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PSYCHOSOCIAL FACTORS INFLUENCING THE USE OF INTERNET-BASED PSYCHOLOGICAL INTERVENTIONS IN THE FACE OF COVID 19: A CASE STUDY OF WAZI, A KENYAN-BASED ONLINE THERAPY PLATFORM

VERONICAH NYOKABI NGECHU

MACPNKR698718

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DECLARATION

Declaration

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Declaration by Supervisors

This dissertation has been submitted for examination with our approval as University Supervisors.

Lead Supervisor: **Prof. Ndung'u J. B. Ikenye**

Signature:…… Date: …….

Co-supervisor: **Dr. Mwaura Kimani.**

Signature:…… Date: ……..

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DEDICATION

I devote my work to the Co-founders of Wazi, Alex Royea and David Henia. Their great contribution to providing mental health support to Kenyans and beyond has been inspirational. You have certainly made a difference.

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ABSTRACT

The COVID-19 pandemic led to the adoption of different approaches to managing psychological challenges people face. However, different factors influence the adoption of internet-based therapeutic interventions in managing psychological challenges. The general objective of the study was to determine the psychosocial factors influencing the use of internet-based psychological interventions in the face of COVID-19. The study was guided by Maslow's theory of needs and the psychosocial theory. A mixed-method research design was employed to collect data from a population of 300 clients. Simple random sampling and purposive sampling techniques were utilized to select a sample comprising 210 clients and 5 therapists. A semi-structured online questionnaire was used to collect data from the sample. Data was analyzed using descriptive and inferential statistics using SPSS version 24.0 and complemented by MS Excel. Thematic analysis was used to analyze qualitative data. The study established a significant and strong positive correlation between the client's education level, the client's socio-economic level, and the use of internet-based psychological intervention ($r = 0.87$, $p = 0.04$; $r=0.710$ at $p<0.05$). The client's education level and socio-economic level influenced the use of the internet-based psychological intervention. The study recommends that the government should promote socio-economic empowerment of the people, support training on necessary skills, and review policies aimed at improving computer literacy and the general education level of the population to enhance efficiency in technology.

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LIST OF ACRONYMS AND ABBREVIATION

CBT: Cognitive Behavioral Therapy

COVID-19: Coronavirus disease is an infectious disease caused by the SARS-CoV-2 virus

ED: Eating Disorders

GDP: Gross Domestic Product

HIPAA: Health Insurance Portability and Accountability Act.

HIV: Human Immunodeficiency Virus

IMIs: Internet and mobile-based interventions

KNH: Kenyatta National Hospital

LMIC: Low and Medium Income Countries

NACOSTI: National Commission for Science, Technology and Innovation

PhD: Doctor of Philosophy

PTSD: Post-Traumatic Stress Diseases

Web App: Website application

WHO: World Health Organization

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CHAPTER ONE
INTRODUCTION

1.0 Overview

In light of COVID-19, this study focuses on the psychosocial aspects that affect the usage of internet-based psychological interventions. The study's background, problem statement, research questions, hypothesis, general and specific objectives, justification for the study, study scope, study limitations and delimitations, assumptions, and conceptual framework are all included in this chapter.

1.1 Background of the study

Spooner (2023) estimates that 970 million people globally suffer from a mental health or drug addiction disorder, with anxiety accounting for 284 million of these cases. In terms of gender, the same study found that mental illness affects more girls (11.9 percent) than males (10.1 percent). One in five years lived with a disability is caused by mental health. Almost 20% of the world's children and adolescents have attempted suicide, becoming the leading cause of death. Despite progress in many countries, people with mental health illnesses often experience severe violations of their human rights, stigma, and discrimination. There is still a large gap between those who need care and those who can get it, even though many mental health conditions can be effectively treated for relatively little money.

Effective treatment coverage is still relatively low, and 1 in 5 people live with a handicap as a result of mental health issues (WHO, 2020). Suicide is the second greatest cause of mortality for those between the ages of 15 and 29 worldwide, accounting for 20% of children and adolescents with mental health disorders (WHO, 2022). In post-conflict environments, almost one in five people suffer from a mental health issue. Globally, mental illnesses continue to be highly prevalent, with lifetime incidence rates varying from 12.0% in Nigeria to 47.4% in the US (Kessler, 2007). Major depression, anxiety, alcoholism, bipolar disorder, schizophrenia, dysthymia, and chronic moderate depression have all been identified as the main causes of disability in the United States of America (Andersson et al., 2018). Additionally, a median life expectancy loss of 10.1 years was found for persons with mental diseases, which is a far higher mortality rate than the general population. An estimated 8

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million deaths annually, or 14.3% of all deaths globally, are attributed to mental illnesses (Andersson, Carlbring & Grimlund, 2018).

The incidence of COVID-19 outbreak in the Americas opened the advance of both mental health issues as many people find themselves in situations that promote stress, anxiety, and depression. This went hand-in-hand with the social distancing and isolation brought about due to the lockdowns. For this, there was a huge variation between counseling, scheduling virtual sessions, chatting among individuals, and telepsychiatric sessions. These digital outlets channeled several therapeutic approaches, including using online cognitive-behavioral therapy (CBT), which research has proved can help in the reduction of depression and anxiety symptoms accordingly (He et al., 2023). While these services are accessible, they have become a necessity during the pandemic, as they are now the only ways to provide care to people, disregarding the pandemic limits. On the other hand, the interventions were designed to handle the unseen challenges of COVID-19, including dealing with unknown and grief management (He et al., 2023). Incorporating these treatments into healthcare systems for mental health is an example of the intelligence, agility, and versatility of the mental health region in America.

China's administration and health authorities saw early on that people's health and mental well-being could be impacted. They realized that the most efficient way to achieve this goal was to create a tech-based solution and involve many people in the work process. Internet-based interventions became instantly available, providing structured psychotherapy, mental health education, and psychological counselling (Brog et al., 2021). The purpose was to provide the services culturally acceptable to the public, which was most likely to get media coverage through common social media platforms. The stepped care model was helpful, presenting different intervention levels according to personal needs. This strategy effectively dealt with the immediate negative effect of a pandemic on psychological health and helped build the mental resilience of the whole population (Brog et al., 2021). The high rate of these interventions has shown the government's positive approach to mental health and the creative utilization of technology to demolish barriers to access.

Regionally, Africa was reminded a couple of years ago of the disparity in terms of

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mental health resources and infrastructures through the pandemic. Although there were some setbacks, it also drove the development of psychological support methods. The internet helped take public psychosocial response to the next level by introducing web-based interventions, the need for which arose during the COVID-19 pandemic (Saha et al., 2020). These initiatives, Mobile health (mHealth) applications, and online platforms have proved valuable in areas without limited traditional mental health services (Saha et al., 2020). The use of mobile phones proved to have a pivotal role, especially because many mobile device owners were across the continent. Thus, interventions could be provided at the desired scale, reaching people in geographically remote and underserved areas (Saha et al., 2020). The interventions involved immediate help, such as stress management methods and coping techniques, while also telling the long-term ways well-being can be dealt with (Saha et al., 2021). Governments, non-governmental organizations, and private sector teams have been important in introducing and implementing internet-based psychological interventions in Africa.

In Kenya, the COVID-19 pandemic exacerbated an already difficult situation, with increased incidence of mental health issues resulting from isolation, loss of income, closure of educational institutions, changes in family dynamics, and an insufficient mental healthcare infrastructure unable to meet rising requirements. With a population of over 50 million, Kenya is a low-income East African nation with significant challenges when it comes to delivering health care to its residents, especially those who live in rural and isolated areas. The ratio of medical professionals to the population is 13:10,000, far lower than the minimum of 41:10,000 required by the International Labor Organization to achieve the Sustainable Development Goals. The healthcare system as a whole is lacking in medical specialists, but in the field of mental health, where there are only 116 psychiatrists and fewer than 500 registered psychiatric nurses, this is especially apparent. Inadequate financial support, inadequate healthcare facilities, scarcity of counseling resources, and societal disapproval are further obstacles to mental health services in Kenya.

In a recent study using the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS), Mutiso et al. (2020) discovered a lack of administrative frameworks for the provision of mental health care, such as policies and governance. As a result,

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mental health care in Kenya has received little attention. To meet this mental health support gap, different organizations as well as individuals, have become innovative by developing mental health apps. This is primarily software developed to facilitate mental health support through enabling activities such as individual/group counselling, CBT support, and bibliotherapy to happen across an online platform (Wazi, 2022). Among the most innovative of these platforms is Wazi. Wazi is an online application that connects mental health practitioners and clients as well as providing a large number of self-care tools that include therapeutic exercises and psychological assessments (Wazi, 2022). The website, which was launched in 2018, allows users to schedule treatment sessions with qualified therapists and address their mental health needs. The sessions are conducted using text, audio, and video elements on the site. It supports anonymous bookings and accepts payments using Mpesa and bank cards (Wazi, 2022). Within the Wazi platform, significant traction has been noted, with the platform having had over 500 therapy sessions in the year 2021. The baseline assessment before each session and bench mark assessment after each session has resulted in a positive impact score for therapy outcome. The retention rate for clients within the platform is 46.7%, which is a further indicator that the majority of clients are finding online therapy very helpful (Wazi, 2022).

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1.2 Statement of the problem

The COVID-19 pandemic has greatly affected mental health, causing an unprecedented rise in uncertainty, loneliness, and anxiety among the masses. This has been emphasized by the reverse emerging trend of the increase in suicide and mental well-being issues that have been headlining in the media. Alongside the emergence of technology-based therapy as a viable solution to combat mental health problems during the pandemic, there is also a significant gap between the escalating demand for mental health support and the comparatively slow promotion of technology-based treatments (Beintner et al., 2018). While the services of platforms such as Wazi, Zoom, or Google Hangouts are readily available for utilization in remote therapy sessions, the utilization rate is rather low. As a case study, Wazi's capacity to support up to 100 clients weekly and a team of five therapists highlights this discrepancy. Talking Mental has a huge special group of 300 people visiting the platform each month. Unfortunately, on average, only 50 out of 300 clients become booked for sessions with a specialist each month (Wazi, 2022). The researcher aims to investigate

the psychosocial drivers of this gap, emphasizing identifying the barrier that keeps people from tapping technology-based interventions despite their accessibility and potential benefits.

1.3 General Objectives

To determine the psychosocial factors influencing the use of internet-based psychological interventions (Wazi web platform) in the face of COVID-19.

1.4 Specific objectives

The following specific objectives guided the study:

i. To determine the influence of the client's education level on the use of internet-based psychological intervention in the face of Covid-19 on the Wazi web platform.
ii. To determine how the client's socioeconomic status affects the utilization of internet-based psychological counseling in the context of COVID-19 on the Wazi website
iii. To determine the influence of the client's previous mode of psychological intervention on the use of internet-based psychological intervention in the face of COVID-19 on the Wazi web platform
iv. To determine the effects of the client's psychological symptoms and diagnosis on the use of internet-based psychological intervention in the face of COVID-19 on the Wazi web platform

1.5 Research Hypothesis

The following null hypotheses were tested at a 95% confidence level:

HO_1: Education level has no statistically significant influence on the use of internet-based psychological intervention in the face of COVID-19 on the Wazi web platform.

HO_2: Socio-economic level has no statistically significant influence on the use of internet-based psychological intervention in the face of COVID-19 on the Wazi web platform.

HO_3: The previous mode of psychological intervention has no statistically significant influence on the use of internet-based psychological intervention in the face of Covid-19 on the Wazi web platform.

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HO_4: Psychological symptoms/diagnosis has no statistically significant influence on the use of internet-based psychological intervention in the face of Covid-19 on the Wazi web platform.

1.6 Justification of the Study

While face-to-face therapy has been the traditional route of seeking mental health support with sporadic and inconsistent use of technology reported among clients and practitioners, recent events and COVID-19, specifically in which physical meetings have posed a significant threat to life and well-being, have necessitated a quick shift from this norm has forced individuals to seek out technology as a means of receiving mental health support. In contrast, others have altogether stopped or failed to receive mental health support. This research aims to find out how the specific selected psychosocial factors influence the consumption of mental health support via online platforms, which will, in turn, help the stakeholders better prepare for this shift and improve access to mental health services for a healthier population.

Government organizations, investors, parents, academicians, and Kenyans in need of mental health assistance will find value in the study's conclusions. This study may help state health organizations better grasp the psycho-social aspects affecting telepsychology adoption. The government may find the results useful in developing more effective strategies for giving its citizens access to mental health resources. The results of this study could serve as a foundation for future policy alignment for mental health services. Academicians who may be interested in expanding on the research issue under investigation and enhancing training programs to incorporate the differences between online therapy and in-person counseling will find great significance in the research findings.

1.7 Significance of the Study

This study is important because it can offer a solution to a certain problem related to little knowledge of technology-enhanced mental health tools, particularly during the COVID-19 outbreak. By the means of investigating the psychosocial factors of accepting services provided through platforms such as Wazi, the study intends not only to provide useful data about the obstacles and assistances of the way to online therapy. Drawing from such insights would help design smart strategies to increase

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the availability and efficient use of technological mental health assistance, which may serve the purpose of enhancing resilience in an era of ever-increasing mental health challenges. Moreover, by concentrating on a particular platform such as Wazi, the study provides useful implications for mental health professionals, policymakers, and people involved in delivering online therapy services, therefore making it possible to optimize the utilization of digital platforms for mental health care delivery.

The study findings will benefit therapists, psychologists, and mental health providers by equipping them with new strategic approaches for effective mental health support through online platforms; they will benefit government and policymakers in streamlining mental health policies and aligning them with the current technological realities. Further, counselors and psychologists will benefit from the study since they will tailor their online counselling services based on the variables established to meet the needs of their clients. The findings of this study will go a long way in helping parents, guardians, and youth seeking mental health support to better prepare for the shift towards online psychological intervention to improve access to mental health services for a healthier population.

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1.8 Scope of the study

In light of COVID-19, the study primarily examined psychosocial factors that impact the usage of internet-based psychological interventions. It specifically spoke to users of the online therapeutic portal Wazi. The study's findings both produce fresh information and broaden our understanding of this particular field of study. There were 300 people in the target population. The study employed a mixed-method research design with 210 participants in the sample. It took three months to complete the study.

1.9 Limitations of the study

The study's limitations include using self-reported data, which, being affected by both recall bias and social desirability bias, might not accurately reflect the participants' responses. In addition, the samples of study participants, which are indeed representative of the main target population, may, in some cases, impede the study's applicability and extrapolation beyond the scope of this therapy online platform. This limitation was addressed by ensuring that diverse respondents, in terms of age, tribe,

gender, geography, and location, were selected for the study. Moreover, the study used a cross-sectional design that only captured data on participants' experiences at one particular time and thereby excluded longitudinal changes in the psychosocial factors contributing to the use of internet-based psychological interventions.

1.10 Delimitations of the Study

There are some good aspects associated with the study. Firstly, the study's focused investigation on the clients and therapists who utilize the Wazi online therapy platform gives a detailed look at the different factors impacting the platform utilization, providing a close-up look at platform-specific dynamics. Furthermore, by limiting the geographical area to participants who are linked to the platform within Kenya, the study maintains cultural consistency. It provides a holistic understanding of other contextual factors that may influence service uptake. Furthermore, psychological factors are the main determinants of the use of internet-based psychotherapy. Thus, the study provides the basis for psychosocial considerations in strategies for mental health support, and the result is important and unique in the field.

1.11 Assumptions of the study

This study was based on the following assumptions:

i. That the client's educational background has an impact on the usage of internet-based psychological intervention in the context of COVID-19.
ii. That, in light of COVID-19, the client's socioeconomic status had an impact on the usage of internet-based psychological intervention.
iii. That there was an influence of the client's previous mode of psychological intervention on the use of internet-based psychological intervention.
iv. That there were effects of the client's psychological symptoms and diagnosis on the use of internet-based psychological intervention in the face of Covid-19.
v. That the respondents provided correct information.
vi. That all clients at the Wazi online platform had psychosocial factors influencing the use of internet-based psychological interventions.

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OPERATIONAL DEFINITION OF TERMS

COVID-19: A human acute respiratory disease brought on by a coronavirus that can cause serious symptoms and even death in certain situations, particularly in elderly individuals and those with underlying medical disorders. In 2020, it was declared a pandemic after being first discovered in China in 2019 (WHO, 2020).

Internet-based intervention: This is the process of delivering counselling and therapy through the Internet.

Online therapy: A type of psychological treatment that is delivered over the internet using text, voice, video, or a combination of voice and video.

Online therapy platform: This is internet-based online licensed mental health care that provides counselling service and other mental health services via email, video conferencing, calling, and texting among others.

Psychological interventions: This collaboration aims to optimize each person's personal resources in terms of autonomy, self-knowledge, and self-help while also promoting improved adaptation to a given situation.

Psychosocial factors: These are characteristics that influence a person's behaviour physically, psychologically and socially. They describe a client's social environment and its effects on their mental health (Our World in Data, 2020).

Wazi: A digital platform offering mental health support through connection of clients to professional counselors in Kenya.

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CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

In light of COVID-19, this chapter examines the research on the psychosocial variables impacting the usage of internet-based psychological interventions. The conceptual framework, empirical literature review, and theoretical review are presented. To ascertain the research gaps inherent in the studies, a survey of the theoretical and empirical literature on the topic relating to the study objectives will be conducted.

2.1 Evolution in Mental Health Therapy

Venters (2018) asserts that there has been a substantial shift in mental health throughout the previous 70 years of addition to the closure of the ancient asylums and the rise of talking therapy, there have been many more reforms. They've all had excellent effects on both patients and mental health services. Mental illnesses are one of the main causes of disability worldwide, accounting for 15% of years of life lost due to the epidemiological burden of mental disorders. Two hundred and eighty million people throughout the world suffer from depressive illnesses. Around 85% of individuals in low-income nations go untreated, and up to 20% of them have depression (Venters, 2018). The global economy suffers a $1 trillion yearly loss due to anxiety and sadness alone (Venters, 2018).

Before the pandemic, mental illness was becoming more prevalent all across the world. In 93% of the world's countries, COVID-19 has interrupted mental health services. There are not as many mental health services available now as there used to be. In low-income nations, more than 80% of those with mental health issues go untreated. According to Gberie (2017), in many African nations, mental health remains a low priority despite the high prevalence of mental diseases there. Africa has the highest rate of suicide in the world. Therefore, the World Health Organization (WHO) today started a campaign to increase awareness and encourage action for African nations that have the highest rates of suicide death worldwide. Therefore, the World Health Organization (WHO) today started a campaign to increase awareness and encourage action for suicide prevention there.

In Africa, there are approximately 11 suicide deaths per 100,000 people annually, which is higher than the global average of nine suicide deaths per 100,000 people. Inaction in

addressing and preventing risk factors, such as mental health issues that impact 116 million people today, up from 53 million in 1990, is in part to blame for this.

There is one psychiatrist per 500,000 persons in the African continent, which is 100 times fewer than what the WHO recommends. This is a result of inadequate funding for mental health services. Furthermore, there are extremely few, if any, mental health experts working in primary and community health facilities. In metropolitan areas, they are more common (Gberie, 2017). Uwingabire (2020) notes that in Africa, there are five major mental health challenges, which are poverty, other diseases, lack of awareness, war and conflict, and inadequate resources, including lack of internet-based intervention.

In Kenya, 1 in 4 people who seek medical attention are dealing with a mental health issue. Substance and alcohol use problems are becoming more prevalent, and depression is common. Kenya established a Mental Health Taskforce in 2020 and has lately enacted several measures to improve care for persons with mental health disorders, even though the government does not yet have a dedicated one. One in ten persons in Kenya is thought to have a common mental disease, according to estimates. Patients receiving routine outpatient services make up one in every four (20–25%) patients. In the list of African nations with the greatest incidence of depression patients, according to the World Health Organization's 2017 report on the state of global mental health, Kenya came in fifth. The mental health task force report also reveals that there are significant rates of substance abuse, mental discomfort, and suicidal conduct in Kenya. There are challenges facing Mental Health Management and Treatment in Kenya, which include low awareness, the cost of treating mental health illnesses, and ongoing mental health interventions that are still inadequate (Kanco, 2019)

2.2 Theoretical Review

The study adopted Maslow's hierarchy of needs theory and Erickson's Psychosocial Theory of Development. Their relevance to the study is also discussed.

2.2.1 Maslow's Hierarchy of Needs

Although Maslow's theory of the hierarchy of needs is more than a half-century old, it is still crucial to understanding the motivation patterns, management, and growth process in humans. Initially proposed in 1942, the needs theory of Maslow contains five levels of needs, starting with basic physiological requisites, and at the highest level, the person achieves self-actualization (Murphy et al., 2015). Maslow's hierarchy of needs theory is a universal

framework for understanding human motivation, specifically about mental health and general wellness. Through the lens of Maslow's theory, it is possible to dig deeper and gain an understanding of the psychosocial dynamics that lead patients to use internet-based psychological interventions. Maslow's hierarchy, once comprehended, can make the psychological dynamics underlying the behaviour transparent and, as a consequence, help in the creation of tailored interventions targeting individuals' particular needs at different levels of Maslow's hierarchy.

Based on Maslow's work, individuals must fulfil their lower-level wants before they can proceed to high-level demands, which in turn serve as a motivator for a certain action (Huitt, 2004). The theory assumes that at a time when a basic need is filled, the need has no more on the behaviour, and thus, human motivation is a process dynamic (Gawel, 1997). Maslow's hierarchy highlights the interdependence of human needs and the necessity of providing those needs with corresponding priority to make people feel fulfilled and develop more as individuals. On the bottom of the pyramid are the physiological needs like food, water, shelter, and sleep, which are vital for survival (Maslow & Lewis, 1987). The COVID-19 pandemic, from the perspective of its consequences, is quite deep in terms of meeting basic needs, as job losses, income reduction, as well as disruption of supply chains could influence access to food, shelter, and other essentials (Gorman, 2010). People have experienced a variety of challenges that are related to medical emergencies and the unknowingness of future scenarios, such as heightened stress and anxiety that may even have been overly emotional in some communities (Draine et al., 2002). In this framework, psychological therapy based on the web will significantly help satisfy a person's body needs by offering support and resources for handling stressors associated with COVID-19 spread (Padgett et al., 2012).

The second tier of Maslow's hierarchy is safety needs, which comprise protection, security, and stability. The COVID-19 pandemic disrupted the feeling of safety as the restrictions were introduced, for example, lockdowns and curfews. It is seen that public health safety measures have a great effect on daily life (Nelson et al., 2001). Cyber-therapy offered through the Internet can be a source of comfort for individuals who are dealing with feelings of insecurity and inferiority as they get facts, coping strategies, and emotional support, which will help them manage their response to stressful events (Clarke et al., 2012). Through online counseling, individuals can address their safety needs and thereby develop resilience and coping strategies, which will help them overcome the pandemic challenges. The needs of

belongingness and love, the third level of Maslow's pyramid, consists of the desire for social connections and the desire to belong to a community. The COVID-19 pandemic has prompted wide-ranging social distancing regulations, which have led to prevalent loneliness and later social isolation (SAMHSA, 2011). Internet therapy provides an avenue for people to communicate with others, whether through online support groups, web-based forums, or video counselling (Kiel, 1999). This community provides the foundation for offline counseling to revise the feelings of loneliness and strengthen the sense of belonging in people when the season of social distancing and lockdowns last (Freund & Lous, 2012).

In addition, the theory points out that esteem needs are the ones comprised of recognition of achievement, obtaining respect from others, and rising above the rest. Individuals have gone through a hard time when their personal goals and career goals were disrupted because of job losses, economic uncertainty, and social restrictions when they could not get any opportunities to move forward (Roychowdhury, 2019). Internet-based therapy can provide people with the necessary tools to regain their self-esteem and restore their confidence, leading them in the management of their careers, discovery of various skills, and setting of personal goals (Maslow's Hierarchy of Needs, 1954). Suppose the self-esteem needs of individuals are taken care of by online counseling. In that case, they can get back their power and direction, even in conditions of uncertainty and disadvantage.

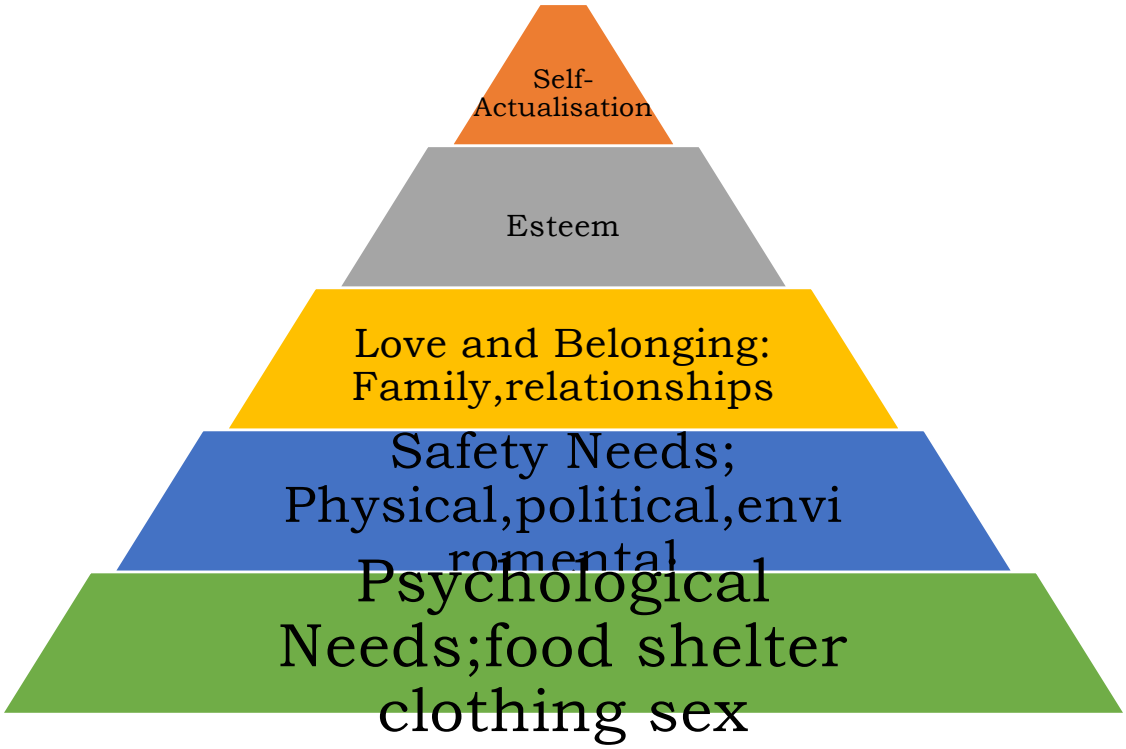


Figure 2: Abraham Maslow's Hierarchy of Needs

It is COVID-19 19 that has created hurdles in the way people have been able to meet their needs, the study showed. Avoiding loss of jobs, restructuring, salary cuts, and others would affect the biological/physiological necessities such as diet, air, water, thermoregulation, shelter, sleep, and sexual intercourse, resulting in feelings of anxiety and insecurity. In addition to ill health and death, there have been limitations imposed like curfews and others, has posed challenges to the safety needs for concern of protection, security, law, order, etc., which in some sense have made the communities fail to feel safe and secure. Large gatherings in places like different places of worship, family get-togethers, and entertainment with loved ones have been put at risk due to COVID-19 protocols, which prohibit large gatherings in these areas of worship, family get-togethers, and entertainment. It leads to the desolation of emotions like loneliness and detachment from society. With the introduction of COVID-19, a huge portion of the population's progress toward achieving esteem demands such as mastery, achievement, independence, prestige, and status has been slowed. The closure of schools and businesses has halted many people's advancement. This has brought about feelings of frustration and despair. The overall picture then lowers individuals' chances and speed of self-actualization, resulting in many psychological problems.

2.2.2 Psychosocial Theory

Erik Erikson's theory of psychosocial development comprehensively looks at the various phases of human development, from early infancy to late adulthood, explaining how social interactions and relationships greatly influence an individual's personality and mental health outcomes. Psychosocial theory, formulated by Erik Erikson, stresses the interrelationship between individual psychological development and social factors in an attempt to understand the complexities of human behaviour from a new and unique angle (Maree, 2021). In the study, psychosocial theory serves as a tool to uncover different factors that affect how people use internet-based psychological interventions, including social influences and personal experiences (Westerhof, Bohlmeijer & McAdams, 2017). The study considers psychosocial factors, including education level, socioeconomic status, and the previous mode of psychological intervention. Acknowledging the complex relationships between individual experiences and societal contexts enriches the understanding of factors that affect the utilization of services.

Erikson outlined eight stages characterized by not only the existing but also unique psychosocial crisis that each person has to overcome to proceed to the next stage of

development (Maree, 2021). On the other hand, the trust versus mistrust stage that represents the first year of life illustrates how important parental care at that time can be in creating a secure and optimistic environment. Research has demonstrated that early positive interactions, as well as consistency of caregiving, develop trust, while neglect and inconsistent caregiving result in mistrust and anxiety, respectively (Murphy et al., 2015).

Additionally, twins' studies indicated that genetics play a role in trust development. This is just one example of the many interactions between genetic predispositions and environmental influences shaping personality (Reimann et al., 2017). People usually go through the stages of life and age that entail different problems they have to cope with. Still, on the other hand, there are also different opportunities they may use for psychological development. The autonomy and shame versus doubt stage, corresponding to infants, represents the intellectual maturity when children begin to comprehend freedom and mastery of their independence and personal skills (Erikson, 1993). Research has demonstrated that parental disposition and behaviors greatly affect a child's autonomy development. This is further emphasized by the fact that parents who are overly critical or controlling mainly lead to feelings of shame and doubt in the child (Robinson et al., 2010).

Besides, guilty feelings and doubts, which eventually develop low self-esteem, are claimed to be associated with numerous mental health disorders, such as anxiety, depression, and personality disorders (Harrison et al., 2011). Adolescent psychology involves identity vs. confusion involution. At this step, one feels all the disturbance of interactions with other people, like the necessity of discovering somebody for belonging (Westerhof et al., 2017). The individuation phase starts with the experimentation with different identities and roles by earthlings in the process of discovering the stable self (Erikson, 1993). The finding is that teens who are unable to discover and set forth their selves may encounter the notion of role confusion that contributes to feelings of devastation and identity disorder (Arnold, 2017). Dependently, research has revealed that online therapy is an effective treatment for depression and identity-related issues in teenagers, which provides confidential and accessible support during the critical period of development (Wagner et al., 2014).

With time, people mature and develop psychosocially, according to Erikson's theory of the phases of psychosocial law as laws of nature. Presumably, people in young adulthood go through the so-called "intimacy versus isolation" by combining themselves with others and

maintaining meaningful relationships (Erikson, 1993). The study showed that the students who managed to go through this stage experienced better mental health outcomes, including less loneliness and depression (Schrempft et al., 2019). Online therapy has proved its suitability in helping those who care about building their relationships and handling the challenges of the online world as much as others (Grewsend & Ornelas, 2018). Practising Erikson's theory in an online environment allows mental health care providers to develop and implement interventions tailored to specific individual problems. Through these interventions, individuals are directed toward resilience and health throughout all their life phases.

APPROXIMATE AGE	PSYCHOSOCIAL CRISIS/TASK	VIRTUE DEVELOPED
In fact-18months	Trust Vs. Mistrust	Hope
18months- 3years	Autonomy Vs. Shame/ Doubt	Will
3-5years	Initiative Vs. Guilt	Purpose
5-13years	Industry Vs. Inferiority	Competency
13-21years	Identity Vs. Confusion	Fidelity
21-39years	Intimacy Vs. Isolation	Love
40-65years	Generativity Vs. Stagnation	Care
65 and Older	Integrity Vs. Despair	Wisdom

Table 1: Eric Erickson Psychosocial Stages of Development

2.3 Empirical Review

An empirical evaluation of earlier significant studies on the subject was covered in this part. The majority of these researches focus on the specific psychosocial elements that affect the utilization of web-based psychological interventions. People are adopting and accepting online treatment sessions at a rapid pace worldwide. Cook and Doyle (2002) conducted a comparison between in-person and virtual therapy through chat and email. They found that individuals felt a collaborative, bonding relationship with their therapists, as indicated by working alliance levels. Perceived helpfulness was found to be strongly correlated with impact from the perspective of both the therapist and the client (Barak and Bloch, 2006). This refutes the common criticism that therapy sessions conducted online are impersonal, shallow,

or distant by showing that intelligent, flowing dialogues that elicit thoughtful responses and arouse clients' emotions are advantageous (Barak & Bloch, 2006). Despite the criticisms, the number of web-based interventions for health behaviors and mental health is rising, as more people become accustomed to using the Internet and web-based programs (Rochlen et al., 2004). Carroll et al. (2008) state that while therapists can utilize these kinds of activities in addition to in-person therapy to broaden access to mental health care, they are not necessarily stand-alone therapies.

The idea that providing interventions through the Internet addresses some of the drawbacks of conventional face-to-face therapy, such as geographic access, time constraints, service cost, and a reluctance to ask for help, has contributed to the rise in interest in online interventions, or e-therapy (Taylor, 2002). Kenwright (2004) posits that the Internet, as a delivery medium, has the potential to surmount these obstacles by providing support to clients whenever and wherever they need it, while also promoting help-seeking and disclosure through anonymity. Furthermore, in his study comparing treatment outcomes in face-to-face and online settings for panic disorder, Andersson (2008) discovered that online interventions are more cost-effective, less impacted by behavioral avoidance of session attendance, and may reach individuals whose symptoms are more severe than those who present to a clinic (Whotton, 2011). The available data indicate that a patient's inclination to engage in telehealth is related to age, sex, median household income, insurance status, and marital status. In the future, as the telehealth landscape changes, these findings might help physicians concentrate on patient populations that are more susceptible and need specific medical attention.

2.3.1 The Psychosocial Factors in Internet-Based Therapy

Psychosocial factors are occurrences and influences that are influenced by social, cultural, and environmental factors on behavior and mental health. These include social conditions, relationships, and pressures; the rivalry for resources such as health care, education, and other social services; the rapid advancement of technology; work deadlines; and changes in social roles and status (of women and minority groups). Compared to conventional intervention venues, delivering psychological preventative treatments through the Internet provides several benefits. Users can flexibly incorporate interventions into their daily lives without regard to location or time because of the accessibility of Internet- and mobile-based interventions. Additionally, users can choose how quickly or frequently they want to

complete each session while using these interventions. Users who worry about stigmatization may find the anonymity provided by Internet and mobile-based interventions to be desirable. Initial research also revealed that Internet-based therapies were cost-effective, an important finding given the scarcity of resources in many healthcare systems (Sander, Rausch & Laumeister, 2016). Over the last ten years, there has been a significant increase in Internet availability and usage worldwide. The rise in Internet use, which frequently includes finding support and information about health issues, could be used by mental health practitioners. The effectiveness of Internet-based preventative treatments for particular mental diseases has been the subject of several researches.

Spooner (2023) notes that 46% of African nations lack mental health policies or have not yet implemented any. In addition, Africa has only 1.4 mental health workers per 100,000 people, compared to a global rate of 9.0 mental health workers per 100,000 people. Furthermore, the incidence of outpatient mental health institutions in Africa is 14 per 100,000 visits, while the global figure is 1051 per 100,000. Kenya spends $4.33 percent of its GDP overall on mental health facilities, compared to $32.0 per person for government health spending (WHO, 2020). There have been major ramifications for mental health from the COVID-19 epidemic. Feelings of uncertainty, isolation, and fear are on the rise, and many nations are still under lockdown. That number may increase as people throughout the globe shelter in place and get used to the new normal during the coronavirus epidemic. 13% of people worldwide already struggle with mental health and drug use problems (Spooner, 2023). As a result of the increase in mental health diseases caused by the coronavirus pandemic, the need for psychological assistance has increased. Individuals have resorted to seeking mental health assistance via digital platforms such as text, phone conversations, and audio/visual platforms at a time when physical touch poses a risk to health and wellness.

Research to date has demonstrated the effectiveness of remote mental health services, commonly referred to as telepsychology or teletherapy. A substantial amount of study has been conducted by psychologists, psychiatrists, social workers, and other medical professionals on telehealth therapies that are beneficial for a variety of conditions and populations. Research on telepsychology, which involved therapy provided by phone, video, or both, started in about 1960 (Godleski et al., 2012). It started as a need to treat difficult-to-reach populations, like when a forensic psychologist evaluated a jailed client and recommended them to a clinician who was located far away for specialized therapy. Since

then, studies in psychiatry have looked at remote care for a range of illnesses and age groups (Godleski et al., 2012; Hilty et al., 2013), showing that it can be beneficial and improve access to care. Psychologists have also examined a range of populations to determine whether telehealth is effective, who benefits from it most, and how to effectively implement it. David Mohr, PhD, director of the Center for Behavioral Intervention Technologies at Northwestern University's Feinberg School of Medicine, has spent his career studying telepsychology and digital mental health and says, "What we've seen is that telehealth is essentially just as effective as face-to-face psychotherapy, with higher retention rates."

After 325 patients with severe depressive illness had cognitive-behavioral therapy (CBT) in-person vs over the phone in a randomized controlled experiment, there were comparable results (Andersson, Carlbring & Grimlund, 2018). In actuality, patients who received treatment in person had a higher likelihood of discontinuing their therapy even though their benefits from the treatment lasted a little longer (Barak & Bloch, 2006). In addition, it has been discovered that telepsychology provided by phone and video is beneficial for treating eating disorders, substance abuse, anxiety, depression, and adjustment disorders in children and adolescents (Varker et al., 2019). (Slone et al., 2012). "Audio-only telepsychology was also found to lessen depressive symptoms in HIV-positive persons with depression who were geographically isolated" (Behavioral Medicine, 2017).

In that study, Heckman (2017) looked into the effectiveness of eight phone-based psychotherapy sessions. The symptoms of depression were significantly improved in almost one-third of the treated patients. According to Colleen Stiles-Shields, PhD, an assistant professor at Rush University Medical Center in Chicago and clinical psychologist, "you pay attention to different things—the tone of voice, the speed of words, and the breaths they're taking—when you don't have the person in front of you." She found that the therapeutic alliance did not suffer when CBT for depression was given over the phone as opposed to in person in a study she co-authored with Mohr and other colleagues (Journal of Consulting and Clinical Psychology, 2014). "Even in non-pandemic times, delivering care remotely allows mental health providers to reach more people, including those who are geographically isolated or lack access to child care or transportation," says Dhara Meghani, PhD, an assistant professor of clinical psychology at the University of San Francisco. It can also help patients who are seeking psychiatric help for the first time overcome stigma.

People are adopting and accepting online treatment sessions at a rapid pace worldwide. Cook and Doyle (2002) conducted a comparison between in-person and virtual counseling through chat and email. They found that individuals felt a collaborative, bonding relationship with their therapists, as indicated by working alliance levels. Perceived helpfulness was found to be strongly correlated with impact from the perspective of both the therapist and the client (Barak and Bloch, 2006). This refutes the common criticism that therapy sessions conducted online are impersonal, shallow, or distant by showing that intelligent, flowing dialogues that elicit thoughtful responses and arouse clients' emotions are advantageous (Barak & Bloch, 2006). In comparison to traditional (i.e., face-to-face) preventative settings, it is an efficient method for scaling up preventive therapies, needs less effort in delivery, and has several additional advantages. IMIs (internet and mobile-based interventions) are flexible; participants may work at their own pace and easily integrate them into their daily lives. Additionally, persons who are worried about stigmatization may find anonymity appealing.

In addition, it has been shown that IMIs are economical when considering the limited resources available for healthcare. A large number of people, especially those in remote areas with limited access to health care services, can be reached due to decreased personnel and infrastructure costs. Considering how much the Internet has grown in popularity over the past ten years, IMIs could be used by healthcare professionals—especially mental health specialists—as a replacement or addition to current, conventional interventions. Few reviews and meta-analyses that compile empirical data on IMIs for the prevention of mental illness have been published to yet. Reviews of the research on adult populations' prevention of substance-related and eating disorders (EDs), as well as addiction disorders, may be found.

The review by Schlegl et al. (2019) covered a broad range of preventative and therapeutic trials concerning ED. In terms of prevention, they offered a combination of primary preventive trials, treatment of sub-threshold ED, and relapse prevention (2 studies). Unfortunately, meta-analytical pooling was not feasible due to the wide range of studies and outcome characteristics. Beintner et al. (2018) concentrated on Student Bodies, a single ED prevention program for students. Even while research supports the efficacy of online therapy, there are risks involved. Elderly folks are more vulnerable to real problems when it comes to the internet. There are several extremely dangerous things on the internet. These dangers affect everyone. Unfortunately, some cyber criminals prey on elders' lack of computer skills

and utilize them to their advantage. Because of these circumstances, an older person can be afraid of losing out on an online therapist because of their phobia of the internet.

However, for the following reasons—especially for teenagers—online therapy can be quite beneficial: Teens are accustomed to using the internet. Online counseling may be more comfortable for teenagers than in-person therapy sessions because most of them enjoy talking with others. Treatment through the internet could be more practical. Online therapy can save you time because it eliminates the need for you to travel to a therapist's office. Children who live in remote areas or who do not have access to transportation can find that online appointments are more convenient. Not as much of a stigma attached to it.
Not as much of a stigma attached to it. A lot of kids feel embarrassed about visiting a therapist, and they might worry that their friends will find out that they are receiving treatment. Online counseling can help ease a lot of these concerns. It might be less expensive. Online therapy may be more affordable than in-person counseling, which increases its accessibility.

Reports state that 14.5 percent of African children and teenagers have mental illness of some kind. 42% of participants in a Kenyan study involving 2,770 male and female inpatients and outpatients showed signs of mild to severe depression. Merely 114 individuals (4.1%) in Kenya possessed a file or a functional diagnosis of a mental illness, like depression, psychosis, schizophrenia, bipolar disorder, or psychosis. The response rates for each variable varied depending on the site. Kibera Health Centre had the lowest percentage of patients (1.2%) (n = 33) while KNH had the most (65%) (n = 1,801). Approximately 2% of national health funds are allocated to mental health, despite the staggering number of persons in need of assistance. International development assistance for mental health has never exceeded 1% of all development assistance relating to health, despite recent advancements. This is true even if enhanced productivity and improved health result from every dollar spent on scaled-up treatment for common mental diseases like anxiety and depression, which amounts to a return of $5. Regretfully, Africa falls even further behind other regions in terms of accomplishing the objectives of the WHO Comprehensive Mental Health Action Plan. Official Development Assistance makes for a negligible part of all health spending, but government spending on mental health accounts for less than 1% of total government spending.

2.3.2 Education Level and Internet-Based Interventions

The Economic Research Service looked at three separate telehealth activities: online health monitoring, online health maintenance, and online health research, according to a Powell et al. (2018) investigation. ERS examined several socioeconomic characteristics, including family income, educational attainment, age, and the nature and status of employment, that may have an impact on an individual's decision to participate in telehealth activities. The study finds a high correlation between educational attainment and telehealth engagement (Wright & Griffiths, 2010). 2015 saw a rise in participation rates for all telehealth activities for every level of schooling attained.

College-educated rural persons, for instance, were more than twice as likely to undertake online health research as the average rural adult and were more than twice as likely to participate in the other two telehealth activities. Kontos and colleagues (2014) found that patient educational level, as opposed to income, might be a better indicator of socioeconomic status in the context of technology use and health communication. The only SES variable in this study that was found to be independently correlated with virtual visits was the percentage of households above the federal poverty line, not educational attainment. A patient will require a PC with dependable internet access, a tablet, or a smartphone because these virtual visit portals require data.

Regardless of these factors, those with a higher education level, such as a university degree, are more likely to seek online treatment. The following are the reasons for this: Online therapy might feel more private, making it easier to speak up about sensitive topics. Students and therapists can use online sessions to work through difficult behaviors at "the scene of the crime," making it easier to practice new abilities (Wright & Griffiths, 2010). Students prefer online sessions over traditional face-to-face counseling because video and text chatting mimic how they prefer to communicate with their friends.

In 2020, a representative panel of 2555 US adults was polled online on their use of telehealth, and just approximately 4% of respondents reported having video conferences. Even though 49% of respondents stated they would utilize videoconferencing in the future, older or less educated respondents were less likely to say they would. A weighted percentage of 34.4% of the 1301 respondents held a bachelor's degree or above, and 80.6% of the respondents lived in metropolitan counties in 2010. More than 2,000 people participated in an online survey by

The Harris Poll (2002) to gauge attitudes and telehealth utilization. The information is weighted to reflect common demographics of the adult population in the United States. While age significantly impacts customer readiness to utilize telehealth, willingness to use telehealth also rises with education. 69 percent of college graduates are willing to use telehealth, compared to 61 percent of those with only a high school diploma.

2.3.3 Socio-Economic Status and Internet-Based Intervention

Healthcare companies have reacted swiftly to extend their current telehealth offerings and launch new ones. Large financial and human resource investments are required for this, which could be more challenging for clinics with little resources or those that are smaller. Rapid advancements in telemedicine may come with a price, including concerns about treatment quality and privacy. Certain gaps in access to telemedicine remain during the COVID-19 pandemic. As the COVID-19 epidemic progresses, emergency telemedicine policies also have to adapt. For example, the US federal government loosened telemedicine laws so that, in the long run, patients in the country might utilize it more widely. Several initiatives are being undertaken by certain governments and health insurance providers to increase the number of telemedicine visits that are approved and covered. Although it would increase spending, service and payment parity for telehealth across all insurers would help patients access these services and encourage physicians to offer them. Concern should also be expressed about disparities in how some patient groups use and have access to technology.

When deciding whether to use telemedicine, socioeconomic status might be important. Age, sex, median family income, insurance status, and marital status were found to be connected with a patient's engagement in telehealth research, as evidenced by the current findings. Within 30 days of receiving a new cancer diagnosis, 16,000 individuals were found to be more likely to use telemedicine among those with the highest socioeconomic status. But according to Anderson et al. (2018), 44% of people without home broadband, 46% of those without computers, and 29% of people with yearly household earnings under $30,000 do not own cellphones. This may be one of the causes of the difficulties lower-income patients faced when attempting to receive virtual care.

2.3.4 Psychological symptoms/diagnosis and Internet-based Interventions

Telehealth may be a practical option for patient screening and psychotherapy delivery for patients who are managing trauma as part of their mental health concerns, as well as those

who are managing depression, anxiety, and post-traumatic stress disorder (PTSD). To guarantee proper access to mental health services, the Canadian Mental Association and the Canadian Psychiatric Association jointly produced a statement on mental health care access in 2016. The statement called for the development of telehealth and e-health services. More over 3.1 million Canadians aged 15 and older had a major depressive episode in their lifetime, and over 2.4 million had a generalized anxiety disorder, according to the 2012 Canadian Community Health Survey - Mental Health. Additionally, it was said that 476,129 Canadians currently have a PTSD diagnosis. According to a 2013 poll of full-time regular members of the Canadian Forces, 5.3% had PTSD, 4.7% had generalized anxiety disorder, and 8.0% had had a major depressive episode in the previous 12 months. Accessing timely and efficient mental health services is still a barrier in Canada, despite a significant increase in public awareness of mental illness in recent years.

In a study titled "Effectiveness of Internet-Based Interventions for the Prevention of Mental Disorders" JMIR Mental Health 2016, research findings revealed that online counseling had a significant impact on many psychological disorders (Sander, Bauhmeister & Rausch., 2016). Behavioral health issues, such as significant depression, substance use disorder, and psychotic diseases, are the top health conditions afflicting millennials today, according to Harris (2019). Over the last three years, major depression and hyperactivity among millennials have increased by 31% and 29%, respectively, indicating that these are significant issues among the age demographic. Mental health was the only clinical service that millennials were more interested in than all other age groups out of all the clinical services that consumers were interested in. For mental healthcare, 38% of millennials said they would prefer to see a doctor through video.

College students are increasingly experiencing anxiety and depression. According to a poll conducted by the Association for University and College Counselling Center Directors, anxiety is the most prevalent worry that college students present with. Of those surveyed, 36 percent reported being depressed and 35.8% reported having relationship problems. Many schools are still falling behind even with the extra staff, which has caused some organizations to reevaluate their approaches to therapy.

She found that the therapeutic alliance did not suffer when CBT for depression was given over the phone as opposed to in person in a study she co-authored with Mohr and other

colleagues (Journal of Consulting and Clinical Psychology, 2014). After 325 patients with major depressive illness received cognitive-behavioral therapy (CBT) in-person vs over the phone in a randomized controlled trial, Mohr found comparable results (JAMA, 2012). In actuality, patients in the face-to-face group had a higher discontinuation rate even if their treatment's effects lasted a little longer. Audio-only telepsychology has been demonstrated to lessen depressive symptoms in geographically isolated HIV-positive individuals with depression (Behavioral Medicine, 2017). Heckman examined the efficacy of eight phone-based psychotherapy sessions in that study. Approximately one-third of those receiving treatment saw improvements in their depression symptoms that were clinically meaningful. According to Colleen Stiles-Shields, PhD, an assistant professor at Rush University Medical Center in Chicago and a clinical psychologist, "you pay attention to different things when you don't have the person in front of you."

During the search, three projects on depression prevention were found. The effects of the intervention were investigated not just on depression but also on health parameters like sleep, exercise, and nutrition. Imamura et al. (2014) used a guided Internet-based CBT program (iCBT) at two information technology (IT) organizations to teach sub-threshold depressed employees stress management techniques. CBT components including self-monitoring and relaxation methods were included in the session. For individuals with epilepsy who exhibit mild-to-moderate depression symptoms, Thompson et al. (2015) created a mindfulness-based preventative program called UPLIFT. Mindfulness-based methods and psycho-educative concepts (such as facts about depression and the value of reinforcement) are applied in the phone and web-based intervention (e.g., monitoring of thoughts).

A 6-week Web-based program called SHUTi was created by Christensen et al. (2016) to address the high rate of co-occurrence of depression and sleeplessness. 1149 people were recruited using Facebook, and they were randomized to receive either a control website or a CBT-based insomnia intervention. Two distinct studies have focused on one type of post-traumatic stress disorder, known as post-traumatic stress disorder (PTSD). A self-guided tool called Trauma TIPS (2013) was created to assist injured people in preventing PTSD. The 30-minute program includes information on CBT methods such as peer support on the Web, professional aid contact details, and psychoeducation, stress management, and in vivo exposure. Beatty et al. (2016) looked into Cancer Coping Online, a self-guided Web-based CBT program for reducing distress in cancer patients currently receiving treatment.

The majority of the six-session curriculum is devoted to teaching coping mechanisms using worksheets, audio, and text. Posttraumatic stress disorder (PTSD) and anxiety (general distress) were also examined (cancer-specific distress).

Several trials comparing in-person and videoconference PTSD therapy have been conducted by the US Department of Veterans Affairs, which has shown that both methods are generally equally helpful (Turgoose et al., 2018). In addition to psychological services, telepsychology administered by phone and video is beneficial for treating eating disorders, substance abuse, anxiety, depression, and adjustment disorders in children and adolescents (Varker et al., 2019). Anxiety disorders that impair a person's functioning during times of extreme stress include Generalized Anxiety Disorder (GAD). The search turned up two GAD studies. To support mental health, MoodGYM (2012) is a fully automated web program that teaches CBT skills to a broad audience. These skills include psychoeducation, relaxation, and mediation techniques.

Aside from well-being, data on depression and GAD were collected. Only GAD data were included in this review because the individuals' mean depression score surpassed a clinical cut-off (and hence did not meet inclusion requirements). Christensen et al. (2014) looked at the iChill program, which seeks to prevent GAD in young individuals with moderate symptoms. The website iChill is up and running. Multiple CBT strategies, such as psychoeducation, relaxation, and toolkits, are used in the intervention (Varker et al., 2019). One trial arm included telephone reminders for people who were not taking part in the study for a therapeutic reason. Mental Health Disorders That Are Common Musiat and colleagues created the PLUS program, a trans-diagnostic trait-focused program aimed at preventing prevalent mental diseases. Depression, GAD, EDs, and alcohol abuse were among the disorders studied (Slone et al., 2012). The CBT-based therapy involves computerized feedback and focuses on identifying strengths and consolidating coping methods.

Receiving in-person therapy for mental health diseases can be hampered by many factors, including limited access to services (such as living in a remote area), financial challenges, lack of transportation, a shortage of facilities and qualified doctors, the stigma attached to seeking treatment, and health issues relating to physical mobility (Varker et al., 2019). There are challenges in providing psychotherapy remotely, even though telehealth may be a more convenient option. These challenges include establishing a therapeutic alliance between the

patient and the provider, managing intense emotions during sessions, ensuring patient safety, patient attrition, and technical issues (e.g., reliable Internet service, image resolution, audio quality, and delay).

2.3.5 Internet-Based Interventions

Online therapy is a type of treatment that is delivered over the internet using a secure HIPAA-compliant live video, audio, or text connection. For example, students can access counseling services in a private location at their leisure through online therapy. Getting in touch with a therapist may usually be done within 24 hours. There are no waitlists, no journeys to an office, and no likelihood of running across colleagues with online therapy. However, speaking online and sending text messages to a mental health professional may induce the student to view the expert as a friend rather than a service provider. Blurred boundaries may lead to misunderstandings regarding the therapist's function, which may influence the usage of online therapy.

"The underlying finding is that new technology can alter mental healthcare over the next 20 years," Dr. Tobby Folley and Dr. James Woollard write in their report "The Digital Future Of Mental Health And Its Workforce (2019)." "The enormous unmet need for mental health services makes it unlikely that technology will diminish the mental health workforce in the near future," they add. They go on to explain the following significant technologies that will have an impact on mental health treatment delivery. Smartphones provide an affordable platform for social media, telemedicine, sensors, and other applications (effect timescale: 2–5 years). They might increase the accuracy of symptom self-reporting and self-care. Interaction with the devices may provide monitoring and troubleshooting information. Digital therapies (impact timescale: 1-3 years): Digital therapies provide stand-alone self-help and can be used in conjunction with online peer support networks or traditional mental health interventions. These treatments are currently in use and have a strong scientific foundation. Artificial intelligence (AI) and natural language processing (NLP) chatbots could make more sophisticated automated or semi-automated therapeutic tools possible in the next 20 years.

However, a few psychologists think that receiving care over the phone has disadvantages. Emails, texts, and the need to multitask can easily divert patients and therapists, says clinical psychologist Marlene Maheu, PhD, founder and executive director of the Telebehavioral Health Institute. Research by Beatty et al. (2016) suggests that people with a mediocre level

of functioning could benefit from online counseling. Individuals who possess high levels of functioning, education, and artistic orientation might benefit the most from using online text-based counseling in addition to continuous psychotherapy. Though further research is required to establish this, traditional face-to-face therapy may be more appropriate for severe conditions like suicidal ideation or a psychotic episode. The primary purpose of counselling is to relieve a client's discomfort, anxiety, or concerns when they first enter treatment. Online counselling has a high efficacy under this definition. Client satisfaction surveys show that online counselling has high client satisfaction.

2.4 Summary and Research Gaps

The main themes of the section embody how eligibility of ontological processes is involved with recognizing the lack of internet-based intervention effectiveness in tackling a sea depression disease that is being experienced by most during this period of the COVID-19 pandemic. Multiple studies in the empirical review demonstrate the likely advantages of digital therapy based on such features as ease of perception, accessibility, and therapeutic acceptance. This section explores the role of psychosocial factors, such as socioeconomic status, level of education, and psychological symptoms, on internet-based treatments. Further, it delves into the changing telemedicine environment. It integrates technology into the treatment of mental health, which opened up a new window of opportunities based upon the removal of barriers like inconvenient location and stigmatization of a patient seeking help. In summary, this empirical review portrays the widespread acknowledgment and efficacy of online interventions while pointing out the still challenging areas of access, equity, and therapeutic efficacy in diverse populations.

The empirical analysis gives a holistic overview of the psychosocial factors underlying the acceptance of internet-based psychological interventions amidst the COVID-19 pandemic, as depicted in the case of Wazi, a Kenyan-based online therapy organization. The main discoveries demonstrate that the relevant factors like helpfulness, convenience, and economic status of individuals play a big role in determining the level of adoption and efficiency of online therapy services. Research indicates that digital interventions have the potential to eliminate barriers associated with traditional therapy services, such as cost, stigma, and regional limitations. Additionally, experts stress that a variety of mental health issues, including depression, anxiety, PTSD, and generalized anxiety disorder, can be addressed using internet-based therapy. However, even though internet therapy has become more

popular and effective, important information is still lacking in the sector, which is what the proposed study would attempt to address.

Through detailed analysis, some deficiencies have been identified in the current literature on the application of online psychological interventions. Although existing studies present valuable insights on the effectiveness and acceptance of online therapy, there is little research on the specific setting of Wazi, a Kenyan-derived online therapy platform, in the complex African socio-cultural environment. First, the literature review mainly looks at the efficacy of internet-based interventions for certain mental health conditions, and this has more emphasis than the intricate manner in which the psychosocial factors and internet-based therapy usage interact or the reverse. In addition, there is little documentation investigating cultural elements contributing to an individual's choice and engagement of web counselling services in the Kenyan context. Hence, this study intends to alleviate the shortcomings by undertaking a detailed study of psychological factors influencing Wazi clients in utilizing online-based psychological interventions. As a result, this study contributes to a complete understanding of online therapy in the African context, which will act as a guide in the construction of more effective interventions.

2.5 Conceptual Framework

The psychosocial elements impacting the utilization of internet-based psychological psychotherapy in the context of COVID-19 were the independent variables. The use of internet-based psychological therapies, which was quantified by usage frequency, was the dependent variable. The intervening variables were accessibility to power, devices, culture, expertise, technology competence, IT literacy, and ignorance. In this study, intervening variables were controlled to isolate the effects of the primary psychosocial factors on using the Wazi platform. To address accessibility, participants were asked some prescreening questions about devices and power sources before the study was administered. Cultural factors were controlled through testing a diverse sample across various Kenyan cultofe of culturally appropriate materials. Because the differences in expertise, technology competence, and IT literacy among the participants could influence the effects, care was taken to give assist the participants so that all had a similar level of familiarity with the platform. Lack of knowledge of internet-based interventions was neutralized by giving necessary information about the Wazi platform and its services at the beginning of the study so that the participants would fully understand the service.

The four independent variables were conceptualized to have a relevant and relative influence on the use of internet-based psychological intervention. The client's education level, socio-economic level, previous mode of psychological intervention, and psychological symptoms and diagnosis were presumed to influence the use of internet-based psychological interventions among clients on the Wazi web platform. The education status of the client was determined through information given about the highest level of education attained. The socio-economic status was calculated based on the household's income, respondents' job status, and type of housing. The influence of prior forms of psychological counselling was assessed by enquiring about the prior experience of the participants and the types of psychological support that they had received, whether in the traditional face-to-face manner or online before the pandemic. Psychological distress and diagnosis were assessed using self-report questionnaires provided to the participants regarding their current psychological conditions and any formal diagnoses they had before or during the pandemic. Each of these measurements offered information on how these factors affected the use of the Wazi platform for psychological assistance during the COVID-19 situation.

To deal effectively with the issue of intervening variables in the study, the following approaches were made: Those who volunteered in the study had to go through confirmation to be sure that they had the devices and network connection to Wazi online therapy. To reduce cultural bias, the questionnaires were developed to be culturally appropriate and were checked by other professionals when it came to cross-cultural issues; and the participants selected for the study covered a broad culture class. To control the level of technical familiarity of the clients, the study targeted those that have previously dealt with the technology and excluding those that are not computer literate. Both the quantitative and the qualitative data were explained in detail and support was provided to the clients where necessary to cater for any digital illiteracy among the clients.

Figure 1: Conceptual Framework

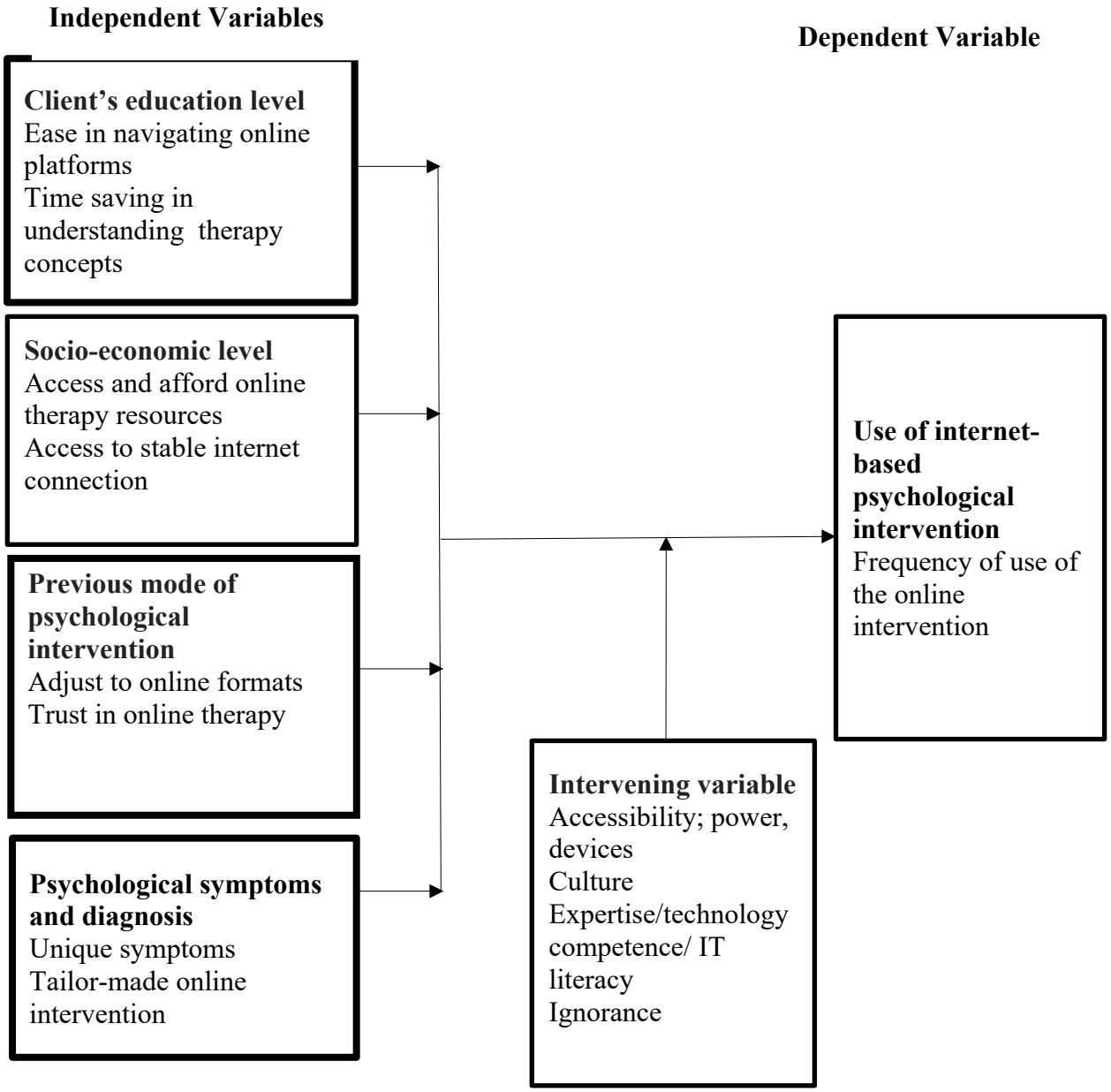


Figure: Conceptual framework showing the influence of psychosocial factors on the use of the internet-based psychological intervention.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

The methods utilized to conduct the study and the research design are both covered in this chapter. This covers the target population, sampling strategy, sample size calculation, and research design. The chapter also outlines the methods for gathering, processing, and analyzing data as well as the ethical and legal guidelines that the study followed.

3.1 Research Design

When organizing a study, it is imperative to consider the type of evidence that may effectively and efficiently address the research objectives, according to Aktah (2017). In essence, a research design is a set of guidelines used by the study to carry out its inquiry. To collect both qualitative and quantitative data regarding the psychosocial factors influencing clients' and workers' use of internet-based psychological therapies on the Wazi online therapy platform, the study employed a mixed-method research approach. The research technique was appropriate for this study since it allowed for the collection of both qualitative and quantitative data and gave a comprehensive understanding of the psychosocial elements influencing the use of internet-based psychological therapy.

The research design utilized a mixed-methods design to facilitate an in-depth, multifaceted evaluation of the theme by merging strong elements of both qualitative and quantitative methodologies. This design also enhanced theory building on internet-based psychological interventions during the COVID-19 pandemic. The study seeks to build a theory on mental health needs and the utilization of internet-based psychological interventions during the global pandemic. The study inductively enquired into the contribution of psychosocial factors in enhancing the use of internet-based psychological interventions by gathering information from a therapist through questionnaires and also administering the online semi-structured questionnaires to the clients of the Wazi online therapy platform.

3.2 Research Paradigm

Based on the nature of the research question, the best choice of research paradigm was the positivist research paradigm. This paradigm is appropriate because it focuses on the collection of data that can be measured and quantified, which is in line with the purpose of the study, which is to establish the impact of certain psychosocial factors on the utilization of the Wazi platform. As opposed to the interpretivist paradigm, the positivist approach entails

standardized questionnaires and structured data collection techniques to investigate the relationship between stationary variables, for instance, education level, socio-economic status, the previous mode of psychological intervention, and psychological symptoms. It helps maintain an evidence-based approach to the research findings and thus conceptualizes objective analysis of the factors that may affect the uptake of internet based psychological intervention during COVID-19.

3.3 Location of Study

This study was conducted entirely online, with the research focusing on users of the Wazi online therapy platform. Therefore, the study's location transcends physical boundaries, as participants accessed the platform from various locations across Kenya. The study site, the Wazi online platform, was chosen because of its accessibility, diversity, and closeness to the research focus. The use of online media in the study enabled the involvement of participants from diverse physical positions within Kenya, hence a heterogeneous representation of the group targeted through online psychological interventions. Furthermore, the virtual platform environment where the research occurred made the interaction between researchers and participants increase the efficiency and inclusivity of data collection and analysis. Utilizing an online platform for the study allowed for the inclusion of participants from remote and diverse geographical areas, ensuring a broad representation of the target population. This virtual setting enabled seamless interaction between researchers and participants, facilitating data collection and analysis while overcoming limitations associated with physical proximity. By conducting the study online, researchers could leverage the accessibility and convenience offered by digital platforms, thus enhancing the inclusivity and reach of the research endeavor.

3.4 Target Population

The target group of the study consists of 300 clients who have interacted with the Wazi platform for online therapy within the past month. This choice was based on the relevance of the platform to my research theme because that provided me with a representative sample of those who use internet-based psychological interventions during the COVID-19 pandemic. Through the study of clients who actively participate in online therapy services, one can directly measure the psychological factors that influence the use of such interventions. This offers invaluable information about the efficacy and drawbacks of internet-enabled mental healthcare. Furthermore, the varied backgrounds and experiences of

the target group along the way ensured the comprehensiveness of the subject matter, and the relativeness of the study to actual world contexts improved its validity.

3.5 Sample and Sampling Technique

A researcher may derive a variety of conclusions from the study sample, which is representative of the target population as a whole. According to Adi (2019), a study sample is a subset of components chosen through a precise selection process from a larger population. Purposive sampling was used in the study to choose 70% of the target population. The Wazi online therapy platform's client records were used to create the sample, which consisted of 210 individuals who had visited in the previous month. As a result, 210 respondents, or 70% of the research population were chosen. This supports the claim made by Mugenda & Mugenda (2003) that a sample fraction of at least 30% is representative.

3.5.1 Study Sample Size

A sample size of thirty percent or greater is considered representative of the target population, according to Mugenda and Mugenda (2003). Due to time and financial constraints, 210 respondents were selected, representing 70% of the target population. The 210 respondents were drawn from the roll of clients who attended at Wazi online therapy platform in the past month. The researcher purposively selected 5 key respondents who were therapists at the Wazi online therapy platform. The key informants were trained therapists who had adequate knowledge and experience in online psychological support and interventions. The informants were considered due to their competency and experience.

3.5.2 Sampling Procedure

The sampling procedure involved two steps. Firstly, from the pool of 300 clients who underwent therapy at the Wazi online therapy platform in the past month, simple random sampling was utilized to select respondents to be included in the study. In simple random sampling to select the respondents, the researcher first developed a population list of all 300 clients who had taken therapy in the Wazi online therapy platform within one month. Clients were provided with identification numbers ranging from 1-300 for each one of the clients. The researcher then entered the elemental numbers (1 to 300) in the random number generator, which provided 210 random non-recurring integers from the selected range. These numbers reflected the number of clients who were involved in the study sample. It ensured that each client was given the same probability of being chosen in the process, which

protected the probability of the sample obtained. Simple random sampling was utilized since it prevents selection basis while allowing the targeted populations an equal chance to participate in the study (Fraser et al., 2018). Secondly, purposive sampling was employed to select the 5 therapists who were working at the Wazi online therapy platform. Purposeful sampling was used to determine the 5 therapists for the study. These therapists were purposefully selected by the researchers due to their work experience and expertise in offering psychological support and interventions through the Wazi platform. This deliberate approach of sampling made sure that those selected therapists possessed adequate understanding and expertise in the use of online therapy, which was critical in enhancing the generation of knowledgeable and appropriate data on the psychosocial determinants of using internet based psychological interventions. Thus, by selecting such respondents, the study focused on gathering detailed and highly specialised opinions to improve the general comprehension of the chosen subject matter.

3.6 Data Collection

3.6.1 Data Collection Instruments

According to Adi (2019), data collection is a process that happens when a researcher gathers, measures, and evaluates data. The goal of data collecting is to gather high-quality evidence that can be transformed into rich data analysis, enabling the development of a solid and reliable response to inquiries from study participants (Kabir, 2016). Semi-structured questionnaires were used as the primary data collection instruments for quantitative data. The questionnaires were of both closed and open type to include both qualitative and quantitative type of data which conformed with the mixed research approach of the study. The study made use of primary data. The clients' and therapists' responses to semi-structured questionnaires were gathered. Sections A through E of the surveys contained data on demographics, psychosocial characteristics, internet-based psychological interventions, the GAD7 anxiety assessment instrument, and the PHQ9 depression evaluation tool. The therapists self-administered the surveys to the researcher. In contrast, the researcher used email invites and follow-ups to distribute the online survey forms to the 210 clients. The data collection instruments were prepared with questions that the researcher will seek responses from both the respondents and the key informants. Open-ended questions on the Likert Scale questionnaires were included to determine the impact of several psychosocial characteristics on the adoption of web-based psychological therapies during the pandemic.

To obtain qualitative data from the 5 therapists of the Wazi online therapy platform, the researcher used interviews. These interviews were of the semi-structured type which enabled the researcher to gain insight into the experiences and ideas of the therapists while at the same time ensuring that the main topics of discussion were achieved. This semi-structured format allowed additional questions to be posed based on the objectives of the therapists which enhanced the richness of the qualitative information gathered. The interviews with the therapists were held through a video call to provide convenience concerning the restrictions related to COVID-19. This approach provided an in-depth understanding of the perceived psychosocial factors by the therapists regarding the use of internet-based psychological interventions. All the data collection tools were administered in such a way that the respondents were given the freedom to express what they feel is appropriate as per the respondent's experiences.

3.6.2 Pilot study

To verify reliability and utility, a pilot study was carried out as a necessary prerequisite before the main investigation (Malngvist et al., 2019). Its goal is to assess the validity and reliability of the data collection tool on a small scale. The pilot study involved 30 clients and 2 therapists which constitute 10.67% of the sample used in the main study. The pilot study helps identify issues that the researcher ought to resolve before starting the primary study (Fraser et al., 2018). The online platform Therapy Mantra, which provides counseling services akin to those of the Wazi platform, served as the study's pilot site.

Before the questions were given to the participants in the study, they were tested and verified using questionnaires. The pilot study was essential for testing the validity and reliability of the questionnaires as well as for completing any gaps or fixing any mistakes that may have occurred during questionnaire creation. It was also used to determine the deadlines for finishing the questionnaire. Four respondents were chosen from the Therapy Mantra platform's client list and sent questionnaires for the pilot study.

Since face validity was an essential consideration in the present study, the pilot study was essential to clarify the tools used in data collection and make sure that the participants would comprehend the instructions. The questionnaires were pre-tested by using them on a few selected clients from the Therapy Mantra platform to detect any possible confusion or mistakes. Completing this process made it possible to verify and ascertain that the questions

given to the respondents were relevant to them hence giving the main study a higher probability of yielding valid and reliable data.

3.6.3 Instrument Reliability

The degree to which findings hold up over time and provide a true picture of the population being studied is a measure of the reliability of research instruments (Joppe, 2000). We utilized Cronbach's alpha, a reliability value that provides an objective estimate of data generalizability, to assess the validity of the completed questionnaires. To find out how well the research instrument for this study measures what it should measure, Cronbach's alpha was used. The acceptable level of dependability in a data-gathering tool is indicated by a Cronbach alpha score of 0.7 (Kabir, 2016). Cronbach's alpha was used to calculate the reliability coefficient of the research instruments, and the result was 0.85, which indicates high reliability. The instruments were more reliable at gathering research data if the study's Cronbach alpha score was higher. Questionnaires were pilot-tested with customers who were excluded from the main study to assess dependability. To guarantee consistency in the responses, the researcher also made sure that the questions were created and presented in the most straightforward manner feasible. The expert was then provided this instrument to check its content authenticity.

3.7.4 Instrument Validity

According to Mugenda and Mugenda (2003), the researcher employs the sample strategies specified in the sampling procedures methodologies for validity to guarantee instrument validity. Following the modifications to the research instrument, the validity of the instrument was guaranteed. The goal of modifying the research tool was to ensure that the questions flowed in the proper order, that the correct answers were modified, and that accuracy was achieved. Content, construct, and criterion validity are the three categories of validity that the researcher made sure the questionnaires met. The researcher was able to determine whether the study instruments were in line with the stated study aims thanks to the content validity assessment. The St. Paul's University research supervisors examined and provided feedback on the surveys to verify the validity of the tools. Expert judgment was applied to enhance them based on their feedback (Borg & Gall, 1985).

3.7.5 Data Collection Procedures

To begin data collection, the researcher obtained a letter of introduction from St. Paul's University, which was followed by online survey questionnaires for collecting clients' data. Since the study involved human participants, permission was sought from St. Paul's University Ethics Board on the conditions to guarantee ethical conduct throughout the research process and to safeguard the participants' rights and welfare. Also, research approval was sought and received from the National Commission for Science, Technology and Innovation-NACOSTI.

Questionnaires with both open and closed questions were administered to both the clients and therapists who use the Wazi online therapy platform. The guidelines and instructions were explained in detail to each respondent to avoid confusion and adherence to the intended study protocol. 210 online questionnaires were emailed to the clients of the Scottish company asking them to join the research and explaining the purpose of it. The survey was followed up by phone calls and reminder e-mail messages to increase the rate of response.

In the case of the five therapists, data was gathered through self- administered semi-structured interviews conducted over video conferencing. These interviews facilitated the collection of detailed qualitative information about the therapists' knowledge and perceptions of the psychosocial factors that shape the utilization of internet-based psychological services. The researcher arranged the interviews at a time convenient for the therapists so that all the topics could be explored while at the same time providing an opportunity to explore more deeply depending on the responses of the therapists. All the questionnaires and interviews were collected and kept securely by the researcher and all ethical protocols were followed throughout the process of data collection.

3.7 Data Analysis

Semi-structured online questionnaires were designed to obtain quantitative data, which were later analyzed with the Statistical Package for Social Science (SPSS) version 24. 0. This data was edited, coded, and processed for analysis, then presented in tables, graphs, pie charts, and percentages using Microsoft Excel for convenience. The quantitative data was analyzed by mean and standard deviation. The qualitative data from the semi-structured questionnaires and interviews were coded, analyzed, and interpreted to meet the objectives of the study as outlined below. Some of the significant themes that arose were written down and described in

detail to give prominence to different respondents. To answer the research questions, thematic analysis (TA) was employed to categorize the collected data. Inferential statistics used in the study include correlation analysis to determine the relationship between selected psychosocial factors and the use of internet-based psychological interventions by clients of the Wazi online therapy platform. Therefore, this analysis was useful to determine the directions and magnitude of the associations as a means of gaining deeper insights into the factors influencing the use of online therapy services.

Descriptive statistics were employed to analyze the results and present the data in a comprehensive way to facilitate the identification of trends and patterns of the respondent's demographics and their answers to some of the questions. For instance, in data analysis, this made it possible to make a literal interpretation of the obtained results so that it would be easier to understand the main findings. On the other hand, inferential statistics were used where the researcher wanted to predict, infer, test hypotheses or hypothesis and check the significance of the relationship between variables based on the sample data on a larger population. In this way, the study was able to use both descriptive and inferential statistics for the identification of the characteristics of the sample and determine the psychosocial factors that affect the use of internet based psychological interventions.

3.8 Legal and Ethical Considerations

By the established postulates, ethical guidelines were followed during the research project. The St. Paul's University Research Board provided ethical approval before the study's start, guaranteeing that it adhered to moral guidelines and safeguarded the participants' rights and welfare. Next, the National Commission for Science, Technology, and Innovation (NACOSTI) granted the researcher permission to conduct research. All participants gave their informed consent, which included information about the study's objectives, the protocols to be followed, and their rights to confidentiality and anonymity as well as the ability to participate at will. Participants were given assurance that their answers would remain confidential and be used only for research purposes.

Moreover, the privacy of participants was kept in check, with the secure storage and handling of data, with only authorized personnel having access to it. This approach ensures that data is protected from unauthorized access while also maintaining its credibility (Corey, Marrianne & Patrick, 2011). Participants were treated with respect, dignity, and sensitivity to their

needs, with efforts made to alleviate any possible harm or discomfort, thus aligning with the suggestions of Aguinis, Hill, and Barley (2019) on the need to handle the research respondents with a high level of dignity. Overall, the study process was guided by high ethical standards to ensure that the rights of all subjects and their welfare were upheld.

CHAPTER FOUR
RESULTS AND DISCUSSIONS

4.1 Introduction

In light of COVID-19, the study examined the impact of a few chosen psychosocial characteristics on customers of the Wazi online treatment platform's utilization of internet-based psychological interventions. This chapter's analysis made use of descriptive statistics including means, percentages, and frequencies. A descriptive analysis was conducted on the participant's demographic data. The association between the chosen psychosocial characteristics and the utilization of internet-based psychological interventions by users of the Wazi online therapy platform was also examined using correlation analysis.

4.2 Response Rate

At the Wazi online treatment platform, there were five therapists and 210 clients in the sample size. The response rate was made up of 210 respondents, or 100%. Conversely, five therapists employed by the Wazi online treatment platform took part in the study as key informants. The response rate in this study is presented in Table 2

Table 2: Response rate

Online questionnaires	Frequency	Percentage (%)
Response	210	100%
Non-response	0	0
Total	210	100.00%

Source: (Researcher, 2023)

From Table 2 above, 100% of the responses to the surveys were completed and returned. The response rate was legitimate since it supported the claim made by Mugenda & Mugenda (1999) that any response rate up to 50% is suitable for analysis. For this study, 100% of respondents said the analysis was outstanding, and 70% of respondents said it was, which was sufficient to draw valid findings and interpretations. For statistical analysis, a response rate of no less than 50% is advised (Bryman & Bell, 2007).

4.3 Demographic Information

It was necessary to examine the respondents' demographic data, which served as the foundation for some of the interpretations. The demographic population's information is crucial to this study since it tells us about the characteristics of those who use websites like

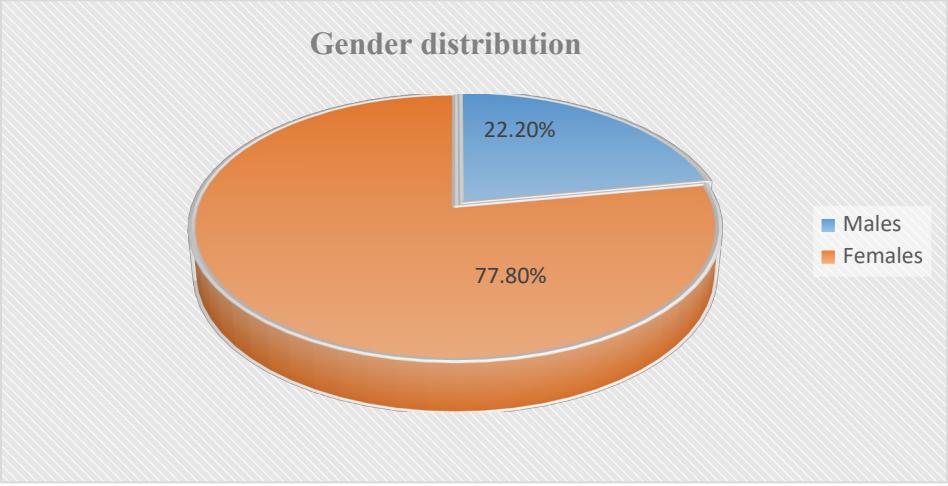
Wazi to seek internet-based psychological interventions for mental health problems. Gender distribution knowledge can lead to addressing interventions exclusively to different gender groups with consideration of differences in help-seeking behaviour and preferences. Moreover, identifying age groups through demographic research exposes the ongoing strategy of esteeming the young audiences aiming at online therapy and thus promoting different channelling tools to tackle the specific ages. The respondent's information was generated from the data collected in this study, and this involved analyzing the influence of selected psychosocial factors on the use of internet-based psychological interventions among clients of the Wazi online therapy platform. The section indicated below provides the information for the participants, including the gender, age, and level of education, as well as background information of the participants.

4.3.1 Gender of Respondents

The researcher sought to establish the gender distribution of the respondents. Figure 3 depicts the findings.

Figure 3: Gender of the respondents

The researcher aimed to establish the representation of gender through the study. The gender representation is presented in Figure 3 as shown below;



Source: (Researcher, 2023)

About Figure 3, the majority of the clients seeking psychological intervention at the Wazi online therapy platform were females, constituting 77.8% (n=163), while males constituted 22.2% (n=47) of respondents in the study. This indicates that female clients dominated the online therapy platform. However, both genders were represented in the study.

4.3.2 Age of Participant

The study sought to establish the age of the respondents. Figure 4 below presents the results obtained.

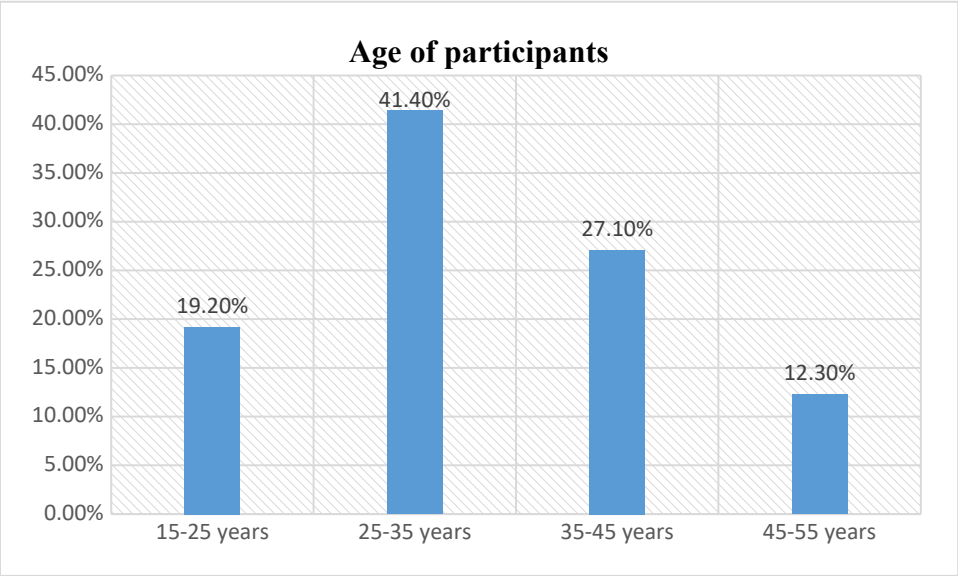


Figure 4: Age of participants

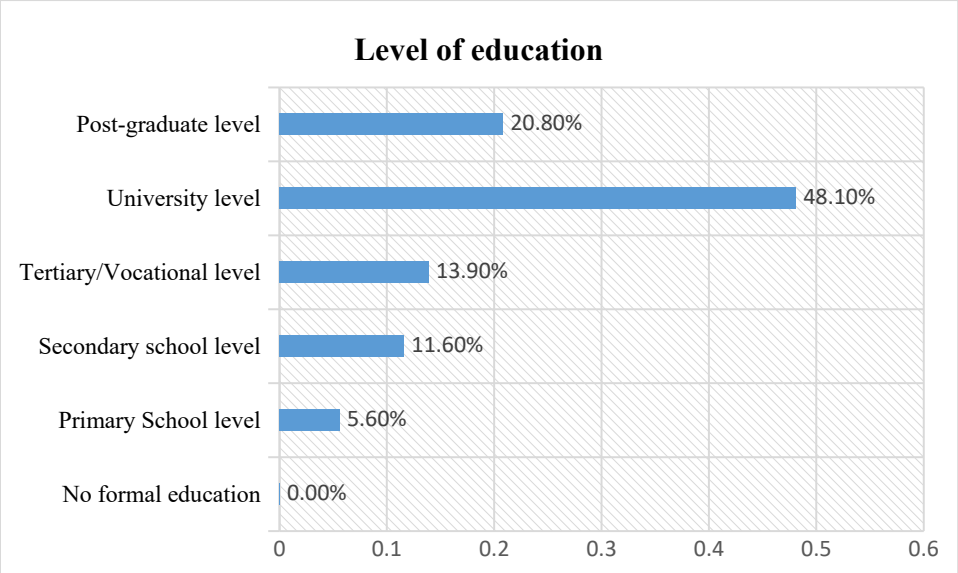
Source: (Researcher, 2023)

According to the results obtained in Figure 4 above, the highest percentage of the participants, 41.4% (n=87), were aged between 25-35 years; 27.1% (n=57) were aged between 35-45 years; while 19.2% (n=40) were aged between 15-25 years. Only 12.3% (n=26) were aged between 45-55 years. Thus, more than half of the participants were below 40 years of age, implying that the majority of the clients seeking psychological intervention from online therapy platforms are youths.

4.3.3 Level of education

The study sought to establish the level of education of the respondents. Education exposes youths to the network of interactions and exposure to technology and online platforms. Figure 5 depicts the findings.

Figure 5: Level of education



Source: (Researcher, 2023)

As evident from Figure 5, the majority of the respondents, 48.1% (n=101), had attained a university education; 20.8% (n=44) of the respondents had attained a post-graduate level of education. This implies that the majority of the clients at the Wazi online therapy platform had a university level of education. 13.9% (n=29) of the respondent had attained tertiary/vocational level while 11.6% (n=24) of the respondent had attained secondary school education. Only 5.6% (n=12) of the respondents had attained only primary education. None of the respondents lacked formal education. This is a clear indication that the study was well represented in terms of education level.

4.3.4 Mode of communication

The study sought to establish the mode of communication applied by clients while receiving therapy from the Wazi online therapy platform. Table 3 presents the findings.

Table 3: Mode of communication

Mode of communication	Frequency	Percentage
Text only (SMS/ WhatsApp/ Messager)	64	30.5%
Voice only (Phone call/ WhatsApp)	17	8.3%
Video (WhatsApp/Zoom/Skype)	123	58.4%
Text plus voice only	6	2.8%
Total	**210**	**100**

Source: (Researcher, 2023)

According to the results obtained in Table 3 above, the highest mode of communication used between the therapist and clients was Video (WhatsApp/zoom/Google Hangouts/Google Teams/skype) supported by 58.4% of the participants. 30.5% of the participants indicated that Text only (SMS/WhatsApp/messager) was used as the mode of communication; 8.3% cited Voice only (Phone call/ WhatsApp), while only 2.8% of the respondents mentioned Text plus voice only.

The study found that navigating an online therapy platform for clients who are not able to attend therapy physically required some level of education. The findings echo the work of Rochlen et al. (2004), who suggested that online therapy intervention's flexibility and adaptability require clients to have high educational capacities, additional skills, and proper use of appropriate tools and techniques that support effective online therapy performance and outcome. The study results established a significant and strong positive correlation between the client's education level and the use of internet-based psychological intervention ($r = 0.87$, $p = 0.04$). On the other hand, it is slightly difficult with clients who have lower levels of education, as some struggle to communicate complex emotions. The use of an internet-based therapy platform was found to be slightly difficult for clients who had lower levels of education, as some struggled to communicate complex emotions.

In line with these conclusions, Tsalavouta's (2013) study on online therapy highlights the necessity of clients having a high level of education to improve therapeutic communication. The study notes that clients who have a high level of education will benefit from online therapists who frequently mirror or match their words to improve communication, mutual understanding, and the avoidance of misunderstandings. It might be challenging to modify the language and explanations used by the clients so that the treatment process and procedures are understood and translated as necessary. The findings are consistent with the work of Wright and Griffiths (2010), who asserted that the high education level of clients enhanced effective online communication and engagement, which strengthened therapeutic processes and increased emotional connectedness, thereby increasing therapy outcomes.

4.3.5 Internet-Based Psychological Interventions

To determine whether clients faced difficulties using the internet during therapy, the study aimed to determine whether respondents had interacted with the internet-based psychological intervention forum at the Wazi online platform, the internet-based psychological

interventions used, and the frequency of use. The frequency of utilization of the internet-based psychological intervention is displayed in Table 4.

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Table 4: Use of internet-based psychological intervention

Frequency of use	Frequency	Percentage
Intensive	55	26.3%
Weekly	40	19.2%
Periodic	51	24.1%
Consultative	64	30.4%
Total	**120**	**100**

Source: (Researcher, 2023)

The study noted that all the respondents had interacted with the internet-based psychological intervention. According to the results obtained in Figure 4 above, the highest percentage of the participants, 30.4% (n=64), used it consultative-ly; 26.3% (n=55) used it intensively; 24.1% (n=51) used it periodically while 19.2% (n=40) used it weekly. The study also found that a considerable number of clients experienced internet connection hitches and network disconnection during therapy sessions.

4.4 Participants' Selected Psychosocial Aspects

The study's goal was to evaluate how the chosen psychosocial factors affected Wazi online therapy platform users' adoption of internet-based psychological therapies. To meet the study's goals, both quantitative and qualitative data from the questionnaires of the respondents who were essentially the therapists and clients of the Wazi online treatment platform were analyzed. The answers to the questionnaire indicated how much they agreed or disagreed with a series of statements presented in the form of a Likert scale. The questionnaire answers were classified with 'Strongly Disagree' being graded at 0, 'Agree' at 3, 'Disagree' at 2, and 'Strongly Agree' at 4. According to the computation of the statement's mean replies, "disagree" was defined as 1 to 3.4 and "agree" as 3.5 to 4.

Under each variable, the following subsections list the features of the responses that were received.

4.4.1 Client's level of education

The study established the extent to which clients' level of education influenced the use of internet-based psychological interventions among clients of the Wazi online therapy platform. Table 5 below depicts the results.

Key: (4)-Strongly Agree (3)-Agree (2)-Disagree (1)-Strongly disagree.

Table 5: Client's level of education

Statements	4	3	2	1	Mean	S.D
Education has made it easy for me to use the internet and technology	19.6 %	80.4 %	-	-	3.86	.395
Education has enabled me to navigate online therapy platforms much quicker and easier	1.2%	83.9 %	14.9%	-	3.52	.393
Education has eased the use of devices used in online therapy sessions, hence increasing the effectiveness of online therapy	18.0 %	78.0 %	4.0%	-	3.97	.550
Education helps save the time required to understand therapeutic concepts during online therapy	11.4 %	88.6 %	-	-	3.71	.359

Source: (Researcher, 2023)

As can be seen from Table 5 above, the largest percentage of respondents (80.4%) agreed that having a higher education level made it easier for them to use technology and the Internet. Their standard deviation was 0.395 and their mean was 3.86. On the same, 19.6% strongly agree. Furthermore, the majority of respondents (83.9%) concurred that knowledge had made it much easier and faster for them to use online therapy platforms. A mean of 3.52 and a standard deviation of.393 suggested this. With a mean of 3.97 and a standard deviation of.550, a significant portion of participants (78.0%) also concurred that their educational background had made it easier for them to operate the gadgets used in online therapy sessions. This increased the efficacy of online therapy. Just 4.0% of respondents disagreed, however, 18.0% of respondents firmly agreed on the same. Ultimately, 88.6% of respondents agreed that education reduces the amount of time needed to comprehend therapeutic concepts during online treatment, with 11.4% strongly agreeing. 3.71 was the mean, and 0.359 was the standard deviation. The utilization of internet-based psychological therapies and the client's educational attainment were also investigated in this study. Results are shown in Table 6:

Table 6: Relationship between Client's Level of Education and Use of Internet Psychological Interventions

		Client's education level
Use of internet-based Psychological intervention	Pearson Correlation	0.87
	Sig. (2-tailed)	**0.03
	N	210

Correlation is significant at the 0.05 level (2-tailed).

The client's education level is significant and has a strong positive correlation with internet-based psychological intervention ($r = 0.87$, $p = 0.04$). Education level significantly influences the use of online therapy platforms. The higher the education level of a client, the more comfortable and easier they will be in the use of internet-based psychological intervention. This concurs with Wright and Griffiths (2010), who found that the client's level of education had a significant positive relationship with online therapy outcomes among mental health patients. Therefore, we reject the null hypothesis and accept the alternative hypothesis, which states that the client's education level statistically significantly influences the use of internet-based psychological intervention in the face of COVID-19.

Therapists' responses to the questions on how the level of education of clients influences their use of online therapy platforms; these were the responses:

Mary, not her real name, a female therapist aged between 31-40 years old, graduate with less than 5 years' experience, noted that:

> Clients with higher education are more comfortable with technology and understanding therapeutic concepts, while those with lower education need extra support in using the platform and grasping psychological concepts

Esther, not her real name, a female therapist aged between 31-40 years old, holder of a diploma with less than 5 years' experience, noted that:

> Navigating an online therapy platform for clients who are not able to attend therapy physically requires some level of education. The comprehension and understanding of psychological concepts and techniques is much quicker. It saves a lot of time and resources, and the client can access therapy at their convenient place. On the other hand, it is slightly difficult with clients who have lower levels of education, as some

> struggle to communicate complex emotions. Adapting the clients' language and explanation to ensure that the therapeutic process and techniques are understood and translated as needed becomes a bit difficult.

David, not his real name, a male therapist, aged between 41-50 years old, graduate with less than 5 years' experience, noted that:

> Most educated clients prefer online therapy, while the majority of clients who have not completely embraced technology prefer physical therapy

Joy, not her real name, a female therapist aged between 31-40 years old, graduate with less than 5 years' experience, noted that:

> Gen Z, who have been exposed to the internet, find it easier to access digital platforms. I look at the level of education not just in terms of degrees but even basic knowledge of the use of the internet.

Pamela, not her real name, a female therapist aged between 31-40 years old, graduate with less than 5 years' experience, noted that:

> The less educated, the more difficult it is for them to understand how technology operates

The respondents indicated that clients' education level contributed to their use of the online therapy platform. Clients with higher education were more comfortable with technology and understanding therapeutic concepts. Navigating an online therapy platform for clients who are not able to attend therapy physically requires some level of education. The use of an internet-based therapy platform was found to be slightly difficult for clients who had lower levels of education, as some struggled to communicate complex emotions.

4.4.2 Client's Socio-Economic Level

The study established the extent to which clients' socio-economic level influenced the use of internet-based psychological interventions among clients of the Wazi online therapy platform. Table 7 below depicts the results

Key: (4)-Strongly Agree (3)-Agree (2)-Disagree (1)-Strongly disagree

Table 7: Client's socio-economic level

Statements	4	3	2	1	Mean	S.D
Social status has promoted access to resources needed to support online	12.2 %	87.8	-	-	3.83	.327

therapy						
My higher socioeconomic background has enabled me to access and afford therapy	9.0%	89.0 %	2.0%	-	3.91	.313
Financial support has promoted access to a stable internet connection for an online therapy session	10.0 %	86.3 %	3.7%	-	3.87	.345
The higher socioeconomic background has promoted consistency in the use of online therapy, resulting in the effectiveness	9.7%	89.3 %	-	-	3.71	.327

Source: (Researcher, 2023)

Results from Table 7 demonstrated that, with a standard deviation of.327 and a mean of 3.83, the majority of respondents, or 87.8%, agreed that social status had promoted access to resources needed to enable online therapy. Like most respondents (89.0%), I was able to receive and afford therapy because of my higher socioeconomic background (mean of 3.91, standard deviation of.313). With a standard deviation of.345 and a mean of 3.87, the majority of respondents (86.3%) also concurred that financial help had made it easier to obtain a reliable internet connection for online treatment sessions. With a mean of 3.71 and a standard deviation of.327, 89.3% of the respondents believed that a higher socioeconomic background had encouraged consistency in the use of online therapy, leading to efficacy.

The study also looked at the connection between the socioeconomic status of the clients and their use of online psychological therapies. Results are shown in Table 8

Table 8: Relationship between Client's socio-economic level and use of Internet-based psychological interventions

		Clients' socio-economic level
Use of internet-based Psychological intervention	Pearson Correlation	0.710
	Sig. (2-tailed)	**0.02
	N	210

Correlation is significant at the 0.05 level (2-tailed).

The study found a strong positive correlation, $r=0.710$ at $p<0.05$ level of significance between the use of internet-based psychological intervention and Clint's socio-economic level. The study found that the client's socioeconomic background and financial support had a high impact on their use of the online therapy platform. Therefore, we reject the null hypothesis and accept the alternative hypothesis, which states that the client's socio-economic level has a statistically significant influence on the use of internet-based psychological intervention in the face of COVID-19. These findings concur with Rochlen et al. (2004), who suggested that the higher socioeconomic background of clients coupled with a conducive counselling environment promotes better quality interventions as there is efficiency in the use of appropriate online tools and techniques. In turn, this improves the therapeutic outcomes. The results established a strong positive correlation ($r=0.710$ at $p<0.05$) between the use of internet-based psychological intervention and the Client's socio-economic level. The study found that the client's socioeconomic background and financial support had a high impact on their use of the online therapy platform. The results align with those of Anthony and Goss (2009), who discovered that socioeconomic status tends to be more reflected in online counseling environments. This influences how therapists use online tools and techniques to address their clients' specific psychological needs by enhancing therapeutic communication, evoking empathy, and promoting the quality of their interventions.

Therapists' responses to the questions on how the client's socioeconomic level influences their use of online therapy platforms were the responses:

Esther, not her real name, a female therapist aged between 31-40 years old, holder of a diploma with less than 5 years' experience, noted that:

> Clients from higher socioeconomic backgrounds have better access to devices, stable internet connections, and private space and time for online sessions, which is convenient for online therapy. For those clients from lower socioeconomic backgrounds who face barriers like limited access to technology, financial constraints, and inadequate privacy, these disparities are offered through flexible pricing options, and their therapeutic approach is tailor-made for them for inclusion and effective treatment outcomes.

Mary, not her real name, a female therapist aged between 31 and 40 years old, graduate with less than 5 years' experience, recounts that:

> Higher status means better access to resources, while lower status might hinder access. Our therapists tailor approaches for effective treatment across all backgrounds.

Joy, not her real name, a female therapist aged between 31-40 years old, graduate with less than 5 years' experience, noted that:

> It affects consistency or lack of it. Client struggling financially may not be consistent in their sessions. Some can have access to insurance but probably not conducive the internet. While therapy is important, there may be other basic needs that need to be prioritized.

Pamela and John, not their real name, both therapists, aged between 31-50 years old, graduates with less than 5 years' experience, noted that:

> The more socially and economically able they are, the more they can access and afford therapy. Also, the socio-economic status of clients helps in the consistency of therapy.

The respondents indicated that clients from higher socioeconomic backgrounds had better access to devices, stable internet connections, and private space and time for online sessions, which was convenient for online therapy. Higher status means better access to resources, while lower status might hinder access. The study noted that the more socially and economically able the clients were, the more they would access and afford online therapy sessions.

4.4.3 Client's Previous Mode of Psychological Intervention

The study established the extent to which clients' previous mode of psychological intervention influenced the use of internet-based psychological interventions among clients of the Wazi online therapy platform. Table 9 below depicts the results

Key: (4)-Strongly Agree (3)-Agree (2)-Disagree (1)-Strongly disagree

Table 9 Client's previous mode of psychological intervention and use of Internet-based psychological interventions

Statements	4	3	2	1	Mean	S.D
Clients accustomed to in-person therapy had to adjust to the online format	13.3 %	86.7 %	-	-	3.96	.341

There was a need to build trust in online therapy as an effective alternative, considering the COVID-19 restrictions.	8.6%	87.4 %	4.0%	-	3.89	.308
The adaptation from physical session to online was a bit challenging	11.4 %	88.6 %	-	-	3.73	.343
Clients who were used to face-to-face therapy found it hard to transition to online therapy	9.0%	89.2 %	1.8%	-	3.77	.298

Source: (Researcher, 2023)

Table 9 demonstrates that the majority of participants (86.7%) felt that clients used to in-person therapy needed to become used to the online format. This had a mean of 3.96 and a standard deviation of.341. The majority of respondents (87.3%) thought that internet treatment was an effective option; this belief was supported by a standard deviation of.308 and a mean of 3.89. 88.6% of respondents agreed, and (11.4%) strongly agreed that it was quite difficult to adjust from in-person to online sessions; the mean was 3.73 and the standard deviation was 0.343. With a standard deviation of 0.298 and a mean of 3.77, 89.2% of respondents agreed, and 9.0% strongly agreed, that clients accustomed to in-person therapy found it difficult to switch to online therapy.

The study also sought to determine the relationship between clients' previous modes of psychological intervention and the use of internet-based psychological interventions. Results are shown in Table 10:

Table 10: Relationship between Client's previous mode of psychological intervention and the use of Internet-based psychological intervention

		The client's previous mode of psychological intervention
Use of internet-based Psychological intervention	Pearson Correlation	0.385
	Sig. (2-tailed)	**0.407
	N	210

Correlation is significant at the 0.05 level (2-tailed).

Based on the findings, there was no significant relationship between the previous mode of psychological intervention and the use of internet-based psychological interventions r=0.385, p=0.407. The previous mode of psychological intervention and the use of internet-based psychological interventions have a very weak positive correlation with r= 0.185. This means the previous mode of psychological intervention does not significantly influence the use of internet-based psychological interventions. Therefore, we do not reject the null hypothesis and conclude that the previous mode of psychological intervention has no statistically significant influence on the use of internet-based psychological intervention in the face of COVID-19.In the face of COVID-19, clients accustomed to in-person therapy had to adjust to the online therapy format due to stringent containment measures that imposed movement restrictions, with the majority of clients who were used to face-to-face therapy finding it hard to transition to online therapy.

The results align with those of other investigators. In contrast to in-person psychotherapy, the Anderson et al. (2012) study did not find any meaningful correlation between the outcome of online therapies and the therapeutic bond. Due to strict government confinement procedures, variables like physical proximity, absence of visual clues, and diminished social presence were paramount in the face of COVID-19. Wagner et al. (2014) noted that regardless of lack of physical proximity, the increased anonymity in online therapy is advantageous for treating certain mental health conditions. However, the study findings noted that online therapy was a blessing in disguise during the pandemic. It was embraced due to social distancing restrictions and lockdowns, which opened another window that had not been utilized before bringing new interventions and adaptations. This meant that clients didn't have to meet their therapists face to face to access services, but they would reach out through the Internet. It helped clients deal with emerging issues like loss of jobs, stigma, anxiety, depression, and change in socialization, and with time, this has been embraced and utilized going forward. The results are consistent with those of Mallen et al. (2011), who discovered that online therapy reduces the stigma and shame connected to receiving traditional, in-person psychotherapy because it is associated with having a "mental illness" or experiencing mental illness, as well as the stigma of actively seeking professional support. Depression, in turn, prevents people from deciding to seek therapy. Therapists' responses to the questions on how the client's previous mode of psychological intervention influenced their use of internet-based therapy platforms were the responses:

Joy, not her real name, a female therapist aged between 31-40 years old, graduate with less than 5 year's experience, noted that:

> Unlike before, when clients adapted to face-to-face therapy, the pandemic brought with it new interventions and new adaptations. This meant that clients didn't have to meet their therapists face to face to access services, but they would reach out through the Internet. It helped clients deal with emerging issues like loss of jobs and change in socialization, and with time, this has been embraced. It also helped in saving time and was conducive that one would still be working and getting the support needed through the internet.

David, not his real name, a male therapist, aged between 41-50 years old, graduate with less than 5 years' experience, noted that:

> Online therapy was a blessing during the pandemic. We embraced it due to social distancing restrictions and lockdowns and opened another window that was not utilized before. Many clients embraced it not by choice.

Mary, not her real name, a female therapist aged between 31-40 years old, graduate with less than 5 years of experience, noted that

> Those accustomed to in-person therapy had to adjust to the online format, which might have initially raised concerns about effectiveness and privacy. Our platform addressed these concerns through secure technology and skilled therapists, gradually building trust in online therapy as an effective alternative.

Esther, not her real name, a female therapist aged between 31 and 40 years old, holder of a diploma with less than 5 years' experience, noted that:

> The transition and continuity process were easier as the clients who had experience with the therapeutic process were open to using technology as an alternative. However, adaptation from physical sessions to online was a bit challenging. Clients comfortable with technology before the pandemic were more receptive to internet-based therapy.

Therapists noted that online therapy was a blessing in disguise during the pandemic. It was embraced due to social distancing restrictions and lockdowns which opened another window that was not utilized before bringing new interventions and new adaptations. This meant that clients did not have to meet their therapists face to face to access services, but they would reach out through the Internet. It helped clients deal with emerging issues like loss of jobs

and change in socialization, and with time, this has been embraced and utilized going forward.

4.4.4 Client's Psychological Symptoms and Diagnosis

The study established the extent to which clients' psychological symptoms and diagnoses influenced the use of internet-based psychological interventions among clients of the Wazi online therapy platform. Table 11 below depicts the results.

Key: (4)-Strongly Agree (3)-Agree (2)-Disagree (1)-Strongly disagree.

Table 11: Client's psychological symptoms and diagnosis

Statements	4	3	2	1	Mean	S.D
Clients with milder symptoms found online therapy intervention convenient in the face of COVID-19.	-	-	93.7%	6.3%	2.06	.243
Tailor-made online interventions address the client's unique symptoms, needs, and diagnosis.	-	3.8%	25.9%	70.3%	2.32	.532
Online format interventions were also adopted to assist different diagnoses.	-	4.3%	71.4%	24.3%	2.33	.577
An undiagnosed client is more likely to book an online session.	-	-	88.6%	11.4%	2.11	.318

Source: (Researcher, 2023)

With a standard deviation of 0.243 and a mean of 2.06, Table 11's findings show that the largest proportion of participants (93.7%) disagreed that clients with milder symptoms considered online therapy intervention convenient in light of COVID-19. Just 6.3% said they strongly disagreed. With a standard deviation of.532 and a mean of 2.32, the results also revealed that the largest proportion of participants. 70.3% strongly disagreed that clients' particular symptoms, requirements, and diagnoses were addressed by custom online interventions. With a mean of 2.33 and a standard deviation of 0.557, 71.4 percent of respondents disagreed that online format treatments were also used to support various diagnoses; just 4.3 percent of respondents agreed. Lastly, 88.6% of respondents disagreed that a client without a diagnosis was more likely to schedule a consultation online. 2.11 was the mean, and 0.318 was the standard deviation. The findings indicated that the majority of

the clients who sought internet-based therapy from the Wazi online therapy platform did not do so based on their psychological symptoms and diagnosis.

The purpose of the study was to determine how the use of internet-based psychological therapies and clients' diagnoses and psychological symptoms related to each other. This was accomplished by using internet-based psychological therapies in conjunction with a correlation study between the diagnosis and psychological symptoms of the clients. The results of this correlation are presented in Table 12.

Table 12: Relationship between Client's psychological symptoms and diagnosis and use of Internet-based psychological intervention

		Client's psychological symptoms and diagnosis
Use of internet-based Psychological intervention	Pearson Correlation	0.232
	Sig. (2-tailed)	**0.421
	N	210

Correlation is significant at the 0.05 level (2-tailed).

Table 12's findings demonstrate no statistically significant correlation between the usage of internet-based psychological therapies and clients' diagnoses or psychological symptoms ($r=0.232$, $p=0.421$). This indicates that the usage of internet-based psychological therapies was unaffected by the psychological symptoms and diagnosis of the clients. Regarding COVID-19, the clients' psychiatric symptoms and diagnosis had nothing to do with their usage of online therapy platforms. We conclude that the customers' psychological symptoms and diagnosis have no statistically significant impact on using internet-based psychological assistance in the face of COVID-19 and do not reject the null hypothesis.

The clients' use of online therapy can be associated with the government guidelines and local restrictions occasioned by COVID-19. This finding concurs with Berger (2021), who found that the need for online counseling services increased due to the COVID-19 pandemic, as it was the only feasible intervention available to many due to government containment measures and lockdown. Again, even clients with severe symptoms require more immediate interventions through online therapy platforms. Through internet-based therapy, timely interventions and connections were maintained. Online format interventions were also

adopted to assist with different diagnoses. Most of the CBT approaches which are better suited for online delivery were very effective and this enabled therapists to continue with sessions and treatment for their clients effectively. Supplementary resources or materials were provided digitally, enhancing the therapeutic experiences and addressing specific needs.

Therapists' responses to the questions on how clients' psychological symptoms and diagnosis influenced their use of internet-based psychological intervention at the Wazi web platform were responses:

Esther, not her real name, a female therapist aged between 31-40 years old, holder of a diploma with less than 5 years' experience, noted that:

> Clients with severe symptoms required more immediate interventions. Through internet-based therapy, timely interventions and connections were maintained. Online format interventions were also adopted to assist different diagnoses. Most of the CBT approaches that are better suited for online delivery are very effective, and this enabled therapists to continue with sessions and treatment for their clients effectively. Supplementary resources or materials were provided digitally, enhancing the therapeutic experiences and addressing specific needs.

Mary, not her real name, a female therapist aged between 31 and 40 years old, graduate with less than 5 years' experience, recounts that:

> Clients with milder symptoms or specific diagnoses well-suited for remote therapy find online interventions effective and convenient. For those with more severe symptoms or complex diagnoses, therapists carefully assess their suitability for online therapy, considering factors like the ability to engage effectively through digital platforms and the availability of a safe and supportive environment. Our platform strives to tailor interventions to each client's unique needs while ensuring high-quality care.

Pamela, not her real name, a female therapist, aged between 31-40 years old, graduate with less than 5 years' experience, recounted that:

> With internet-based psychological interventions, one can keep track of their healing journey and monitor progress; a client can do further research on their own in regard to their issues.

David, not his real name, a male therapist, aged between 41-50 years old, graduate with less than 5 years' experience, noted that:

> The internet bridges the gap and gives a space for clients that despite their diagnosis and sometimes the stigma that comes with it, they have support from their therapist. However, depending on age, it can be extremely overwhelming to a client, considering our African setting, where the majority believe a proper diagnosis should be done physically.

Therapists noted that online therapy did not influence the use of online therapy platforms. However, in the face of Covid-19, it became apparent that the use of online therapy platforms was inevitably the way to go. As such, with the realities occasioned by the pandemic, clients with milder symptoms or specific diagnoses well-suited for remote therapy found online interventions effective and convenient. Again, even clients with severe symptoms require more immediate interventions through online therapy platforms. Through internet-based therapy, timely interventions and connections were maintained. Online format interventions were also adopted to assist different diagnoses. Most of the CBT approaches which are better suited for online delivery were very effective and this enabled therapists to continue with sessions and treatment for their clients effectively. Supplementary resources or materials were provided digitally, enhancing the therapeutic experiences and addressing specific needs.

Overall, the study established a significant and strong positive correlation between the client's education level and the use of internet-based psychological intervention ($r = 0.87$, $p = 0.04$). Education level significantly influences the use of internet-based psychological intervention. The higher the education level of a client, the more comfortable and easier they will be in the use of internet-based psychological intervention. The results also established a strong positive correlation ($r=0.710$ at $p<0.05$) between the use of internet-based psychological intervention and the Client's socio-economic level. The client's socio-economic background and financial support had a high impact on their use of the online therapy platform. The results found no significant relationship between the previous mode of psychological intervention and the use of internet-based psychological interventions ($r=0.385$, $p=0.407>0.05$). This means that the previous mode of psychological intervention had no significant relationship with the use of internet-based psychological interventions. The study found no significant relationship between clients' psychological symptoms and diagnosis and use of internet-based psychological interventions $r=0.232$, $p=0.421$. This

means clients' psychological symptoms and diagnosis did not influence the use of internet-based psychological interventions.

The four research objectives were partially achieved, as revealed by the findings presented. First, the results of the research indicated that the greater the level of education, the greater the comfort and ease of using internet-based psychological interventions, leading to the verification of the first objective. The socioeconomic status of the clients was the second area of influence that was validated by the findings, which revealed that the clients from higher socioeconomic classes had easy access to resources that favored online therapy. Thus, the second objective is justified. However, the research did not find a significant link between clients' past mode of treatment and the use of internet-based psychological interventions, in contrast to the third goal. As the study did not establish any significant link between clients' psychological symptoms and diagnosis and the use of internet-based interventions against the notional framework, the fourth objective of the research was not met due to this. While this study enabled an understanding of the influence of education and socio-economic background on online therapy usage, it did not fully reach objectives concerning previous ways of interventions and psychological feelings, therefore providing space for future improvements.

The implications of this study are manifold and have significant implications for both mental health practitioners and policymakers. Firstly, the findings underscore the importance of considering clients' level of education and socio-economic status when designing and implementing internet-based psychological interventions, highlighting the need for tailored approaches to accommodate varying needs and resources. Moreover, the study highlights the critical role of technology in widening access to mental health services, particularly in times of crisis such as the COVID-19 pandemic, emphasizing the potential of online platforms like Wazi to bridge gaps in traditional service delivery models. However, the study also suggests the need for further exploration into factors influencing clients' uptake of online therapy, particularly regarding previous modes of intervention and psychological symptoms, to enhance the effectiveness and inclusivity of digital mental health initiatives. Ultimately, the study underscores the importance of adapting mental health services to meet the evolving needs of diverse populations, leveraging technology to enhance accessibility, affordability, and efficacy in delivering psychological interventions.

CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The findings and conclusions drawn from the debate and findings are summarized in this chapter. The chapter concludes with ideas for areas of additional research and recommendations based on the objectives. In light of COVID-19, this study aimed to examine the impact of specific psychosocial characteristics on customers of the Wazi online treatment platform's utilization of internet-based psychological interventions.

5.2 Summary

The survey sought to explore the effects of the level of education, socio-economic status, previous modes of psychological intervention, and psychological symptoms and diagnoses on the utilization of internet-based psychological interventions among clients on the Wazi online therapy platform. It identified that educated clients were more receptive to using technology and online therapy and the less educated clients may need more support. Thus, socio-economic status affected the supply of devices, stable internet and privacy more than any other factors, granted people with higher status better access to online therapy. Clients' previous methods of psychological treatment had no correlation with internet-based interventions and revealed the difficulties experienced by those who are established in face-to-face therapy when attempting to transition to the internet. Similarly, the study revealed that both clients' psychological symptoms and diagnoses affected the utilization of internet-based psychological interventions and, , the COVID-19 global pandemic showed that online therapy is effective for all clients.

Conclusion

The first objective of the study was to establish the influence of clients' level of education on the use of internet-based psychological interventions among clients of the Wazi online therapy platform. About Table 4.4, most clients noted that education made it easy for them to use technology and navigate online therapy platforms much quicker and easier. Clients with higher education were more comfortable with technology and understanding therapeutic concepts, while those with lower education needed extra support when using the platform and grasping psychological concepts. Education level significantly influences the use of internet-based psychological intervention. The higher the education level of a client, the more comfortable and easier they will be in the use of internet-based psychological intervention.

The study noted that some level of education is required in navigating an online therapy platform for clients who are not able to attend therapy physically. The comprehension and understanding of psychological concepts and techniques is much quicker, and it saves a lot of time and resources where the client can access therapy at their convenient place.

The second objective of the study was to determine the influence of clients' socio-economic level on the use of internet-based psychological interventions among clients of the Wazi online therapy platform. About Table 4.6, the respondents indicated that clients from higher socioeconomic backgrounds had better access to devices, stable internet connections, and private space and time for online sessions, which was convenient for online therapy. Higher economic status means better access to resources, while lower status might hinder access. The study noted that the more socially and economically able the clients were, the more they would access and afford online therapy sessions. Socioeconomic background affects the consistency or lack of access to online therapy platforms. Client struggling financially may not have consistency in their sessions due to the cost attached to therapy sessions and, more particularly, a conducive and stable internet connection. 5.2.3 Client's previous mode of psychological intervention and the use of Internet-based psychological intervention.

The third objective of the study was to examine the influence of clients' previous modes of psychological intervention on the use of internet-based psychological interventions among clients of the Wazi online therapy platform. The results found no significant relationship between previous psychological interventions and internet-based psychological interventions ($r=0.385$, $p=0.407$). The previous mode of psychological intervention and the use of online therapy had a very weak positive correlation coefficient with $r= 0.185$. This means that the previous mode of psychological intervention had no significant relationship with the use of internet-based psychological interventions. In the face of COVID-19, clients accustomed to in-person therapy had to adjust to online therapy sessions due to government guidelines and local restrictions, with the majority of clients who were used to face-to-face therapy finding it hard to transition to online therapy.

Assessing the impact of clients' psychological symptoms and diagnoses on the utilization of internet-based psychological interventions among Wazi online therapy platform users was the study's fourth goal. The results found no significant relationship between clients' psychological symptoms and diagnosis and use of internet-based psychological interventions

r=0.232, p=0.421. This means clients' psychological symptoms and diagnosis did not influence the use of internet-based psychological interventions. Therapists noted that clients' psychological symptoms and diagnoses did not influence the use of online therapy platforms. However, in the face of Covid-19, it became apparent that the use of online therapy platforms was inevitably the way to go. As such, with the realities occasioned by the global pandemic, clients with milder symptoms or specific diagnoses well-suited for remote therapy found online interventions to be effective and convenient.

5.5 Recommendations

The following were recommendations from the study.

i. The government should review policies aimed at improving computer literacy and the general education level of the population in order to enhance efficiency in technology, especially in the face of a global pandemic.
ii. The government and non-government organizations should initiate socio-economic empowerment programs for the population through development programs to enhance access and affordability of online services, particularly when faced with a global pandemic such as COVID-19.
iii. The population should embrace technology and innovation in the face of the global pandemic to access internet-based therapies, which are not only cost-effective but also convenient.
iv. In light of this, individuals should be trained on the necessary skills required in the use of internet-based psychological intervention in the face of the global pandemic.

5.6 Areas of Further Research

Overwhelming pieces of empirical evidence have shown that psychosocial factors play a crucial role in the use of internet-based psychological intervention. Therefore, improving the psychosocial aspects of the clients will enhance efficiency in online therapy sessions. The study suggests that further research be conducted in other online therapy platforms for comparative purposes.

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APPENDIX I: INTRODUCTION LETTER

Veronicah Ngechu
School of Education and Social Sciences
St Pauls University
NAKURU

12th January, 2022

Dear Respondent,

RE: REQUEST FOR RESEARCH DATA

I am a postgraduate student at St. Paul's University, in the faculty of social sciences (FOSS), undertaking an MA in counselling psychology.

In order to fulfill the master's degree requirements, I am undertaking a research project on the 'Psychosocial Factors Influencing the Use of Internet-Based Psychological Interventions in the Face of COVID-19, a case of Wazi, a Kenyan-based online therapy platform.'

You have been selected to form part of this study. This is to kindly request you to assist me in collecting the data by filling out the accompanying questionnaire, which shall be distributed to your email. The information you provide will be used exclusively for academic purposes. My supervisors and I assure you that the information you give will be treated with strict confidence. At no time will your name appear in my report.
A copy of the final paper will be availed to you upon request.

Your co-operation will be highly appreciated and thank you in advance.

Yours faithfully,
Veronicah Ngechu
MACPNKR698718

APPENDIX II: Online Questionnaire for Clients

PSYCHOSOCIAL FACTORS INFLUENCING THE USE OF INTERNET-BASED PSYCHOLOGICAL INTERVENTIONS IN THE FACE OF COVID 19: A CASE STUDY OF WAZI, A KENYAN-BASED ONLINE THERAPY PLATFORM.

Instruction:

Please answer ALL questions that are needed on ALL pages. Completion of this questionnaire will take you approximately 5 to 10 minutes. Please feel free to share your information in the space provided. The content of this online questionnaire will be kept strictly confidential and will be used only for academic research purposes Thank you very much for your time.

SECTION A: Demographic Information of respondents

1. What is your Gender?
   - ☐ Male
   - ☐ Female
   - ☐ Non-Gender (Binary)
2. How old are you?
   - ☐ 15-25
   - ☐ 25-35
   - ☐ 35-45
   - ☐ 45-55
3. What is your level of study?
   - ☐ No formal Education
   - ☐ Primary School Level
   - ☐ Secondary School Level
   - ☐ Tertiary/ Vocational Level
   - ☐ University Level
   - ☐ Post Graduate Level
4. What is your Average monthly Income?
   - ☐ No-Income
   - ☐ 1-15,000ksh
   - ☐ 15,000-30,000ksh
   - ☐ 30,000-60,000ksh
   - ☐ 60,000above

5. Have you previously sought any form of mental health intervention?
   - ☐ No History of Therapy
   - ☐ Sought Therapy and got on Medication
   - ☐ Therapy without Medication
   - ☐ Got Medication no therapy
   - ☐ I have a family history of mental illness
   - ☐ Other:
6. What mode of communication did you apply?
   - ☐ Text only (messaging/WhatsApp/messenger)
   - ☐ Voice only (phone call/WhatsApp)
   - ☐ Video (WhatsApp/zoom/ google hangouts/google teams/skype)
   - ☐ Text plus voice only

SECTION B: Psychosocial factors

Indicate your level of agreement or disagreement with the following statements on the selected psychosocial aspects influence the use of internet-based psychological intervention at Wazi web platform.

Use a five Likert scale 4=strongly agree, 3=agree, 2=Disagree, 1=strongly disagree,

Variables	**1**	**2**	**3**	**4**
Client's Level of education (i) Education has made it easy for me to use internet and technology (ii) Education has enabled me to navigate online therapy platforms much quicker and easier (iii) Education has eased the use of devices used in online therapy sessions hence increasing the effectiveness of online therapy (iv) Education helps in saving time required to understand therapeutic concepts during online therapy				
Client's socio-economic level (i) Social status has promoted access to resources needed to support online therapy (ii) Higher socioeconomic background has enabled me access				

	and afford therapy (iii) Financial support has promoted access to stable internet connection for online therapy session (iv) Higher socioeconomic background has promoted consistency in use of online therapy resulting in effectiveness				
Client's previous mode of psychological intervention (i) Clients accustomed to in-person therapy had to adjust to the online format (ii) There was need to build trust in online therapy as an effective alternative considering the Covid restrictions. (iii) The adaptation from physical session to online was a bit challenging (iv) Clients who were used to face to face therapy found it hard to transition to online therapy					
Client's psychological symptoms and diagnosis (i) Clients with milder symptoms found online therapy intervention convenient in the face of Covid-19 (ii) Client' unique symptoms, need and diagnosis are addressed by tailor-made online interventions (iii) Online format interventions were also adopted to assist different diagnosis. (iv) An undiagnosed client is more likely to book an online session					

SECTION C: Internet Based Psychological Interventions

Have you ever interacted with and internet based psychological intervention forum at Wazi online platform?

□ Yes

□ No

Which of the following Internet-based psychological interventions were used at Wazi web platform?

□ Text therapy

□ Audio therapy

☐ Audio-visual therapy

What was the frequency of use of the intervention?

☐ Intensive

☐ Weekly

☐ Periodic

☐ Consultative

Do you find it hard to use internet during therapy?

☐ Yes

☐ No

If Yes why?

……

……

…….

List major challenges you experienced when receiving internet based psychological therapy

……

……

……

……

……

SECTION D: GAD 7 assessment tool for Anxiety

Directions: The subsequent questions concern information, behaviour and conducts related to anxiety. Kindly, tick appropriately in boxes provided below.

[1] Not at all [2] Several days [3] More than half the days [4] Nearly everyday

No.	**Statements**	**Response Choices (Tick appropriately)**			
		1	2	3	4
i.	Feeling nervous, anxious, or on edge				
ii.	Not being able to stop or control worrying				
iii.	Worrying to much about different things				
iv.	Trouble relaxing				
v.	Being so restless that it's hard to sit still				
vi.	Being easily annoyed or irritable?				

vii.	Feeling afraid as if something awful might happen				

SECTION E: PHQ 9 assessment tool for Depression

Directions: The table below contains questions, information and symptoms related to depressive disorders. Kindly, tick appropriately in the boxes provided below.

[1] Not at all [2] Several days [3] More than half the days [4] Nearly everyday

No.	**Statements**	**Response Choices (Tick appropriately)**			
		1	2	3	4
i.	Little Interest or Pleasure in doing things				
ii.	Feeling down, Depressed or hopeless				
iii.	Trouble falling asleep, staying asleep, or sleeping too much				
iv.	Feeling tired or having little energy				
v.	Poor appetite or overeating				
vi.	Feeling bad about yourself- or that you're a failure or have let yourself or your family down				
vii.	Trouble concentrating on things, such as reading the newspaper or watching television				
viii.	Moving or speaking so slowly that other people could have noticed. Or, the opposite- being so fidgety or restless that you have been moving around a lot more than usual				
ix.	Thoughts that you would be better off dead or of hurting yourself in some way				

SECTION F: Post-Traumatic Stress Disorders (PTSD) assessment tool

Directions: The subsequent questions concern information related to the symptoms of Post-traumatic stress disorders. Kindly, tick appropriately in boxes provided below

No.	**Statements**	**Response Choices (Tick appropriately)**

		No	Yes
i.	Had nightmares about the event(s) or thought about the event(s) when you did not want to?		
ii.	Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?		
iii.	Been constantly on guard, watchful, or easily startled?		
iv.	Felt numb or detached from people, activities, or your surroundings?		
v.	Felt guilty or unable to stop blaming yourself or others for the events(s) or any problems the event(s) may have caused?		

APPENDIX III: Questionnaire for Therapists

Kindly answer the following questions by ticking the correct answer or by providing the information to the best of your knowledge as requested. The information you provide here will be treated as confidential and will not be used for any other purpose other than this study. DO NOT INDICATE YOUR NAME.

SECTION A: Demographic Characteristics of the Respondents

i. Gender of the participant (please put a tick)
   a. Male ( )
   b. Female ( )

ii. Age of participant
   a. Below 30 years ( )
   b. 31 – 40 years ( )
   c. 41- 50 years ( )
   d. Above 50 years ( )

iii. Level of education
   a. Diploma ( ) Graduate ( ) Post-graduate ( )

iv. Years of experience working at Wazi web platform
   a. Less than 5 years ( )
   b. 5-10 years ( )
   c. 10-15 years ( )
   d. Over 15 years ( )

SECTION B: Psychosocial aspects and use of internet based psychological interventions at Wazi web platform

v. The level of education of clients is crucial for the success of online therapy. Kindly, let us know how the level of education of clients influences the use of online therapy in your organization?

……

……

……

……..

vi. How do clients' socio-economic levels contribute to online therapy and effective treatment by therapists in your organization?

……

……

……

……..

vii. Briefly, take us through how the client's previous mode of psychological intervention influenced the use of internet based therapy and treatment at Wazi web platform during the pandemic

……

……

……

viii. How do psychological symptoms and diagnosis on clients affect the use of internet based psychological intervention by therapist at Wazi web platform in the face of Covid-19 pandemic?

……..……

……

……

APPENDIX IV: RESEARCH PERMIT

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Ref No: 721450

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