

Enhancing Students Wellness and Mental Health in ODeL Environments: A Framework for Student Success in Zimbabwe

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Abstract

As ODeL expands in Zimbabwe, ensuring the mental health and wellness of students is a strategic necessity. This study explored the status of Final-year Bachelor of Educational Management students' wellness and mental health support services at ZOU, aiming to develop a contextualized framework for promoting student success in ODeL settings. A qualitative research approach using a multiple case study design was employed. Data was collected through semi-structured interviews and focus group discussions involving students, lecturers, and Student Affairs staff across three ZOU regional campuses. Participants were selected using homogenous purposive sampling to ensure inclusion of individuals with direct experience in supporting student wellness. The sample comprised ten lecturers, four Student Affairs staff, and sixteen students. Data was analysed thematically to identify patterns, gaps, and opportunities in existing support systems. Findings revealed that, although ZOU provides counselling, peer support, and financial assistance initiatives, significant systemic and policy gaps persist, and institutional coordination is limited. Students continued to face stressors related to financial pressures, role conflicts, and limited digital access, contributing to burnout, demotivation, and attrition. The study concluded that the absence of a dedicated mental health and wellness policy results in fragmented service provision, relying on individual initiative rather than structured institutional frameworks. The study proposed a holistic, context-specific framework that integrated virtual counselling platforms, peer wellness ambassadors, mental health awareness campaigns, and partnerships with registered external service providers. In addition, it recommended institutional policy reforms to prioritize learner wellness as a core component of quality assurance in ODeL programmes.

Introduction

The expansion of Open and Distance e-Learning (ODeL) has significantly transformed the higher education landscape in Zimbabwe. Institutions such as the Zimbabwe Open University (ZOU) are at the forefront of offering flexible, accessible and cost-effective learning opportunities to thousands of students across diverse geographic and socioeconomic contexts. However, while ODeL systems increase educational access, they also present unique challenges that are often underestimated or overlooked (Dhawan, 2020). Among the challenges are mental

health issues, which have become increasingly prevalent and impactful (Amawulu & Prosper, 2018; Frazier & Doyle Fosco, 2024; Maharaj, 2018). These challenges may often manifest through anxiety, depression, emotional exhaustion and a diminished sense of academic self-efficacy.

Mental health is a fundamental aspect of overall well-being, encompassing emotional, psychological, and social dimensions of human functioning (WHO, 2017). It is essential for sustainable development, educational success, and the realisation of human rights. The UN's Sustainable Development Goals (SDG 3) emphasise the need for accessible mental health care (UN, 2021). Mental health is increasingly recognised in higher education as a cornerstone of academic success, institutional efficiency, and students' ability to learn, remain motivated, and persist through challenges (Henricho, 2022; Hyseni Duraku et al., 2024; Thaivalappil et al., 2023). According to the World Health Organization, mental health is not merely the absence of mental illness but a state of well-being in which individuals realise their abilities, cope with normal life stresses, work productively, and contribute to their communities (WHO, 2019). Addressing mental health is therefore a strategic development imperative, particularly in low-resource settings like Zimbabwe, where higher education institutions, including ODeL environments, must prioritise mental health promotion, prevention, and care as part of holistic student support strategies.

In ODeL settings, students' well-being is often compromised by limited support, social isolation, academic pressures, and financial or family responsibilities, increasing the risk of mental health challenges. The lack of structured psychosocial support, combined with digital fatigue and self-regulation demands, can lead to emotional stress, reduced academic performance, and, in some cases, withdrawal from studies (Baik et al., 2019; Baticulon et al., 2021; Frazier & Doyle Fosco, 2024; Henricho, 2022). Zimbabwe's ODeL system, despite technological advancements, lacks a tailored mental health support framework, with limited counselling, peer support, and stress management services, which negatively impacts students' resilience, retention, and academic performance (Chinyamurindi, 2018). This gap not only affects learners' emotional resilience but also contributes to student attrition and poor academic outcomes.

At the Zimbabwe Open University (ZOU), although several institutional policies guide academic operations, quality assurance, and student conduct, there is currently no standalone mental health and wellness policy that directly addresses the psychological and emotional needs of learners. Existing policies such as the Disability Policy (2023), HIV and AIDS Policy, and Sexual Harassment Policy provide important frameworks for student welfare, yet they do not explicitly cater to mental health and wellness concerns. The Student Affairs Department plays a crucial role in offering guidance, counselling, and other student support initiatives aimed at promoting student well-being, while the Department of Counselling also provides guidance and counselling services, although its primary mandate is teaching. Despite these efforts, the absence of a dedicated institutional mental health and wellness policy limits the university's capacity to provide consistent, structured, and proactive support across all regional campuses. Furthermore, these existing services are often limited in scope and unevenly implemented. As a result, the lack of a coordinated mental health strategy leads to a fragmented approach to wellness, insufficient institutional accountability, and unclear lines of responsibility in addressing students' mental health needs.

The current study emerges from the urgent need to respond to these gaps by exploring the wellness experiences of Bachelor of Education (Honours) in Educational Management students

at ZOU. It seeks to develop a holistic, evidence-based framework that is applicable in ODeL settings.

Statement of the problem

Despite growing recognition of the importance of mental health in education, Zimbabwe Open University lacks a dedicated mental health and wellness policy to address the psychological needs of students in ODeL settings. Empirical evidence from Zimbabwe and the broader African ODeL landscape indicates that distance learners experience compounded stressors (Musingafi & Chadenekwa, 2015; Maharaj, 2018). At ZOU, student support has historically emphasised academic and administrative assistance, with limited systematic attention to mental health and wellbeing, creating a policy and practice gap that undermines student retention and success. There is, therefore, an urgent need to develop a contextualised framework that enhances student wellness and mental health support in Zimbabwe's ODeL environments.

Main research question

How can students' wellness and mental health be effectively enhanced in Open and Distance e-Learning (ODeL) environments to promote student success in Zimbabwe?

Sub-research questions

The study sought to answer the following research questions:

1. What are the major mental health and wellness challenges faced by ODeL students in Zimbabwe?
2. What strategies and support systems are currently in place to promote students' wellness and mental health in Zimbabwean ODeL institutions?
3. What framework can be developed to enhance mental health and wellness for students in ODeL settings in Zimbabwe?

Review of related literature

The Systems Theory provides a valuable lens for understanding and enhancing student wellness and mental health in Open and Distance e-Learning (ODeL) environments. Systems Theory, first developed by biologist Ludwig von Bertalanffy in the 1940s, posits that a system is a set of interrelated and interdependent components that work together to achieve a common goal (von Bertalanffy, 1968). The theory emphasises that changes in one part of the system inevitably affect other parts, highlighting the importance of examining the whole rather than isolated elements. This theory views an educational institution as an interconnected system composed of various subsystems - students, educators, support services, technology platforms, policies, and the broader socio-economic context. Each element influences and is influenced by others, meaning that student wellness cannot be addressed in isolation. In the context of education, especially Open and Distance e-Learning (ODeL) in Zimbabwe, Systems Theory helps to conceptualise the student learning experience as part of a larger network that includes technological platforms, mental health support, academic support structures, family dynamics, economic conditions, and institutional policies. The theory emphasises the need for a holistic and coordinated approach where all aspects work synergistically to promote student success. This study adopts Systems Theory to argue that enhancing students' wellness and mental health in ODeL environments requires systemic interventions, where students, lecturers, counsellors, administrators and structures, work harmoniously. technological infrastructure, counselling services, responsive curricula, and institutional governance operate collaboratively. Only through such integrated, systemic efforts can student success and mental well-being be effectively supported in Zimbabwe's ODeL landscape.

Open and Distance e-Learning (ODEL) students face distinct mental health challenges linked to the self-directed and often isolating nature of their learning environment. As Baik et al. (2017) note, student wellbeing depends on the balance between psychological stressors, such as academic workload, financial pressures, and social isolation and psychological resources, including belonging, autonomy, competence, and positive relationships. When stressors outweigh these resources, mental health challenges like anxiety and depression increase, negatively affecting academic engagement and performance. In ODeL contexts, limited face-to-face interaction and reliance on digital platforms can further weaken students' sense of belonging and connectedness, undermining motivation and overall wellbeing (Sánchez-Elvira Paniagua, & Simpson, 2018). Schofield et al. (2016) report that psychological distress in tertiary students is a significant predictor of poor academic performance and increased dropout risk

In Zimbabwe, these challenges are exacerbated by infrastructural inequalities, including unreliable internet connectivity, lack of learning devices, and limited digital literacy among students (Chinyamurindi, 2018; Dhawan, 2020). These factors not only affect students' engagement and academic success but also have significant implications for mental health. Mukubvu et al. (2025) note that infrastructural and resource limitations can negatively impact student mental health, further hindering their ability to fully participate in educational setting.

In Zimbabwe, mental health is largely neglected and often misunderstood due to cultural stigma and limited support systems (WHO, 2023). Many communities attribute mental illness to witchcraft or curses, labelling affected individuals as “mad” or “bewitched,” which leads to social exclusion and discrimination (Khumalo-Punungwe et al., 2025; Maua & Egunjobi, 2023; Sibanda et al., 2022; Chibanda et al., 2011). Mental health challenges are also seen as weakness or moral failure, discouraging students from seeking help (Maharaj, 2018). For ODeL students, who already face limited institutional contact, these cultural beliefs can intensify isolation and distress, negatively impacting academic performance and overall well-being. Without timely support, many struggle silently, hindering their educational progress.

Despite the growing recognition of student mental health as a key determinant of academic success, evidence indicates that these institutions generally lack digital counselling platforms, trained mental health professionals, and wellness programmes tailored to the needs of remote learners (Chinyamurindi, 2018). Consequently, available support tends to be reactive, initiated primarily when students self-report crises, rather than preventive or developmental in nature. This reactive orientation not only restricts opportunities for early intervention but also places the onus on students to recognise and disclose psychological distress—a problematic expectation in contexts characterised by stigma, limited mental health literacy, and cultural misconceptions about mental illness (Chinyamurindi, 2018). Compounding these challenges, wellness initiatives are frequently externally funded and temporary, lacking alignment with institutional policies or sustainable long-term investment. Together, these gaps suggest that ODeL learners in Zimbabwe are often left without coherent, accessible, and proactive mental health support, which may exacerbate stress, anxiety, and disengagement in already isolating learning environments.

Current support structures for mental health in ODeL institutions, both globally and in Zimbabwe, are often underdeveloped, inconsistent, and reactive rather than proactive. Internationally, several best practices have been identified. For example, Baik, et al., (2019) advocate for a student-centered approach that includes peer support networks, academic flexibility, and inclusive teaching practices. Cefai et al., (2023) propose the incorporation of social and emotional learning (SEL) and mental health literacy into higher education curricula

to foster resilience and reduce stigma. Similarly, WHO, et al., (2022) recommends five pillars for mental health in learning environments: safe and inclusive learning spaces, mental health promotion, early identification and referral, family and community involvement, and cross-sector collaboration. Baik, et al., (2019) advocate for a student-centered approach that includes peer support networks, academic flexibility, and inclusive teaching practices that enhance belonging, autonomy, and competence as essential for student wellbeing. While these offer valuable insights, their applicability to ODeL contexts in Zimbabwe is not clearly stated.

Although Zimbabwe has made notable strides in addressing mental health through national frameworks such as the National Health Strategy (2021–2025) and initiatives supported by WHO (2025) and UNICEF (2023), these efforts remain largely generalised and not tailored to the unique needs of students in Open and Distance e-Learning (ODeL) environments. Existing strategies emphasise community-based care, integration of mental health into primary health services, and school-based interventions for children and adolescents (Mlambo, et al., 2014). Community-based mental health models, while valuable, do not adequately address the psychosocial challenges associated with digital learning, academic isolation, and adult learner role conflict. However, there seems to be a lack of specific provisions for tertiary learners who study remotely. Institutions like the Zimbabwe National Association for Mental Health (ZNAMH) have provided valuable psychosocial support broadly, yet there is little evidence of structured partnerships with ODeL universities such as Zimbabwe Open University.

Literature reviewed several frameworks for mental health. Boman et al. (2025) further stress that wellness frameworks should be embedded within the academic structure and supported by institutional policies and leadership. Frazier and Doyle Fosco (2024) introduce the PRICES model, which emphasises six pillars for mental wellness in education: Prevention, Resilience, Inclusion, Community, Equity, and Support. Goss et al. (2010) highlights the need for a transformative approach that integrates physical, emotional, social, and spiritual dimensions of health. Baik et al. (2017) propose the M-BRAC (autonomous **M**otivation, a sense of **B**elonging, positive **R**elationships, opportunities for **A**utonomy, and feelings of **C**ompetence) whole-of-institution framework. It integrates student well-being into curricula and learning environments to foster motivation, belonging, autonomy, and competence. In ODeL contexts, it supports reducing isolation, enhancing peer interaction, and providing meaningful feedback, but its implementation is challenged by limited physical interaction and difficulties in cultivating relationships and a sense of belonging. While these frameworks provide useful conceptual foundations, their effectiveness depends on adaptation to local socio-economic, cultural, and institutional realities.

Although Zimbabwe has made progress in mental health reform, existing frameworks remain largely health-sector oriented and insufficiently responsive to the needs of tertiary education, particularly Open and Distance e-Learning (ODeL) environments. The National Health Strategy (2021–2025) prioritises decentralisation and community-based care but does not provide targeted guidance for mental wellness in higher education, while UNICEF's (2023) school-based psychosocial interventions focus mainly on children and adolescents, excluding ODeL students. Although organisations such as the Zimbabwe National Association for Mental Health (ZNAMH) contribute to community psychosocial support (Mlambo et al., 2014), structured linkages with ODeL institutions are minimal. WHO (2021) further highlights the need for expanded partnerships, capacity building, and policy coordination, alongside systems-level integration of mental health into broader development goals. Collectively, these frameworks reveal a critical gap in localised, scalable, and institution-specific mental health

strategies for ODeL students, indicating the need for a deliberately designed, institutionally anchored framework applicable within Zimbabwe's ODeL settings.

Although existing literature highlights the growing mental health challenges faced by tertiary students globally and regionally (Amawulu & Prosper, 2018; Baik et al., 2019; Baticulon et al., 2021), there is limited empirical research specifically addressing the mental health and wellness of students in Zimbabwean ODeL institutions. Furthermore, while several international models and frameworks for promoting mental health in higher education exist (e.g., PRICES model by Frazier & Doyle Fosco, 2024), there is no documented framework tailored to the realities of Zimbabwean ODeL environments, which considers local infrastructure, policy gaps, cultural perceptions of mental health, and economic constraints. This study therefore addresses a critical knowledge gap by investigating the status of wellness support in Zimbabwean ODeL, exploring student and staff experiences, and proposing a contextualised mental health and wellness framework specifically suited to Zimbabwe's higher education and digital learning landscape.

Methodology

This study employed a qualitative research approach using a multiple case study design to explore the wellness and mental health experiences of final-year educational management students at Zimbabwe Open University (ZOU). The qualitative design was chosen to allow for an in-depth understanding of students' lived experiences and the institutional mechanisms affecting their mental health in an ODeL context. As noted by Creswell and Poth (2018), a qualitative approach is appropriate as it allows for an in-depth understanding of participants' lived experiences, perceptions, and the contextual realities that influence student mental health in ODeL environments. The multiple approach was evidence with three regional centres and two Focus Group discussions and thirteen interviewed cases which were reached through data saturation. Data were collected from three purposively selected ZOU regional campuses to ensure diversity in terms of geography and learner profiles. Participants were selected using homogenous purposive sampling, targeting those with direct experience in supporting student mental health and wellness. Semi-structured interviews were conducted with ten (10) lecturers and four (4) Student Affairs staff who had direct involvement in student support and wellness services. In addition, two (2) focus group discussions (FGDs) were held with 16 final-year students studying Bachelor of Education Honours in Educational Management to gather a broader range of perspectives on the challenges they faced and the support systems available to them.

Rigour was ensured through triangulation, reflexive thematic analysis, ethical safeguards, and rich contextual description, thereby establishing the credibility, dependability, confirmability, and transferability of the study's findings within ODeL contexts. Participants were fully informed of the study's purpose, their rights, and the voluntary nature of their involvement. To ensure anonymity and confidentiality, participants were coded as; lecturers (L1–L10), Student Affairs staff (Staff 1–Staff 4), and students from two focus group discussions (FGD1–FGD2). All interviews and discussions were recorded with permission, transcribed, and analysed thematically. These measures collectively ensured that the findings are credible, dependable, confirmable, and applicable to similar ODeL contexts. The data were analysed using thematic analysis as informed by Braun and Clarke (2021), who emphasise a flexible, reflexive approach to identifying, analysing, and reporting patterns or themes within qualitative data. Key themes were drawn to understand the existing wellness support structures, identify gaps, and inform the development of a contextualised framework for promoting mental health and student success within Zimbabwe's ODeL system.

Findings and Discussions

This section thematically presents and discusses findings from interviews and focus group discussions, integrating participants' experiences with Systems Theory and relevant literature to examine mental health challenges, existing supports, and framework components for enhancing student wellness in Zimbabwe's ODeL context.

Theme 1: Mental health and wellness challenges faced by ODeL students in Zimbabwe

Data from interviews and focus groups revealed that ODeL students at Zimbabwe Open University face significant mental health challenges stemming from financial strain, competing roles, and limited technological access. Lecturers repeatedly cited financial pressure as a major stressor. As L2 noted, *"Most of our students struggle to raise fees, and this causes a lot of anxiety because they can't register or submit assignments on time."* Similarly, Staff 3 explained, *"You can tell that when a student fails to pay, their participation drops. Some even disappear for a whole semester."* The findings revealed that ODeL students experience complex and interrelated mental health challenges primarily driven by financial constraints. Both lecturers and Student Affairs staff emphasising that delayed or incomplete fee payments cause significant anxiety, leading to disengagement and absenteeism. This pattern suggests that financial stress is not merely an economic issue but also a psychological one that compromises learners' self-esteem and sense of belonging within the institution. The current study's findings resonate with Amawulu and Prosper (2018) that students in higher education often experience anxiety, depression, and burnout when faced with economic hardship and heavy academic demands.

Role conflict was another key source of mental distress. Students often juggle family, work, and study responsibilities, which undermines their academic focus and emotional balance. L6 commented, *"Our students are mothers, fathers, and employees at the same time. They try to balance everything, but something always suffers—most times it's their schoolwork."* A participant from FGD1 echoed this sentiment, saying, *"After work, I'm too tired to study. Sometimes I just rush assignments so I can submit something."*

The excerpts show that role conflict is a challenge as most ODeL students are adult learners managing multiple roles as workers, parents, and spouses. The inability to maintain a healthy balance between work, family, and study obligations places students at high risk of emotional exhaustion and burnout. This highlights a lack of structured institutional support mechanisms, such as stress management programmes, that could help students cope with such pressures.

Technology-related stress also emerged as a recurring issue. Students in rural or remote areas reported poor internet connectivity, which exacerbated frustration and isolation. L9 emphasised, *"This strictly ODeL issue needs revision; many students live in areas without reliable network access."* Another student from FGD2 added, *"Sometimes I fail to attend virtual tutorials because there is no network. It makes me feel left out."*

The challenge of technological barriers and isolation is particularly among students in underserved and remote areas. This technological disadvantage not only disrupts academic engagement but also erodes social connectedness, an essential protective factor for mental health. The sense of being "left out," as one student described, reflects a deeper emotional and cognitive disconnection from the learning community. This aligns with Chinyamurindi (2018) found that socio-economic inequalities and limited digital literacy among Zimbabwean students exacerbate mental strain, particularly for those in distance education. Dhawan (2020) and Baticulon et al. (2021) further observed that poor internet connectivity, digital fatigue, and the

absence of physical interaction contribute significantly to frustration and emotional exhaustion in online learning contexts.

From a Systems Theory perspective (von Bertalanffy, 1968), these challenges illustrate how economic, technological, and institutional subsystems within the educational environment interact to shape learners' mental well-being. Without coordinated interventions that address financial, technological, and psychosocial dimensions simultaneously, student wellness will continue to be undermined. Recognising the interconnectedness of these challenges highlights the need for holistic and coordinated strategies that address all relevant subsystems affecting student mental health.

Theme 2: Strategies and support systems currently in place to promote students' wellness and mental health in ODeL institutions

The findings revealed that while ZOU has several informal strategies aimed at supporting student wellness, these remain inconsistent across campuses and lack institutional coordination. The Student Affairs Department provides counselling and peer support initiatives, though access and utilisation vary. Staff 2 noted, *"We encourage students to study in groups because isolation increases stress in ODeL. Group study helps them feel supported."* Similarly, L4 added, *"We tell them to participate in sports and clubs, but many don't because of time constraints."*

The primary support structures identified were the Student Affairs Department and the Department of Counselling, both of which offer counselling, mentorship, and student engagement programmes. However, as revealed in the data, participation in these activities varies widely across regional centres. While extracurricular activities exist, students' competing responsibilities and time limitations often hinder full engagement.

The payment plan promotion emerged as one of the most appreciated support mechanisms. According to Staff 1, *"The payment plan has really helped because once a student registers, they can pay gradually. This reduces stress over fees."* A student from FGD1 confirmed this, saying, *"I was happy when I could register without paying all the fees. It gave me peace of mind."*

The responses showed that the payment plan promotion allows students to register and pay tuition fees in instalments. This initiative was widely appreciated for its positive psychological impact. These findings demonstrate that financial flexibility directly contributes to student emotional stability and academic retention, showing that even non-psychological policies can serve wellness functions when they reduce sources of stress and anxiety.

In addition to these mechanisms, the Student Affairs staff noted ZOU has implemented policies, including the Disability Policy (2023), HIV and AIDS Policy, and Sexual Harassment Policy, which, although they do not explicitly address mental health, promote inclusion, safety, and equality, creating a supportive environment that indirectly enhances student well-being.

However, the absence of a dedicated mental health and wellness policy has resulted in limited coordination among departments and inconsistent application of welfare-related initiatives. As L8 remarked, *"We don't have a mental health policy that gives direction. Everything is done out of goodwill."* Similarly, Staff 4 observed, *"Some regions are active in offering counselling, while others don't have enough trained counsellors."* This inconsistency highlights structural fragmentation and the lack of a formalised institutional framework to guide wellness programmes systematically across all regional campuses. This gap results in inconsistent service provision, reliance on individual initiative, regional disparities in support, and limited

accountability. This reflects Mlambo et al. (2014)'s observation that mental health services in Zimbabwe are poorly coordinated, underfunded, and dependent on ad hoc interventions rather than structured policies.

The need to follow up on students who drop out was highlighted as a key strategy to enhance mental health and wellness in ODeL settings. Participants acknowledged that the large number of students makes it difficult for lecturers to track every learner individually. L4 observed, *"We often see a class with many students one year, and fewer the next, but we don't always know why some have dropped out."* The challenge is intensified because some students are never met physically, making personal connection and follow-up difficult. Participants suggested that the Student Affairs Department, working closely with the Academic Registry, could take the lead in monitoring students who disengage. Staff 2 recommended, *"Systematic follow-ups through calls, surveys, or virtual check-ins can help identify the reasons for dropout and provide support where needed."* This would help to re-engage students and also generate data to inform strategies that prevent attrition and promote sustained learner wellness.

Another critical strategy emerging from the findings was the need for mental health awareness campaigns to address the lack of knowledge and cultural factors that often undermine students' mental well-being. Participants noted that many students and even some staff had limited understanding of mental health issues, and in some cases, cultural beliefs discouraged seeking help. L7 explained, *"Some students think talking about stress or depression is a sign of weakness or bringing shame to the family, so they suffer in silence."* Similarly, a participant from FGD3 stated, *"Many of us don't know where to go for support, or we fear being judged by others."* These excerpts suggest that misconceptions, stigma, and cultural attitudes significantly hinder the utilisation of existing wellness services. Participants recommended the implementation of structured awareness campaigns that educate students and staff about mental health, available support services, and coping strategies. Such campaigns could include workshops, seminars, online webinars, social media engagements, and culturally sensitive materials to normalise conversations around mental health.

From a systems perspective, ZOU's existing support mechanisms such as counselling, peer mentorship, extracurricular activities, flexible payment plans, follow up on students who drop out, and mental health awareness campaigns, function as individual subsystems, but inconsistent application and lack of coordination across campuses limit their effectiveness. Systems Theory emphasises that these subsystems must operate interactively (von Bertalanffy, 1968), with clear policies and defined responsibilities, to provide consistent, comprehensive support for all students. However, the absence of a dedicated mental health policy creates systemic gaps, resulting in disparities and reliance on individual initiative.

Theme 3: Frameworks that can be developed to enhance mental health and wellness for students in ODeL settings in Zimbabwe

Participants consistently emphasised the need for a structured mental health and wellness framework specifically tailored to ODeL contexts. A hybrid learning approach that combines online and face-to-face interaction was the most frequently recommended strategy. L3 stated, *"We should continue to combine ODeL and face-to-face so that students in remote areas don't feel isolated."* Similarly, Staff 2 suggested, *"Some students need physical interaction with lecturers or peers, it helps them feel connected and supported."*

Participants emphasised that such frameworks should be context-specific, addressing the unique challenges of ODeL students, particularly the sense of isolation that can arise from primarily online learning. This shows that physical interaction can foster social connectedness,

reduce feelings of isolation, and provide emotional support, which are critical determinants of mental wellness in distance learning environments. Students corroborated this perspective and echoed the need for connection. A participant from FGD2 shared, *“When we meet physically, we share our struggles and motivate each other. Online, it feels like you’re alone.”* In addition, participants proposed that ZOU collaborate with global ODeL institutions to share best practices in student wellness management. L10 recommended, *“We can learn from universities abroad that run ODeL successfully. Exchange programmes or virtual seminars could help our students a lot.”*

The responses indicated that physical meetings help students share personal and academic challenges, boosting peer motivation and emotional resilience. Participants noted that fully virtual environments reduce the psychosocial aspects of learning, highlighting the need for deliberate strategies to foster interpersonal connections. This aligns with literature emphasizing that engagement and a sense of belonging are crucial for supporting mental health in distance education (UNICEF, 2023).

There was also strong support for developing a comprehensive institutional mental health and wellness policy. Staff 3 explained, *“A clear policy would define who is responsible for what and ensure that support is available at all regions.”* L1 concluded, *“We need a framework that makes wellness part of our academic culture—not something we do only when students are already in crisis.”*

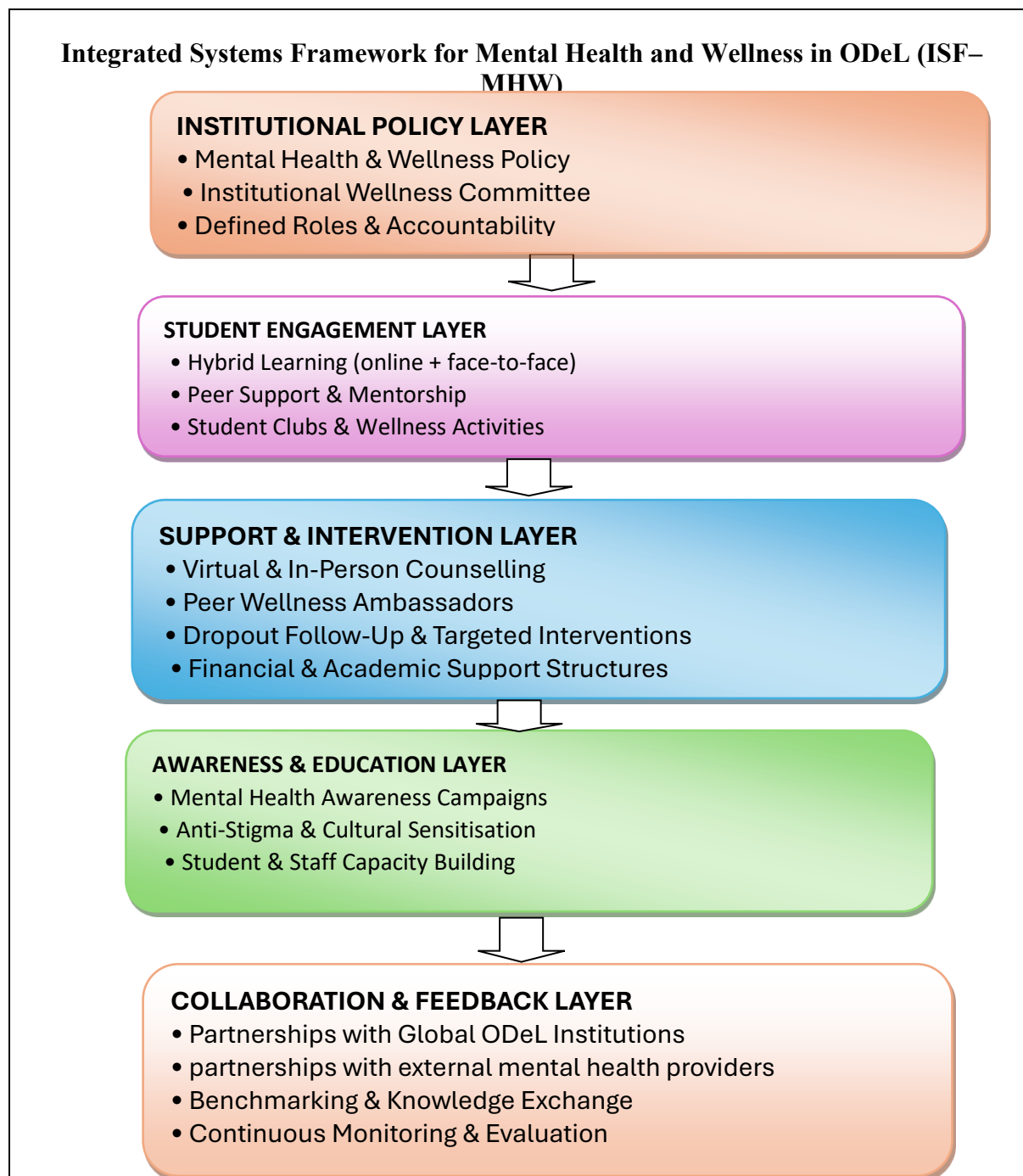
The responses showed that engaging with international ODeL institutions is key to learning from established best practices. Global collaboration, exchange programmes, and virtual seminars can provide valuable strategies for managing student wellness. This underlines the need for benchmarking and knowledge transfer to enhance institutional capacity in mental health support, aligning with international calls for cross-institutional learning in higher education (WHO, 2025). Moreover, participants consistently advocated for the development of a formal institutional mental health and wellness policy. This supports a preventive, holistic, and systemic approach to mental health, as advocated by WHO (2025), emphasising that institutional frameworks should be proactive, inclusive, and sustainable.

From a systems perspective, ZOU can move from ad hoc, fragmented interventions to a proactive, coordinated approach where all subsystems function interactively. Such integration ensures that mental health support is not isolated or reactive but embedded across institutional structures, promoting resilience, continuity of engagement, and overall student well-being in ODeL settings.

The study proposed this framework

The study proposed an “Integrated Systems Framework for Mental Health and Wellness in ODeL (ISF-MHW)” The Integrated Systems Framework for Mental Health and Wellness in ODeL (ISF-MHW) provides a structured, system-based approach to enhance the mental health and well-being of students in Open and Distance e-Learning environments. It consists of five interrelated layers that work together to create an inclusive, supportive and responsive institutional culture. The framework aims to provide a structured, system-based approach that enhances the mental health and well-being of ODeL students through coordinated policy, engagement, support and collaboration mechanisms. Below is a diagram of the framework.

Figure 1:

Proposed framework

(Source: Researchers' Design)

The ISF-MHW functions as a dynamic, interconnected system where:

- Policies provide structure and direction,
- Engagement builds community and connectedness,
- Support systems ensure accessibility and timely intervention,
- Awareness campaigns address stigma and cultural barriers, and

- Collaboration promotes sustainability and continuous improvement.

Together, these layers foster a coordinated, inclusive and preventive approach to mental health and wellness in ODeL environments.

The proposed Integrated Systems Framework for Mental Health and Wellness in ODeL (ISF-MHW) differs from existing models by adopting a whole-of-institution, systems-oriented approach tailored to Zimbabwe's ODeL context. Unlike frameworks such as Baik et al.'s (2017) M-BRAC and the PRICES model (Frazier & Doyle Fosco, 2024), which focus on individual-level factors like motivation, competence, and belonging, the ISF-MHW integrates five interrelated layers—policy, engagement, support systems, awareness campaigns, and collaboration—to provide a coordinated, context-sensitive, and sustainable strategy. It addresses systemic barriers, including institutional fragmentation, digital isolation, cultural stigma, and regional disparities, operationalising a preventive and inclusive model. This makes the ISF-MHW a practical framework that guides institutions in embedding mental health and wellness as a core component of ODeL delivery.

Conclusions

In conclusion, the study establishes that final-year Bachelor of Education Honours in Educational Management students at Zimbabwe Open University experience significant mental health challenges that are deeply embedded in the realities of the Open and Distance e-Learning (ODeL) context. Financial pressures, competing academic, occupational, and family roles, and limited access to reliable technology collectively intensify stress, resulting in anxiety, depression, emotional exhaustion, and disengagement. These challenges adversely affect both academic performance and students' overall wellbeing. Although Zimbabwe Open University has introduced several support mechanisms, including counselling services, welfare provisions, and flexible fee payment arrangements, the findings reveal that these initiatives are unevenly implemented across regions and lack institutional coherence. The absence of a dedicated mental health and wellness policy has led to fragmented and largely reactive support, with service provision often dependent on individual or campus-level initiatives rather than a coordinated institutional framework. Consequently, the study concludes that there is an urgent need for a structured, context-specific mental health and wellness framework tailored to ODeL environments. Such a framework should incorporate hybrid learning approaches to mitigate social isolation, leverage global collaborations to adopt best practices, institutionalise comprehensive mental health policies, ensure systematic follow-up of student attrition, and promote mental health awareness to address stigma and cultural.

Recommendations

From the findings and conclusions, the study recommended that the University should:

- Formulate a formal institutional policy defining roles, responsibilities, and procedures to ensure consistent and proactive mental health support across all campuses in ODeL settings.
- Combine online learning with periodic face-to-face interactions to reduce isolation, enhance social connectedness, and promote peer engagement among ODeL students.
- Engage with international ODeL institutions to learn best practices in student wellness management through exchange programmes, virtual seminars, and collaborative initiatives.
- Partner with mental health organisations (ZNAMH, WHO, UNICEF).
- Enhance structured peer mentorship and counselling services that are accessible across all regional centres to support emotional resilience and academic engagement.

- Incorporate stress management workshops, recreational activities, and health education into the ODeL experience to foster a culture of proactive mental wellness.
- Establish a systematic follow-up system to track students who discontinue or drop out of ODeL programmes to identify the underlying causes of dropout and provide targeted interventions and reduce student attrition while supporting retention.

Future studies can use mixed-methods research to gain a comprehensive understanding of mental health and wellness challenges in ODeL settings, capturing both the prevalence of issues like dropout, stress, and isolation, and the experiences of students and staff. They should also include a broader population, covering multiple regional centres and students who have discontinued their studies, to better understand factors contributing to dropouts and disengagement.

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Conflict of Interest

There is no conflict of interests regarding the publication of the paper.

Authors' contributions

This section is compulsory. This journal requires that all authors take public responsibility for the content of the work submitted for review. The contributions of all authors must be described in the following manner:

Hlatywayo Sophie: Conception/design, development of data collection instrument, analysis, interpretation of data, revised manuscript (20%)

Dondofema Tazivei : Conception/design, data collection, analysis, interpretation of data, editing and first draft (20%)

Dondofema Tazivei: Data collection (10%)

Hlatywayo Sophie: Analysis and Interpretation of data (10%)

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