

Chapter 15

A Conceptual Framework for the Sustainable Adoption of E-Health Tools in Delivering Digital Mental Health Services in SA HEIs

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ABSTRACT

This study proposes a conceptual framework for the sustainable adoption of e-health tools in South African higher education institutions to address workplace mental health challenges among staff. Utilising secondary data, the framework examines mental health concerns, pandemic-related insights, the current adoption landscape of e-health tools, key influencing factors, and implementation strategies. It emphasises lessons from COVID-19, evaluates existing e-health adoption trends, identifies critical determinants, and formulates sustainable strategies for effective digital mental health service (DMHS) delivery. The study provides practical guidelines for policymakers and similar institutions to enhance the integration of e-health tools in DMHS provision. The framework addresses contextual, technological, and organisational factors to support long-term, scalable solutions for mental health support in academic workplaces.

1. INTRODUCTION

South African higher education institutions (SA HEIs) serve as critical drivers of innovation and economic growth, with their success heavily dependent on the well-being and productivity of academic staff. However, before the coronavirus disease 2019 (COVID-19) pandemic, university staff faced mounting mental health challenges stemming from escalating workloads due to increasing student enrolment targets to attain 1.62 million student enrolment by the year 2023, declining job autonomy, intensifying teaching and supervision demands, and institutional inefficiencies exacerbated by bureaucratic pressures

DOI: 10.4018/979-8-3373-0928-6.ch015

and leadership shortcomings (Temoso & Myeki, 2023, Kinman & Johnson, 2019; Gie et al., 2017; Barkhuizen et al., 2014; Bezuidenhout & Cilliers, 2010). Compounding these issues, stigma, confidentiality, shame and discrimination, limited resources and structural barriers, and limited resources have historically limited staff engagement with mental health support services in South Africa (Lund et al., 2012; Willie, 2017). The pandemic amplified these challenges, with 27.6% of South African academics reporting heightened psychological distress due to rapid transitions to remote work (Van Niekerk & Van Gent, 2021). The shift to digital learning and hybrid models introduced additional stressors, including technostress and blurred work-life boundaries (Sobral et al., 2025). In response, SA HEIs increasingly adopted electronic health tools (e-health tools) to deliver digital mental health services (DMHS), such as remote counselling and online support platforms (Musakuro & Gie, 2024). Even though these measures provided crucial intervention and relief during the 2020–2022 academic years, their long-term viability remains uncertain without a structured adoption framework tailored to South Africa’s socio-economic and institutional realities.

Globally, the adoption of e-health tools for DMHS has accelerated, especially during the pandemic, with an estimated market value of US\$5.2 billion for mental health-related apps, and one forecast predicted a compound annual growth rate of 16.5% between 2022 and 2030, resulting in an estimated revenue of US\$17.5 billion in 2030 (Fagherazzi et al., 2020; Murphy et al., 2021; Mbunge et al., 2022b; Fitzpatrick et al., 2024). However, research on sustainable implementation remains disproportionately concentrated in high-income countries, where robust digital infrastructure and literacy facilitate adoption (Fagherazzi et al., 2020; Van Velthoven & Cordon, 2019). In contrast, South Africa faces distinct challenges, including unequal internet access, high data costs, and resistance to digital transformation (Mhlanga et al., 2022).

Researchers stress the need for further study, as e-health adoption for DMHS is still nascent in developing countries (Kowatsch et al., 2019; Fagherazzi et al., 2020). Without a localised framework, the study posits that efforts to institutionalise e-health tools risk inefficiency and discontinuation, undermining mental health support for university staff. Given these gaps, this study aims to develop a conceptual framework for the sustainable adoption of e-health tools in SA HEIs, ensuring long-term DMHS accessibility to the university staff in a post-pandemic era.

2. LITERATURE REVIEW

The concept of ‘e-health’ originated in the early 2000s, but its definition continues to evolve alongside technological advancements and varying stakeholder interpretations (Pagliari et al., 2005). In this study, e-health tools are defined as information and communication technology (ICT)-based solutions that provide DMHS to university staff, including hardware (e.g., smartphones, computers) and digital platforms (e.g., telehealth, AI-driven applications, and social media) (Gooding, 2019). Sustainability, in this context, pertains to the ability of SA HEIs to maintain DMHS through e-health tools over the long term while adapting to evolving mental health demands, recognising differing academic perspectives (Moore et al., 2017). These tools fulfil diverse roles, enhancing communication, promoting mental health awareness, storing data, offering clinical assistance, monitoring well-being, and delivering therapeutic interventions (Asi & Williams, 2018; Gooding, 2019). E-health tools enable web-based counselling, digital therapy, and remote mental health support (Barak et al., 2009). Their integration into SA HEIs holds transformative potential, improving both structured and informal mental health support systems

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