# Digital Infrastructure and Psychological Service Delivery in Zimbabwe: A Survey of Professional Psychologists

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## Abstract

*This study investigated the impact of digital infrastructure on psychological service delivery in Zimbabwe, examining digital tool usage, the relationship between internet access and client reach, and barriers to technology adoption among professional psychologists. A sampling frame with a total of 193 names and contact telephone numbers of different categories of psychologists on the ZPA register was drawn up. The required sample size of 129 was calculated using an online sample size calculator at a 95% confidence level. A random number generator was used to select the sample using a simple random sampling strategy within the frame. A quantitative cross-sectional survey was conducted with 130 members of the Zimbabwe Psychological Association (67.4% response rate). Results revealed that, while 73.8% of psychologists reported stable internet access, only 33.9% utilised electronic records or digital assessment tools. WhatsApp (92.3%), Zoom (85.4%), and Google Meet (62.3%) were the most commonly used platforms, with minimal adoption of specialised therapy software (3.8%). Pearson correlation analysis revealed no statistically significant relationship between internet access and number of clients served (r = .103, p = .242). The primary barriers to digital adoption included cost of data (60.8%), confidentiality and privacy concerns (59.2%), and unstable internet connectivity (53.1%). These findings suggest that, while basic infrastructure exists among Zimbabwean psychologists, significant challenges remain in the transition process to specialised digital mental health platforms. Recommendations include developing affordable, locally-designed software solutions and providing targeted training on digital tools for mental health practitioners.*

**Keywords:** digital, technology, telepsychology, Zimbabwe, e-mental health

## Introduction

The delivery of psychological and mental health services has experienced substantial transformation globally because of advances in digital technology and the increasing integration of telehealth systems into healthcare practice. Telehealth refers to the provision of healthcare services through information and communication technologies such as

videoconferencing, mobile applications, telephone consultations, electronic health systems, and internet-based communication platforms (World Health Organization [WHO], 2019). In mental healthcare, telepsychology has emerged as an important mechanism for increasing access to psychological services, particularly in contexts characterised by shortages of trained professionals, geographical barriers, and inadequate healthcare infrastructure (American Psychological Association [APA], 2013; Hilty et al., 2013).

The COVID-19 pandemic significantly accelerated the adoption of digital mental health interventions worldwide, compelling psychologists and mental health practitioners to rapidly transition from traditional face-to-face services to remote and technology-assisted service delivery models (Torous et al., 2020; Wind et al., 2020). Studies conducted in high-income countries indicate that telepsychology improved continuity of care during lockdown periods and expanded service accessibility for vulnerable populations (Berryhill et al., 2019; Connolly et al., 2020). McKee et al. (2021) found that psychologists who perceived telepsychology systems as useful and easy to use were more likely to integrate them into routine practice, supporting earlier technology acceptance theories proposed by Davis (1989) and Venkatesh et al. (2003).

Digital infrastructure encompasses the physical, virtual, and communication systems that support digital operations, including telecommunications networks, servers, databases, software applications, cloud systems, and cybersecurity frameworks (Chen et al., 2023). This infrastructure forms the foundation upon which telehealth and digital mental health services are delivered. The rapid growth of artificial intelligence (AI), cloud computing, mobile health applications, and the Internet of Things (IoT) technologies continues to reshape healthcare delivery globally (United Nations Conference on Trade and Development [UNCTAD], 2021; World Bank, 2021). However, the successful implementation of digital mental health systems depends heavily on internet reliability, affordability of technological resources, digital literacy, ethical compliance, and professional competence in telepsychology practice (Barnett & Kolmes, 2016; Luxton et al., 2016).

Theoretical perspectives such as the technology acceptance model (TAM) and the unified theory of acceptance and use of technology (UTAUT) provide useful frameworks for understanding the adoption of digital systems among healthcare professionals. According to Davis (1989), perceived usefulness and perceived ease of use significantly influence users'

acceptance of technological systems. Similarly, Venkatesh et al. (2003) argued that social influence, facilitating conditions, and performance expectancy affect the likelihood of technology adoption. These theoretical models are particularly relevant in understanding psychologists' adoption of telehealth technologies in low-resource settings where infrastructural and economic barriers may affect utilisation.

Globally, digital mental health interventions are increasingly recognised as viable approaches to addressing mental health treatment gaps, particularly in low- and middle-income countries (LMICs) where shortages of mental health professionals remain severe (Naslund et al., 2017; Patel et al., 2018). Naslund et al. (2017) observed that digital technologies may improve accessibility, scalability, and cost-effectiveness of mental health interventions in resource-constrained environments. Nevertheless, substantial disparities persist between high-income and low-income settings regarding access to digital infrastructure, stable internet connectivity, and technological capacity (WHO, 2019).

In Africa, telepsychology and digital mental health services have gained increasing attention, particularly following the COVID-19 pandemic. In South Africa, psychologists increasingly adopted telepsychology platforms to maintain continuity of care during lockdown restrictions (Goldschmidt et al., 2021; Raju et al., 2024). Raju et al. (2024) reported that many South African psychologists viewed telepsychology positively despite experiencing challenges related to internet access, digital literacy, confidentiality, and adaptation to online therapeutic environments. Similarly, Goldschmidt et al. (2021) found that, while telepsychology increased service accessibility, concerns regarding therapeutic alliance, privacy, and technological limitations remained significant. These findings demonstrate both the opportunities and challenges associated with digital mental healthcare implementation in African contexts.

Zimbabwe presents a particularly important context for examining digital infrastructure utilisation in psychological practice. The country faces significant shortages of mental health professionals relative to population mental health needs (Maruta & Chibanda, 2016). Existing mental health services are concentrated mainly in urban centres, leaving many rural communities with limited access to psychological support. Economic instability, inconsistent electricity supply, high internet costs, and limited technological infrastructure further complicate the implementation of telehealth systems (Mlambo & Tom, 2023). However,

increasing smartphone penetration and internet accessibility present opportunities for the expansion of digital mental health services.

Research conducted in Zimbabwe has demonstrated the potential effectiveness of digital mental health interventions. Chibanda et al. (2016) showed that innovative psychological interventions delivered through community-based approaches significantly improved mental health outcomes among Zimbabwean populations. More recently, Dambi et al. (2022) evaluated the feasibility and acceptability of the *Inuka* digital mental health intervention during the COVID-19 pandemic and concluded that digital interventions may provide scalable and accessible psychological support in low-resource settings. Furthermore, Kurevakwesu (2021) highlighted how the COVID-19 pandemic exposed serious limitations in Zimbabwe's mental health delivery systems and emphasised the need for innovative, technology-supported service models.

Despite growing global and regional interest in telepsychology, there remains limited empirical research specifically examining the utilisation of digital infrastructure among psychologists in Zimbabwe. Existing studies have primarily focused on broader mental health systems and digital interventions rather than psychologists' direct experiences with telehealth adoption and implementation. Consequently, there is insufficient evidence regarding the extent to which Zimbabwean psychologists utilise digital technologies, the relationship between digital infrastructure access and service delivery, and the barriers affecting adoption in professional practice.

The present study therefore aimed to provide empirical evidence regarding the current state of digital infrastructure utilization among psychologists in Zimbabwe. Specifically, the study sought to: (1) determine the extent of digital tool use among psychologists in Zimbabwe; (2) assess the relationship between digital infrastructure access and service reach; and (3) identify the challenges faced by psychologists in adopting digital technologies in practice. The study further tested the null hypothesis that there is no statistically significant relationship between internet access and the number of clients served by psychologists.

# Method

## Participants and sampling

The study targeted the broader group of psychologists registered with the Allied Health Practitioners Council of Zimbabwe (AHPCZ). However, the researcher found it easier to reach out to members of the Zimbabwe Psychological Association (ZPA), which was a significantly large subset of an estimated 430 psychologists registered with AHPCZ. A sampling frame with a total of 193 names and contact telephone numbers of different categories of psychologists on the ZPA register was drawn up.

The required sample size of 129 was calculated using an online sample size calculator at a 95% confidence level. A random number generator was used to select the sample using simple random sampling strategy. A total of 130 responses were received, yielding a response rate of 67.4%, which was considered acceptable for survey research of this nature.

## Demographic characteristics

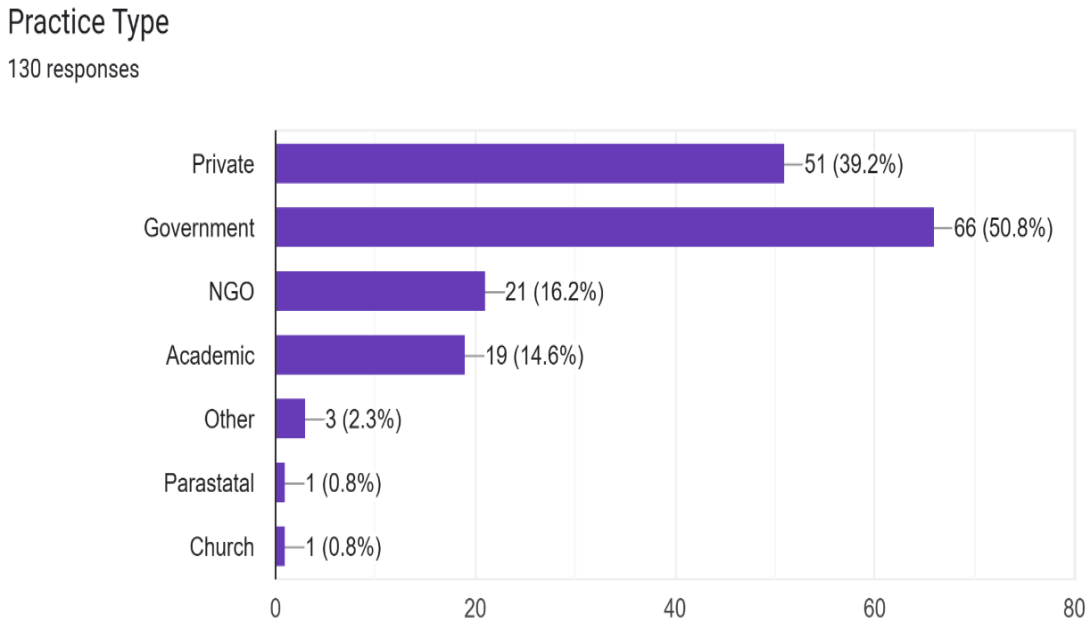


**Figure 1: Type of practice**

The sample exhibited diverse demographic characteristics representative of the Zimbabwean psychology profession. Regarding practice type, the majority of respondents were employed in government settings (50.8%, n = 66), followed by private practice (39.2%, n = 51), non-governmental organisations (16.2%, n = 21), and academic institutions (14.6%, n = 19).

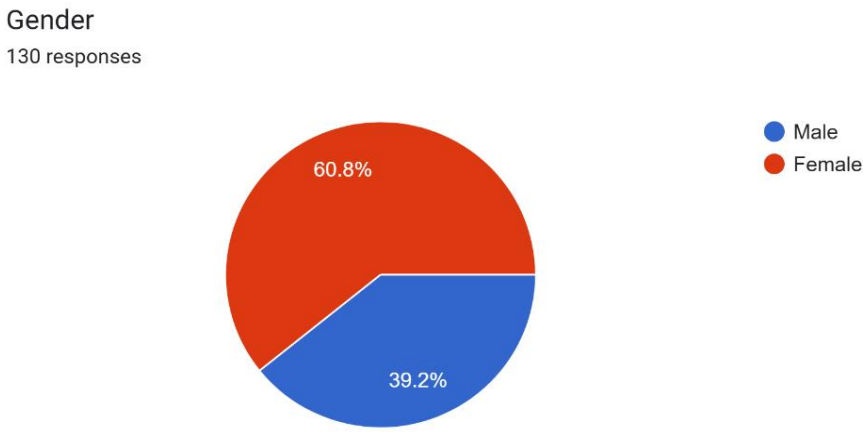


**Figure 2: Responses by Gender**

The gender distribution indicated a predominantly female sample (60.8%) compared to males (39.2%). Age distribution was relatively balanced across categories: 20-30 years (29.2%), 31-40 years (30.0%), 41-50 years (29.2%), and 50+ years (11.5%). Experience levels varied considerably, with the largest proportion having 1-5 years of experience (49.2%), followed by 6-10 years (17.7%), less than one year (18.5%), 11-20 years (11.5%), and 21+ years (3.1%).

### Measures and procedure

Data were collected through a structured online questionnaire designed to assess digital tool usage, internet access, platform preferences, device ownership, training in digital tools, perceptions of digital service delivery, and barriers to technology adoption. Perception items were measured using a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree).

The questionnaire was tested for validity and reliability. The tests involved expert review from five (5) reviewers. Their recommendations on the wording and positioning of the items were taken into account. The questionnaire was adjusted accordingly. SPSS was used for reliability analysis. Cronbach's alpha score was 0.73 suggesting good internal consistency. The same questionnaire was administered to a pilot group of 50 target respondents at two different times. The pilot test data was analysed using SPSS. Pearson's r score was 0.75 which was acceptable for test-retest reliability. The validation process combined qualitative assessment (expert review) and quantitative analysis (pilot testing).

The refined questionnaire was then distributed electronically to ZPA members, and participation was voluntary and anonymous.

## Data analysis

SPSS version 20 was used for data analysis. Descriptive statistics were computed to characterise digital tool usage patterns and demographic variables. Pearson product-moment

correlation was conducted to examine the relationship between internet access and the number of clients served per month. Statistical significance was set at $p < .05$. Data visualisation included bar charts and pie charts to illustrate key findings.

## Results

### *Digital infrastructure access and device ownership*

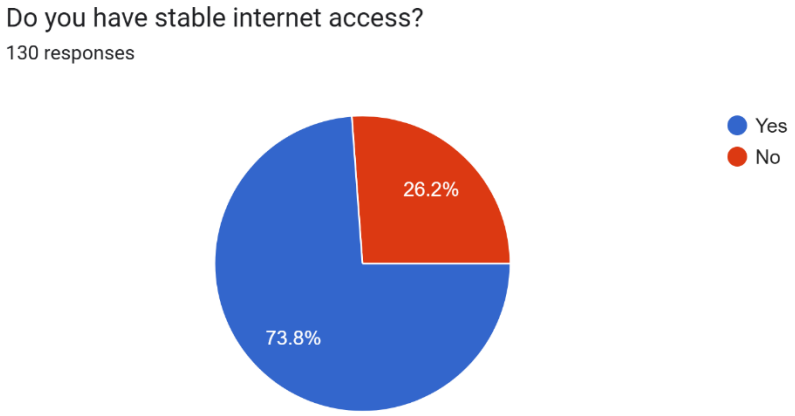


**Figure 3: Access to stable internet**

The majority of respondents (73.8%, n = 96) reported having stable internet access, while 26.2% (n = 34) indicated unstable or no internet connectivity.

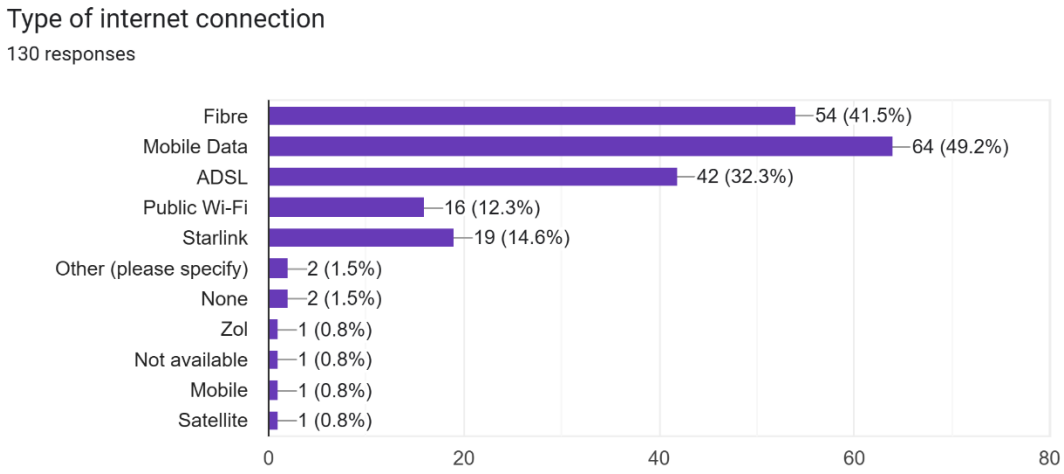


**Figure 4: Type of internet connection**

Regarding connection types, mobile data was most prevalent (49.2%, n = 64), followed by fibre optic cable connections (41.5%, n = 54), ADSL (32.3%, n = 42), Starlink (14.6%, n = 19), and public Wi-Fi (12.3%, n = 16).

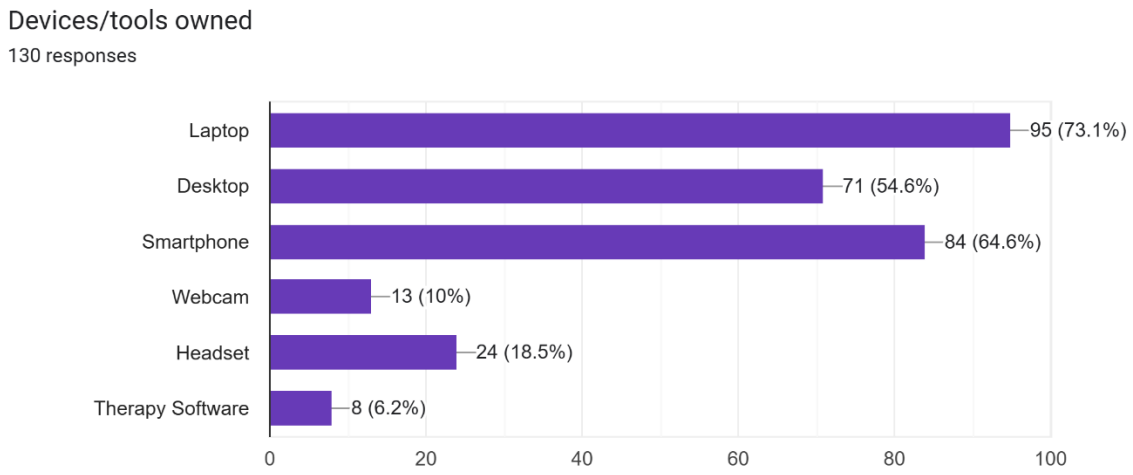


**Figure 5: Devices and/or tools owned**

Device ownership analysis revealed that laptops were most common (73.1%, n = 95), followed by smartphones (64.6%, n = 84), desktops (54.6%, n = 71), headsets (18.5%, n = 24), webcams (10.0%, n = 13), and specialised therapy software (6.2%, n = 8).

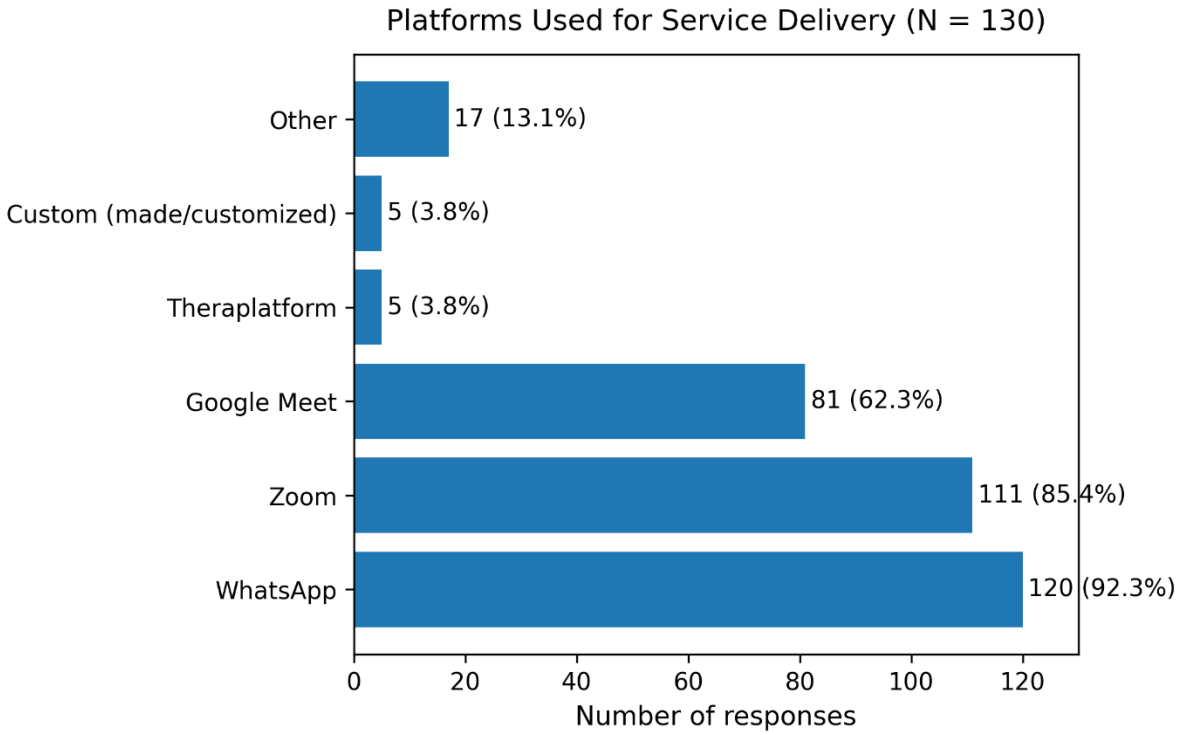


**Figure 6: Digital platforms used**

Analysis of platform preferences revealed a strong reliance on general communication tools rather than specialised mental health platforms. WhatsApp emerged as the most widely used platform (92.3%, n = 120), followed by Zoom (85.4%, n = 111), and Google Meet (62.3%, n = 81). Notably, the adoption of specialised therapy platforms was minimal: only 3.8% (n = 5) reported using Thera-platform, and 3.8% in total used any form of customised software

platforms. Regarding electronic records and digital assessments, only 33.8% (n = 44) of respondents reported using such systems, while the majority (66.2%, n = 86) did not utilise electronic record-keeping or digital assessment tools.

***Training and confidence in digital tools***

A substantial majority of respondents (69.2%, n = 90) reported having received training in digital tools, while 30.8% (n = 40) had not received any formal training. When asked about confidence in using digital platforms, responses were mixed: 34.6% were neutral, 22.3% agreed they were confident, 20.8% strongly agreed, while 20.0% disagreed and 2.3% strongly disagreed with having confidence in digital platform use.

***Perceptions of digital service delivery***

Perceptions regarding the impact of digital tools on service delivery were notably mixed. When asked whether digital tools had improved their service delivery, 44.6% (n = 58) disagreed, 24.6% (n = 32) strongly disagreed, 12.3% (n = 16) were neutral, while only 14.6% (n = 19) strongly agreed and 3.8% (n = 5) agreed. Regarding client comfort with virtual sessions, perceptions were similarly divided: 38.5% (n = 50) disagreed that clients were comfortable, 35.4% (n = 46) strongly disagreed, 11.5% (n = 15) agreed, and 8.5% (n = 11) strongly agreed. However, psychologists held more positive views about the potential of digital platforms to increase client access to care: 42.3% (n = 55) agreed, 23.8% (n = 31) strongly agreed, 26.2% (n = 34) were neutral, while only 6.2% (n = 8) disagreed and 1.5% (n = 2) strongly disagreed.

***Relationship between internet access and client numbers***

A Pearson product-moment correlation was conducted to examine the relationship between internet access (coded as a dichotomous variable: Yes = 1, No = 0) and the number of clients served per month. Results indicated a weak, non-significant positive correlation ($r = .103$, $p = .242$, $n = 130$). Given that the p-value exceeded the conventional significance threshold of .05, the null hypothesis was retained. These findings suggest that internet access alone does not significantly predict the number of clients served by Zimbabwean psychologists.

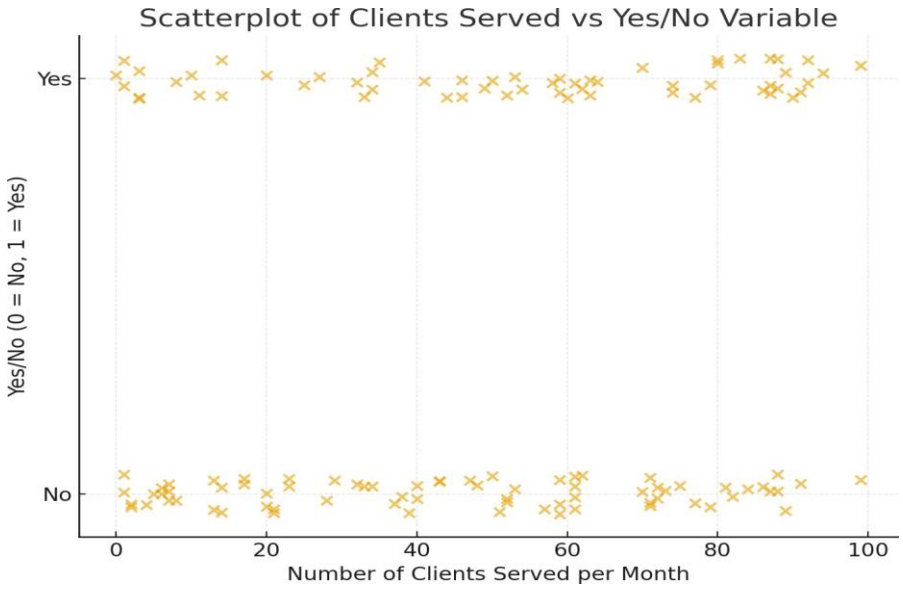


**Figure 7: Scatterplot of access to internet and number of clients served per month**

Visual representation through scatterplot analysis confirmed the absence of a clear linear trend, and comparison of mean client numbers between the internet access groups revealed minimal differences.

***Barriers to digital platform adoption***

Participants identified multiple challenges limiting their use of digital platforms. The most frequently cited barrier was the cost of data and devices (60.8%, n = 79), followed by confidentiality and privacy concerns (59.2%, n = 77), unstable internet connectivity (53.1%, n = 69), client discomfort with technology (48.5%, n = 63), and limited digital literacy (47.7%, n = 62). These findings highlight the multifaceted nature of barriers to digital adoption, encompassing economic, technical, ethical, and human factors.

## Discussion

This study provides important empirical evidence regarding the current state of digital infrastructure utilisation among psychologists in Zimbabwe and contributes to the growing literature on telepsychology adoption in low- and middle-income countries (LMICs). The findings reveal that, although Zimbabwean psychologists demonstrate relatively high access to basic digital technologies and internet connectivity, the integration of specialised digital mental health systems into professional practice remains limited. The results therefore suggest that access to infrastructure alone is insufficient to drive meaningful digital transformation in psychological service delivery.

A major finding of this study is the widespread reliance on general-purpose communication platforms such as WhatsApp, Zoom, and Google Meet. The dominance of WhatsApp usage among respondents reflects the realities of Zimbabwe's socioeconomic and technological environment, where affordability, familiarity, and low data consumption strongly influence technology choices. This finding aligns with studies conducted in other African contexts showing that mental health practitioners frequently adopt easily accessible communication technologies rather than specialised telepsychology systems (Goldschmidt et al., 2021; Raju et al., 2024). In Zimbabwe, the popularity of WhatsApp is likely reinforced by the availability of subsidised social media data bundles offered by mobile network providers, making the platform considerably more affordable than purpose-built therapy applications or subscription-based electronic health systems.

However, while these communication tools improve accessibility and continuity of contact between psychologists and clients, their extensive use raises important professional and ethical concerns. Platforms such as WhatsApp and Zoom were not originally designed for psychological service delivery and may not fully comply with standards for clinical documentation, informed consent management, secure storage of sensitive health information, or standardized psychological assessment procedures. The very low adoption of specialised therapy software and electronic records systems observed in this study therefore reflects a significant gap in the modernisation of psychological practice in Zimbabwe. This finding is consistent with Barnett and Kolmes (2016), who argued that telepsychology implementation without adequate technological safeguards may expose practitioners and clients to ethical and legal risks related to confidentiality, privacy, and data security.

The low utilisation of electronic records and digital assessment systems may also reflect broader structural limitations within Zimbabwe's healthcare environment. Economic instability, inconsistent electricity supply, high software licensing costs, and limited institutional investment in digital healthcare systems likely constrain psychologists' ability to transition from basic communication technologies to integrated digital practice ecosystems. Unlike high-income countries where telehealth expansion is supported by robust institutional infrastructure and insurance reimbursement systems (Shore et al., 2020), Zimbabwean psychologists often operate within resource-constrained environments that require flexible and low-cost adaptations. Consequently, many practitioners appear to prioritise immediate accessibility and affordability over technological sophistication.

The finding that internet access was not significantly associated with the number of clients served is theoretically and practically important. This result challenges deterministic assumptions that improvements in internet availability automatically translate into expanded psychological service reach. While previous studies have emphasised the role of digital technologies in improving access to mental healthcare (Naslund et al., 2017; Torous et al., 2020), the present findings suggest that multiple contextual and human factors mediate this relationship in Zimbabwe. Access to stable internet may represent only one component within a broader ecosystem necessary for effective telepsychology implementation. The absence of a statistically significant relationship may partly reflect limitations in the measurement of internet access, which was operationalised as a simple dichotomous variable and may not have adequately captured important variations in connection quality, affordability, and reliability.

Several explanations may account for the absence of a significant relationship between internet access and client numbers. First, psychological services depend heavily on interpersonal trust, therapeutic alliance, and cultural acceptance of mental healthcare. Many clients in Zimbabwe may still prefer face-to-face interaction due to concerns regarding privacy, stigma, technological unfamiliarity, or doubts about the effectiveness of online therapy. Goldschmidt et al. (2021) similarly found that, although telepsychology increased accessibility in South Africa, many practitioners and clients continued to perceive in-person therapy as superior for building therapeutic relationships. Second, internet access among psychologists does not necessarily imply that clients possess equivalent access to digital devices, stable connectivity, private consultation spaces, or adequate digital literacy. Thus, digital inequality may exist simultaneously on both the provider and client sides of service delivery.

The findings may also be interpreted through the technology acceptance model (TAM) and the unified theory of acceptance and use of technology (UTAUT). According to Davis (1989), perceived usefulness and ease of use significantly influence technology adoption. Although many psychologists acknowledged the potential of digital platforms to improve client access, their mixed perceptions regarding the effectiveness of digital tools for service delivery suggest that many practitioners may not yet perceive telepsychology systems as sufficiently useful or practical within their work environments. Similarly, the UTAUT framework emphasises the importance of facilitating conditions and social influence (Venkatesh et al., 2003). In Zimbabwe, limited institutional support, insufficient regulatory frameworks, inconsistent

infrastructure, and lack of specialized training may reduce psychologists' motivation and confidence to integrate digital systems fully into clinical practice.

The barriers identified in this study highlight the multidimensional nature of challenges affecting telepsychology adoption in Zimbabwe. Cost-related barriers emerged as the most frequently reported challenge, reflecting broader economic realities within the country. High data costs, expensive digital devices, software subscription fees, and limited access to reliable electricity likely restrict both psychologists and clients from participating consistently in digital mental healthcare. These findings support Mlambo and Tom's (2023) observations regarding digital inequality and healthcare access in Zimbabwe. Economic barriers are particularly significant because telepsychology depends on sustained technological engagement rather than occasional use.

Confidentiality and privacy concerns also emerged prominently in the findings. This indicates that Zimbabwean psychologists are highly aware of their ethical responsibilities when using digital platforms for clinical practice. Concerns regarding data breaches, unauthorised recording of sessions, insecure internet networks, and storage of sensitive information may discourage practitioners from adopting digital systems more extensively. The absence of comprehensive national telepsychology guidelines or data protection frameworks specifically tailored to mental health practice may further intensify these concerns. Similar ethical anxieties have been reported internationally, particularly during the rapid transition to online mental healthcare during the COVID-19 pandemic (Maheu et al., 2017; Shore et al., 2020).

Interestingly, despite significant concerns regarding digital practice, respondents generally recognised the potential of digital tools to increase access to mental healthcare. This apparent contradiction reflects an important transitional phase within Zimbabwean psychological services. Psychologists appear to acknowledge the strategic importance of digital transformation while simultaneously struggling with the practical, ethical, and infrastructural challenges associated with implementation. This finding suggests that resistance to digital adoption among Zimbabwean psychologists may not necessarily stem from negative attitudes toward technology itself, but rather from concerns regarding feasibility, preparedness, and contextual appropriateness.

The findings additionally reveal important implications for mental health equity in Zimbabwe. Given the severe shortage of psychologists and concentration of mental health services in urban

areas (Maruta & Chibanda, 2016), digital mental health interventions could potentially improve service accessibility for underserved rural communities. Telepsychology may reduce geographical barriers, transport costs, and long waiting times, particularly for individuals living far from urban centres. However, the persistence of digital inequality means that telepsychology could simultaneously deepen disparities if vulnerable populations remain excluded from internet access, smartphones, or digital literacy opportunities. Consequently, digital mental health strategies must be implemented alongside broader investments in national digital infrastructure and public technological inclusion.

The study also highlights opportunities for innovation within Zimbabwe's mental health sector. The low adoption of specialised software suggests a substantial gap in the availability of affordable, locally relevant digital mental health solutions. Locally developed telepsychology systems designed specifically for Zimbabwean conditions could address issues related to language, affordability, bandwidth limitations, data privacy, and cultural appropriateness more effectively than imported commercial systems. Such innovation could support not only psychologists, but also broader national mental health initiatives aimed at improving accessibility and continuity of care.

Furthermore, the findings underscore the importance of strengthening digital competencies among psychologists. Although most respondents reported receiving some training in digital tools, confidence levels remained mixed. This suggests that existing training may focus primarily on basic technological usage rather than comprehensive telepsychology competencies. Effective digital mental health training should therefore extend beyond technical platform operation to include ethical practice, online therapeutic communication, digital assessment methods, cybersecurity awareness, crisis management in virtual environments, and culturally responsive online care. Maheu et al. (2017) emphasised that tele-behavioural health competence requires integration of clinical, ethical, technical, and legal knowledge domains.

Overall, the findings indicate that Zimbabwean psychology is currently situated within a transitional digital landscape characterised by cautious adaptation rather than full technological integration. Psychologists are actively utilising accessible communication technologies to maintain service delivery, yet substantial barriers continue to limit the development of sophisticated digital mental healthcare systems. The study therefore demonstrates that digital transformation within psychological practice is not merely a technological issue, but also an economic, ethical, organizational, cultural, and policy challenge. Sustainable progress will

require coordinated collaboration among mental health professionals, policymakers, telecommunications providers, educators, software developers, and professional regulatory bodies to create enabling conditions for effective and ethical telepsychology practice in Zimbabwe.

## Limitations and future directions

A limitation of this study relates to the measurement of internet access as a dichotomous variable (Yes = 1, No = 0). Although this simplified statistical analysis, it may have obscured important differences in connectivity quality, affordability, reliability, and frequency of interruptions among participants. As a result, psychologists categorised as having internet access may still have experienced substantial practical constraints affecting digital service delivery. This measurement approach may have reduced variability in the data and limited the ability to detect more nuanced relationships between digital infrastructure and psychological service delivery outcomes. Future research should employ multidimensional measures of digital connectivity to better capture variations in infrastructure quality and their influence on service provision.

## Conclusion

This study provides important insight into the current state of digital infrastructure utilization among psychologists in Zimbabwe and demonstrates that the profession is undergoing a gradual, but incomplete digital transition. While most psychologists reported access to stable internet connectivity and regularly used communication technologies such as WhatsApp, Zoom, and Google Meet, the adoption of specialised digital mental health systems, electronic records, and digital assessment tools remained notably low. These findings suggest that Zimbabwean psychologists have embraced accessible and affordable communication technologies as practical alternatives within a resource-constrained environment, yet significant gaps persist in the development of fully integrated digital psychological service delivery systems.

The study further revealed that internet access alone does not significantly predict the number of clients served by psychologists. This finding highlights the complexity of digital transformation in mental healthcare and indicates that technological infrastructure by itself is insufficient to expand psychological service reach. Effective digital mental health delivery depends on multiple interacting factors, including affordability, client readiness, digital literacy, professional competence, ethical safeguards, institutional support, and cultural

acceptance of online therapy. Consequently, successful telepsychology implementation in Zimbabwe requires a broader systems-based approach rather than a narrow focus on connectivity alone.

The barriers identified in this study, particularly high data costs, unstable internet connectivity, confidentiality concerns, and limited digital literacy, illustrate the structural and contextual challenges confronting psychologists in Zimbabwe. These obstacles reflect broader socioeconomic inequalities that continue to shape access to healthcare technologies across many low- and middle-income countries. At the same time, the generally positive perception that digital platforms can improve access to mental healthcare demonstrates that psychologists recognise the long-term potential of technology to address service shortages and geographical barriers within the country.

The findings therefore point to an urgent need for investment in affordable, contextually appropriate, and ethically secure digital mental health infrastructure. Policymakers, professional associations, educational institutions, and technology developers should collaborate to strengthen telepsychology capacity through targeted training programs, improved regulatory frameworks, subsidised internet access for healthcare professionals, and the development of locally designed digital mental health platforms suited to Zimbabwean realities. In particular, there is significant opportunity for local software developers and health innovators to create low-cost telepsychology systems that accommodate bandwidth limitations, support secure record management, and incorporate culturally relevant approaches to mental healthcare delivery.

Ultimately, the future of psychological service delivery in Zimbabwe is likely to depend on the successful integration of human-centred psychological care with sustainable digital innovation. Technology should not be viewed as a replacement for therapeutic relationships, but rather as a complementary tool capable of expanding access, improving continuity of care, and reducing inequalities in mental healthcare provision. With appropriate investment, policy support, and professional development, digital mental health systems have the potential to significantly strengthen psychological service delivery and contribute to improved mental health outcomes in Zimbabwe.

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