ukuvela kweendlela zoxilongo lwengqondo nezokucebisa abafundi. Ngaphezulu, indlela abafundi abafumana ngayo uncedo lwezempilo yengqondo kunye nempilo yonke ingaxhaswa njani kusetyenziswa uncedo lwezobuchwepheshe bokuxoxa kwi-intanethi. Imixholo ephambili echongiweyo kwizinto ezifunyanisiweyo ibandakanya: (i) inguqu eyimfuneko lalendibaniselwano, (ii) imicela mngeni nemiqobo, (iii) iinzuzo, (iv) iyantlukwano kunye nokugqama, (v) iindawo zokuqeqesha iingcali zeengqondo nabacebisi. Amagama angundoqo anokuthi enze isiseko somgaqo weengcali zengqondo nabacebisi abahlanganisiweyo kunye noqeqesho oluyimfuneko nophuhliso kubandakanya (i) ukuziqhelanisa nenguqu, (ii) ubuchule bobuchwepheshe, (iii) ukuqaphela inkcubeko kunye nokwahlukana kunye (iv) nolawulo lwemida. Ingcinga nganye kwezi zingundoqo onxulumene nemimanda yophuhliso lwezakhono kwiingcali zengqondo nakubacebisi, kwaye iya kuxhamla kwindlela edibeneyo esekelwe kubungqina kunye nembasa yezemfundo ukuze kuzuze iinkonzo zoxilongo lwengqondo nezokucetyiswa kwabafundi kumaziko emfundo ephakamileyo aseMzantsi Afrika.

IIMFUNDISO EZIPHAMBILI

Iingcali kwezengqondo nokucebisa, impilo yengqondo yabafundi, uncedo lwezobuchwepheshe bokuxoxa kwi-intanethi

Introduction

The topics of student access, retention and success have been the focus of significant scholarship in recent years (Millea et al., 2018; Kalkbrenner et al., 2021). The importance of student mental health in fostering student retention and success is increasingly acknowledged, which has led to greater emphasis being placed on the role of student counselling centres within the broader academic endeavour and as a means of student support (Bantjes et al., 2020; Kalkbrenner et al., 2021). In the context of growing understanding and awareness of mental health in society in general, there has been an observable increase in the demand for psychological services for students at higher education institutions; and the complexity of students' problems also appears to have mounted (Alonso et al., 2019; Al-Qaisy, 2011; Auerbach et al., 2016; Grøtan et al., 2019), including at South African public universities (Bantjes et al., 2019).

Auerbach et al. (2016) highlighted the prevalence of mental disorders among higher education students; and Bantjes et al. (2023) contextualised this phenomenon in the South African context, emphasising how early detection and effective treatment of mental disorders can play a pivotal role in reducing attrition rates and enhancing the overall educational and psychosocial functioning of students. Nonetheless, many students remain reluctant to access even free services that may help them to address their mental health challenges (Kalkbrenner et al., 2021). Hunt et al. (2023, p. 2) posited

that the reasons for students not receiving such help could include “stigma, a lack of awareness of their need for care, and low knowledge and/or acceptability of available resources”. In this context, the discourse on student retention and success should address the twin issues of removing the obstacles that prevent students from accessing mental health support services, and increasing the accessibility of these services.

Although students at South African public universities enjoy greater access to psychological care than is generally available through the country’s public health services, and although such provision is often free, there are still significant constraints on the provision of adequate, scalable and affordable in-person psychotherapeutic treatment for students, as well as significant differences in the provision available at public universities (Vanheusden et al., 2008; Bantjes et al., 2020). Accordingly, interest in the role that digital or virtual interventions may play in the provision of psychological services for students has mounted (Bantjes et al., 2022; Hunt et al., 2023).

iTelehealth, or virtual-healthcare, service providers saw a tremendous growth in the use of their products from the beginning of the COVID-19 pandemic. The use of virtual technology emerged as an important tool under COVID-19, with patients being encouraged to approach healthcare workers virtually if possible. Although the shift to deploying online tools was driven by necessity during the pandemic, previous research (e.g. Benson et al., 2018) and subsequent research (Akintunda et al., 2021; Bantjes, et al., 2020) also indicated the role that telehealth and its associated infrastructure may play in years to come.

Out of necessity, Emthonjeni Student Wellness (ESW) at the Nelson Mandela University (NMU) began to offer virtual counselling sessions to students from March 2020 and during the COVID-19 lockdowns. As the lockdowns eased and in-person (‘mask-to-mask’ or, later, ‘face-to-face’) counselling became possible, ESW transitioned to providing services in a blended way, synthesising in-person and virtual counselling and psychological interventions. The blended approach has become the new normal for the model of practice at ESW.

Although the provision of in-person services remains important and cannot in many ways be replaced by the provision of virtual services (Stein et al., 2022), the increasing role played by telemedicine can facilitate access to health services, including in relation to care for mental health. Institutions, such as universities, that choose to invest in online infrastructure can reduce the gap between patient demand and the provision of appropriate services in the field of mental health (Adepoju, 2020). At the same time, recent research has highlighted potential pitfalls in telehealth, particularly in relation to the provision of e-mental health (eMH) for diverse populations. In this regard, Narayan et al. (2022, p. 1) concluded that healthcare professionals should have a “greater and nuanced understanding of treatment needs in cultural groups”.

In the context of the rapid transition to a blended practice model that was sparked by the COVID-19 pandemic, there has been insufficient reflection on the benefits and potential pitfalls of the blended approach to providing mental health services. In this regard, the experiences of counsellors who participated in this transition should be heard and considered as part of efforts to ensure that the needs of NMU’s diverse

student population are met in a responsive and effective manner. The aim should be to establish and develop a practice model that has a clear scholarly and evidentiary basis in reality. Such a basis may be fostered by seeking insights and input from the psychological professionals and other stakeholders involved in the provision of student support and related technical services.

The scholarship of integration, proposed by Boyer (1990), emphasises the synthesis of knowledge across disciplines; the application of theory to practice; and the need to foster connections between academia and real-world contexts. Within the realm of counselling, the scholarship of integration extends to the integration of diverse therapeutic modalities; the involvement of all stakeholders; the incorporation of technological innovations; and the need to adapt to evolving landscapes and the many factors that shape the context under consideration.

Problem statement and research question

Careful reflection on the benefits and potential pitfalls of blended mental health services is essential given the rapid but necessary transition to a blended practice model that took place in response to the COVID-19 pandemic. In this context, the present study interrogated the experiences of counsellors who participated in this transition. (Later research focused on client experiences and the input of other stakeholders in the wake of this transition.) Accordingly, the research question formulated for this study was: How does the experience of counsellors' transition to a blended practice model with diverse students inform a new blended practice model for a counselling unit at a South African public university?

Research aims

The overall aim of this study has been to develop a new evidence-based model for counselling practice that sufficiently describes the present reality and can recommend adaptations as required. In this context, the research objectives of this study were:

1. To explore and describe counsellors' experiences of transitioning from an in-person-only model of practice to a blended model of practice while addressing the needs of a diverse student population.
2. To generate a substantive theory that will inform a new model of practice for Emthonjeni Student Wellness that can integrate different domains of knowledge.

Research methodology

This study employed a research design based on the qualitative grounded theory method (GTM) in order to capture the real, grounded, professional experience of counsellors during their transition from a face-to-face to a blended (that is, face-to-face and virtual) model for counselling. By employing grounded theory methodology, the research aimed to generate an understanding of evolving counselling practices and the emerging acceptance of a blended counselling model in a student counselling centre at a public university in South Africa. The GMT approach was chosen so that the

research team could establish an applicable, coherent theoretical understanding of the participants' experiences of developing a blended counselling model before, during and after the COVID-19 pandemic. The GTM design was also chosen so that a substantive theory free from prejudice could be developed (Charmaz, 2006; Glaser & Strauss, 1967, Makri & Neely, 2021).

Participants and procedure

A non-probability, purposive sampling method was used to identify and recruit participants. The target population included counsellors working at Nelson Mandela University's student counselling unit, Emthonjeni Student Wellness. Inclusion criteria were that the counsellor must have been working at ESW prior to 2020 and was still employed there at the time of data collection. Exclusion criteria were counsellors not employed at ESW and those not employed prior to 2020. Permission to conduct the study was obtained from the Learning and Teaching Collaborative Research Ethics Committee at the NMU; the NMU's Research Ethics Committee – Human (RECH); and the NMU Deputy-Vice Chancellor for Research, Innovation and Internationalisation.

Once all permissions were received, a recruitment letter was circulated to all ESW staff members describing the study and inviting their participation. Interested counsellors were invited to email the researchers indicating their willingness to participate. Those volunteers who met the inclusion criteria were enrolled in the study and asked to read and sign consent forms.

Due to potential power imbalances existing between the researchers and participants, voluntariness was reinforced in the recruitment email and again with the completion of a consent form prior to each interview. No personally identifying information was collected beyond that used for the consent form, thereby ensuring compliance with privacy of personal information (POPI) legislation. Participants were furthermore informed that the findings would only be reported in summary, without identifying any single person. Individual participants cannot be reidentified from the collected data, as participants were not referred to by name during the interview, nor were recordings or transcripts stored by name. Participants were reassured that their consent forms would be kept confidential, and that the interviews would be conducted anonymously.

Data collection

Interview data were collected using a semi-structured interview schedule with each of the participants after completion of the consent form. The interview schedule focused on: (i) the experience of the transition from an in-person-only counselling model to a virtual-only counselling model during COVID-19 lockdowns, and then to a blended counselling model; (ii) the counsellors' experiences of incorporating digital interventions in their practice model; and (iii) context-specific experiences of working with a blended counselling model at a South African public university with a diverse student population.

Data analysis

Through constant comparative analysis, coding and theoretical sampling, the study identified themes and concepts that underpin the implementation of a blended counselling model. The emergent theoretical framework shed light on the evolution of counselling practices within the university context and how students' mental health and wellness can be supported using virtual interventions.

Trustworthiness

Efforts to enhance the trustworthiness of qualitative data in this study, as outlined by Guba and Lincoln (1985) and Lincoln and Guba (2013), were based on the principles of credibility, transferability, dependability, and confirmability. This study utilised member-checking to confirm that the findings accurately reflected the participants' experiences. After the interviews, participants were asked to review and validate the transcriptions and interpretations of their responses. The researchers provided thick descriptions of the context, participants and the phenomenon studied, allowing readers to determine if the findings were applicable to their own settings. Purposeful sampling was used to select participants representative of the diverse student counselling population at a South African public university, enhancing the potential for findings to be transferable to similar contexts. Dependability was addressed by maintaining a detailed record of all research activities, including data collection methods; decisions made during the research process; and reflections on the research. The use of a voice recorder allowed for verbatim accounts of the interviews, and participants were asked to confirm the accuracy of their statements. To promote confirmability, the researchers demonstrated that the findings emerged from the data and not from their own biases or predispositions.

Results

The study identified five main themes to be addressed in the establishment of a blended counselling model: the transition to integration; challenges and obstacles; benefits and advantages; diversity and uniqueness; and training issues for counsellors.

Counsellors' experiences transitioning to a blended counselling model

Counsellors said that their therapeutic approaches changed quickly in response to the sudden onset of the COVID-19 pandemic. Counselling transitioned from traditional face-to-face engagement to a blended model that incorporated online methods. Online counselling platforms, such as emails, WhatsApp video calls, and Zoom served as vital tools to maintain connections with clients, especially those categorised as high- to medium-risk.

As the counselling community navigated this unforeseen landscape, the use of more advanced and integrated platforms, including Microsoft Teams, emerged. There was an evolving process of adapting to new tools and technologies. However, this transition was not without its challenges, with initial resistance stemming from counsellors' concerns about potential deficits in rapport and interaction under a virtual-only model.

The university's institution-wide adoption of Microsoft Teams as a preferred, supported platform alleviated some of the anxiety experienced by counsellors, who had previously been presented with a bewildering choice of platforms as they sought to navigate the diverse technologies on offer on their own.

The shift from an in-person to a blended counselling model presented significant challenges for counsellors who were accustomed to the nuances of face-to-face interactions. The counsellors noted that during face-to-face interactions they had become accustomed to interpreting what the client was saying through the use of non-verbal cues, such as body language and eye contact. In this regard, initial scepticism towards the blended approach was rooted in a perceived loss of ability to read clients effectively in familiar ways.

As counsellors returned to physical office spaces and more structured work schedules were reintroduced, face-to-face sessions were held once again as students began to return to campus. During this transition, a number of shifts in student behaviour online were noted, such as an increased willingness among students to turn on the camera after a few sessions, indicating the development of trust between counsellor and client. Over time, counsellors became increasingly open to conducting even initial counselling sessions online, marking a notable adaptation to, and acceptance of, the blended counselling model.

Challenges and obstacles

Counsellors discussed challenges and obstacles they experienced in navigating the virtual counselling space, including in relation to (i) rapport building; (ii) unpredictable client behaviour; (iii) technical challenges; (iv) professional ethics; (v) privacy and confidentiality; and (vi) time management.

Rapport building

Foremost among the concerns expressed by the counsellors was an apprehension about building rapport in an online environment. Adjusting to the dynamics of virtual appointments, the counsellors described a number of obstacles to their attempts to maintain a significant therapeutic connection. In particular, they cited how students hesitated to reveal their faces during initial online sessions. It was also noted that the impersonal nature of online interactions, coupled with potential distractions, further complicated the counselling process. Counsellors grappled with the loss of qualitative aspects inherent in face-to-face counselling, such as the capacity to decipher body language and unspoken cues. It was felt that the full depth of client experiences and emotions could not be captured online, which had the effect of amplifying the complexity of the therapeutic engagement.

Unpredictable client behaviour

Client unpredictability emerged as an additional challenge, with clients frequently switching between in-person and virtual sessions without prior notice. Counsellors consequently found themselves having to adjust rapidly, which could lead to them

feeling disoriented and unprepared. In addition, the asynchronous nature of email counselling introduced challenges in relation to timing and continuity, as responses from clients could be hours apart, disrupting the natural flow of counselling.

Technical challenges

Technical challenges included unfamiliarity with the technology and connectivity issues such as disruptions due to poor internet connections or platform glitches. Other concerns included ensuring equal access to the tools required for blended counselling, preventing platform hacking, and adapting to the new technological tools on offer. Counsellors also found it difficult to manage and store client files virtually over an extended period in the absence of a central online practice-management tool.

Professional ethics

Counsellors reported challenges in maintaining their professionalism and boundaries under the blended model, which had given them significant pause for thought on how best to navigate the new working environment in which they found themselves. Reported challenges included clients apparently being less intentional or committed during online sessions; clients sending messages outside designated hours; and clients increasingly changing their preference for face-to-face or virtual sessions – all of which required counsellors to be adept in their communication and prepared to set boundaries in new ways. In addition, a number of new ethical considerations emerged in relation to ensuring clients were alone during online sessions; silencing email notifications; and ensuring that the office space was free of off-camera distractions such as visible cell phone screens.

Privacy and confidentiality

Privacy concerns loomed large among counsellors who noted that they had been worried about clients capturing messages or recording sessions without consent. The virtual space itself also introduced new dynamics between counsellors and clients in relation to notions of privacy, which demanded a nuanced understanding on the part of the counsellor. For example, counsellors were often unable to see clients during online sessions, which could be attributed to clients failing to switch on their webcams out of concern about data usage and bandwidth or because of shyness or a desire for privacy, or simply because their devices lacked webcam functionality.

Time management

There was great uncertainty about how to undertake counselling at the beginning of the COVID-19 outbreak; and once online therapy started to be organized, time management was viewed as a formidable challenge, particularly in relation to the difficulty of establishing a set duration for sessions when using emails for counselling. Subsequently, in their transition to a blended counselling model, counsellors came to acknowledge the importance of adaptability; technological proficiency; and the preservation of therapeutic relationships in the face of adversity.

Benefits and advantages

Counsellors acknowledged the benefits and advantages of the virtual counselling space, including in relation to (i) flexibility; (ii) accessibility; (iii) time management; (iv) the use of other technologies; and (v) the efficacy of the blended model.

Flexibility

The blended model was seen as affording unprecedented flexibility and convenience, allowing sessions to be conducted in diverse settings and across geographical divides. The incorporation of in-person and online sessions was said to have addressed the diverse needs and preferences of students, providing a more dynamic approach to counselling. In this context, counsellors who were flexible and adaptable were able to respond to the changing needs of students during the pandemic and were able to deploy the new skills they had acquired during this period as part of their counselling practice even after the lockdowns came to an end.

Accessibility

It was noted that blended counselling facilitated a broader reach and greater inclusivity, catering to a wider audience, including individuals who may be hesitant about attending in-person sessions due to factors such as shyness, introversion, or the stigma associated with seeking mental health support. It was noted that counsellors became more accessible due to the introduction of online services during the pandemic, and that the adoption of the blended model had enabled access to counselling services even for students who could not be physically present on campus. In this regard, it was noted that a number of obstacles that had previously prevented students from accessing counselling services had, to an extent, been removed.

Time management

It was noted that the introduction of virtual platforms had positively impacted time management through the introduction of a digital calendar that enabled structured scheduling.

Other technologies

The adoption of virtual tools spurred the establishment of a virtual filing system for client data; and streamlined administrative processes, enhancing organizational efficiency, such as through the use of online booking systems and digital counsellor diaries. The adoption of online technologies for counselling also appears to have fostered greater acceptance of new technologies being adopted in support of the management of counselling services.

Efficacy of the blended model

The adaptability of counsellors and students became apparent as they embraced new tools and platforms in response to client circumstances and preferences. In particular, the importance of the capacity to build rapport online through consistent validation

and understanding, was identified as a valuable skill, including among students who demonstrated increased confidence in adapting to the online model over time. In this context, the blended model was seen as offering a more tailored approach to therapy, allowing counsellors to adapt their strategies to meet the unique needs of each client. Despite acknowledged limitations, such as the absence of non-verbal cues in virtual appointments, it was noted that virtual sessions could be effective when approached with the same seriousness accorded to in-person sessions. This finding underscores the potential efficacy of the blended counselling model, affirming its role as a flexible and adaptable framework that can enhance accessibility, inclusivity and the provision of individualised therapeutic experiences.

The effect of diversity on the use of a blended model

The deployment of blended counselling gave rise to a number of cultural issues, including in relation to (i) comfort with technology; (ii) counsellor openness; and (iii) geographical diversity.

Comfort with technology

Participants did not observe distinct cultural differences in the uptake of the blended model, but did highlight that individuals who opted for online sessions were generally already comfortable with the format. The importance of recognising individual differences in terms of their comfort and familiarity with technology was noted. In this context, it was noted that differing ethnic or cultural backgrounds were not seen as being predictive of whether a client was more or less willing to engage in virtual counselling.

Counsellor openness

The efficacy of virtual and other forms of counselling was seen as dependent on counsellors' openness to new counselling environments and the uniqueness of individual clients – indicating the importance of being receptive to the diverse contexts that clients bring to the therapeutic space. In this regard, the effectiveness of the blended model was seen as being dependent on the therapist's adaptability and understanding rather than on the client's background. In addition, the concept of diversity within diversity, which emphasises the wide range of experiences and contexts within each cultural or ethnic group, was acknowledged.

Geographical diversity

It was noted that students in places without reliable or free Wi-Fi, including in rural settings where internet connectivity was limited or in places where they had to spend their own money on data, tended to be more reluctant to make use of the video call option for counselling. In response, a range of tools and platforms were adopted to cater to a diverse range of clients with differing levels of tech-savviness and accessibility. Institutional support, including through the provision of Wi-Fi or data allowances was key in removing obstacles that many students experienced.

In this regard, it was noted that the blended counselling model was at its most effective in accommodating a wide range of clients and their unique needs when approached with sensitivity not only to cultural differences but also to logistical and geographical challenges.

Recommendations for other counsellors

A number of guiding principles for counsellors navigating the new blended counselling model were identified by the study, including in relation to (i) the need for boundary setting; (ii) the management of expectations; (iii) the need for ongoing training; (iv) camera use during virtual sessions; and (v) the need for patience and understanding.

Boundary setting

The importance of establishing boundaries was highlighted by the respondents. While providing students with a choice between online and face-to-face sessions was seen as beneficial, it was emphasised that having some structure around these options was essential. Accordingly, it was advised that counsellors should utilise tools such as 'out of office' autoreply messages to clearly communicate their availability to clients.

Managing expectations

Counsellors were encouraged to be clear in managing client expectations and to avoid last-minute changes to appointment schedules unless necessary, fostering a sense of predictability and reliability. Effective communication with clients emerged as a key component of boundary-setting. Counsellors were encouraged to communicate openly with clients about any uncertainty in relation to cultural or personal contexts and to approach these conversations as opportunities for mutual learning.

Ongoing training

The importance of ongoing training and adaptability was emphasised. Counsellors were advised to stay updated on new tools and platforms, recognising that continuous learning can enhance their ability to meet the changing needs of clients. It was suggested that regular team meetings within group practices be convened to ensure consistency and alignment and to ensure that counsellors were kept updated on best practices.

Camera use

In trying to maintain professionalism and personal contact in the virtual counselling space, it was recommended that counsellors keep their own camera on during virtual sessions, regardless of whether the client chooses to or not. Counsellors said that this helped them to maintain a professional disposition during the session and encouraged trust and fostered rapport with the client who may slowly warm to the idea of showing their face.

Patience and understanding

Patience and understanding were highlighted as important qualities when working with students who may initially be hesitant to engage fully online. The importance of

recognising and valuing small cues and behaviours that indicate the establishment of rapport and trust in the online environment was emphasised. In addition, counsellors were advised to treat virtual appointments with the same level of importance and seriousness as in-person sessions, fostering a consistent and reliable therapeutic experience.

The importance of acknowledging and appreciating the diversity of clients, whether cultural, generational, or otherwise, and to adapt counselling techniques accordingly, was emphasised.

Discussion

Grounded theory allows researchers to consider new paths and concepts as ideas emerge from the data gathered (Makri & Neely, 2021). Accordingly, based on an analysis of the results presented above which flow from the real-life experiences of psychological professionals, the authors of this study were able to consider the impacts of the rise of virtual, hybrid, and blended counselling and how counsellors in higher education settings may approach these modalities most effectively.

In response to the COVID-19 pandemic, psychological professionals have, necessarily, undergone a shift in their therapeutic approaches. Growing familiarity with online platforms has led to the greater deployment of virtual spaces, including as a place for counselling, as has been observed by Hunt et al. (2023) and Stein et al. (2022). The emergence of online or digital interventions by psychological professionals as dominant or expected forms of counselling has forced counsellors to reflect on their own engagement with such interventions. In particular, psychological professionals are now expected to build their competence and expertise in this relatively new field as the potential of virtual and blended services as a means of fostering greater access to counselling, including in the field of higher education, has become apparent. Meanwhile, Stein et al. (2022) note that, in the absence of evidence to the contrary, professionals cannot assume that virtual and in-person interventions are interchangeable modalities. Rather an evidence base for counselling practice needs to be established so that counsellors can effectively navigate the complexities of blended modalities with which they may not be familiar and in which they may not have been trained.

Counsellors are required to stretch the boundaries of their knowledge and practice if they are to integrate the available technologies so that psychological assistance is made more widely accessible and the counselling experience for both practitioners and clients, particularly within the higher education environment, is enhanced. The challenges of providing appropriate mental health interventions in South African higher education environments have been well explored by Bantjes et al. (2019; 2020; 2022; 2023).

At the same time, counsellors working in this difficult context may be reassured by the knowledge that the skills that they are required to develop in support of blended practices might lie outside the core competencies that they are expected to possess. In this context, they should know that a willingness to work in a collaborative manner and integrate expertise from different fields can foster opportunity rather than exposing them to threat.

Key capacities required to establish an effective blended counselling model which should be promoted as part of efforts to train and foster the development of counsellors include: adaptation and flexibility; technological proficiency; cultural sensitivity and diversity; and boundary management:

1. Counsellors working in blended counselling environments need to remain adaptable and flexible, given that they may be required to transition rapidly between in-person and online modalities, incorporating modern technologies into their practice while adjusting their therapeutic approaches to meet the needs of their clients. They may be required to draw on the expertise of others, including information technology (IT) specialists and peer supervisors, in order to be able to integrate the various new tools and platforms while maintaining professionalism and ensuring the quality of their interventions.
2. Recognising that psychological professionals are not necessarily trained in advanced IT skills; it is important to inculcate proficiency in the use of technological tools and platforms in order to implement an effective blended counselling practice model. Counsellors should update their skills continuously and be able to navigate technical challenges and leverage ever-evolving digital resources.
3. Counsellors should recognise and respect the diverse cultural backgrounds, experiences, and preferences of clients. The capacity to understand cultural differences as experienced in the virtual space may be fostered through study and reflection; an openness to new information; the integration of cultural knowledge; and sensitivity to different types of diversity, such as generational and geographical diversity.
4. Counsellors should navigate the intricacies of virtual communication while maintaining professionalism and upholding ethical standards. New frontiers for the ethical management of boundaries may emerge in the virtual space, requiring reflection and the integration of expertise from the realm of professional ethics.

As with any developing environment, there is a necessity for professionals to broaden their skills to remain relevant and effective if they are to manage the blended provision of counselling effectively. Counsellors should be aware that limited resources and growing demand will necessitate the exploration of innovative ways of making services accessible. In this regard, some of the logistical challenges that inhibit the provision of digital services, such as data limits and access to smart devices, have been unpacked by Van Olmen et al. (2020). At the same time, counsellors may need to draw on domains beyond their core competence given the familiarity of the general population, especially younger people, with digital technologies, and their expectation that services should be provided virtually, as indicated by this research.

The demand for accessible counselling has also grown because of the increased focus on student retention and success as a holistic enterprise in which mental health professionals play a crucial role, as has been noted by Alonso et al. (2019), Al-Qaisy

(2011) and Grøtan et al. (2019). In this context and as part of efforts to navigate the complexities of blended counselling in a comprehensive way and promote student wellness holistically, counsellors are increasingly required to deploy and synthesise concepts and competencies derived from the study of psychology, technology, cultural studies, professional ethics, higher education, and student support. In addition, counsellors can continue to adapt, innovate and collaborate to meet the evolving needs of students at South African public universities by embracing the principles of the scholarship of integration proposed by Boyer (1990).

Meanwhile, from a national and institutional perspective, policymakers and stakeholders in the higher education sector should be aware of: (i) the importance of the provision of mental health support services at higher education institutions; (ii) the demands placed on psychological professionals to provide services to students who increasingly present with complex mental health problems that may affect their academic success; (iii) the reality that this demand necessitates expanding access to counselling services and removing obstacles that prevent students from accessing them; (iv) the need for appropriate staff and infrastructure (physical and digital) to provide flexible and adaptable services; and (v) the inputs, support, and integration among professionals, including information technology specialists, that are required to ensure the provision of effective blended counselling.

Limitations, recommendations and conclusions

The limitations of this study include that it focuses on a small sample working in a specific context, which means that the findings cannot be generalised to all counsellors working in a diversity of settings. The study also chose to focus only on experiences of counsellors and not of clients. Recommendations for future studies include considering multiple settings that make use of a blended counselling model, and interrogating client experiences of virtual counselling and the kinds of recommendations that may flow from these experiences.

The transition to a blended counselling model during the COVID-19 pandemic required significant adaptation from counsellors, who faced various challenges relating to technological proficiency, privacy and professional boundaries. Despite initial scepticism, the blended model offered increased flexibility; accessibility; and inclusivity, demonstrating its potential to cater to the needs of a diverse student population. Key to the success of this model were counsellors' adaptability and capacity for continuous learning, and the integration of new digital tools. Moving forward, ongoing training; clear boundary setting; and institutional support are crucial for optimising the efficacy of blended counselling in higher education.

From a student affairs perspective, the delivery of effective, equitable services depends on the maintenance of professionalism and adherence to ethical standards. Student affairs services benefit from being data-driven and scholarship-based so that they may be as accessible as possible and may continuously improve in effective ways to meet diverse student needs.

Ethics statement

Ethics approval for this study was obtained from the Nelson Mandela University's Research and Ethics Committee (Human) with reference number 2023-RECH-0120-244.

Potential conflict of interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript.

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