

INVESTIGATING SCHOOL COUNSELLORS' SELF- PERCEIVED COMPETENCY IN TACKLING IN-SCHOOL ADOLESCENTS' MENTAL HEALTH PROBLEMS IN ILORIN, KWARA STATE, NIGERIA

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Summary. The population of Nigeria is mostly youthful, with around 40% being below 18 years old. Most of this group attend either primary or secondary school. The adolescence period is a delicate period that heralds mental health issues, especially for in-school adolescents. Therefore, support is needed, which must be provided by competent school counsellors working in several schools. This study ascertains the self-perceived competency levels of school counsellors in tackling mental health problems for in-school adolescents. **Method:** This paper uses qualitative research with a convenient sampling technique. The study was carried out among 37 participants, which included senior secondary school counsellors, teachers who were recognised as and performed the role of school counsellors, and stakeholders of counselling services in private and public secondary schools in Ilorin, Kwara state, Nigeria. **Results:** School counsellors perceived their competency levels to be high, especially with some enablers in place, such as their positive attitudes, passion for the job, experience and on-the-job training. However, social barriers, physical barriers, a lack of human and material

resources and unmet expectations were seen as barriers to school counsellors' competency in addressing the mental health issues of in-school adolescents in Ilorin, Kwara State, Nigeria. **Conclusion:** School counsellors are a functional part of the school system and thus should be empowered to contribute to the well-being of in-school adolescents.

Keywords: competency, school counsellor, adolescent, in-school, mental health problems, Nigeria.

Introduction

Nigeria generally has a young population, with over 40% being children and adolescents under 18. Of children aged 6–12, 59% attend primary school, while 49% of those aged 13–18 attend secondary school.¹ Adolescence occurs between the ages of 10 and 19. It is the transitory period from childhood to adulthood, and can be characterised by a range of emotions arising from school-related challenges, intellectual endeavours, identity crises, social issues, and biological changes.² A good transition through this period helps teenagers develop strong cognitive, interpersonal, social, and mental resilience; nevertheless, academic and mental health difficulties can occur when adolescents' development is not adequately monitored. Besides being a major determinant of childhood and teenage morbidity, unaddressed mental health issues have also been recognised as contributing to school-related troubles in school-aged children and adolescents.³ Some of the mental health problems disturbing adolescents include internalising and externalising problems. Depression, anxiety, shyness, low self-esteem, peer

1 Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN), "School Mental Health Policy Guide for Nigeria", 2019, <https://www.ptonline.com/articles/how-to-get-better-mfi-results>.

2 Jane Kroger, "Identity In Adolescence", *Identity In Adolescence* 2004, 1–269, <https://doi.org/10.4324/9780203346860>.

3 Olayinka Atilola et al., "Towards School-Based Mental Health Programs in Nigeria: The Immediate Impact of a Depression-Literacy Program among School-Going Adolescents and Their Teachers", *Child and Adolescent Psychiatry and Mental Health* 16, no. 1 (2022): 1–11. <https://doi.org/10.1186/s13034-022-00503-9>.

pressure, social isolation, and difficulties with social assertion are internalising problems, whereas externalising problems include physical and verbal aggressiveness, wrath, irritation, and defiance.⁴

Schools serve as a vital part of the lives of all adolescents because they provide them with the required training to become responsible future citizens. Around 20% of children and adolescents have suffered mental health challenges in the form of social, emotional, and behavioural disorders at some point.^{5,6} Mental health problems raise the potential for academic underachievement and invariably lead to a child's poor standard of life.^{7,8} Schools are expected to play a significant role in their students' mental health. School counsellors and other educational professionals are expected to monitor the mental health of learners in schools. As a result, they are poised to detect mental health concerns in schools early and to provide timely solutions. In Nigeria, for example, school counsellors, teachers, school health nurses, and other professionals must follow guiding policies from both the health and education sectors to protect the mental health of in-school adolescents.⁹ School mental health is a feature of school health services, which are targeted at increasing students' overall academic productivity and mental wellbeing. The school setting is considered a point of contact for assessing students, families, and communities, as well as for addressing identified educational needs and learners' wellbeing. A South African study demonstrated how useful school counselling and psycho-educational intervention may improve students'

4 "Africa", *Africa Journal of Nursing and Midwifery* 19, no. 3 (2017): 1–13, <https://doi.org/10.25159/2520-5293/2219>.

5 Caldarella, P., Christensen, L., Kramer, T. J., and Kronmiller, K. „Promoting social and emotional learning in second grade students: A study of the *strong start* curriculum”, *Early Childhood Education Journal* 37(1) (2009): 51–56. <https://doi.org/10.1007/s10643-009-0321-4>.

6 Loades, M. E., and Mastroyannopoulou, K., “Teachers recognition of children's mental health problems”, *Child and Adolescent Mental Health* 15(3) (2010): 150–156. <https://doi.org/10.1111/j.1475-3588.2009.00551.x>.

7 *Ibid.*

8 Katherine Weare and Melanie Nind, “Mental health promotion and problem prevention in schools: What does the evidence say?”, *Health promotion international* 26 (2011): Suppl 1. i29-69. 10.1093/heapro/dar075.

9 Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN), “School Mental Health Policy Guide for Nigeria”.

good school experiences.¹⁰

A school counsellor is a professionally trained practitioner tasked with assisting all students' academic, career, and social-emotional development through efficient implementation of comprehensive school counselling services.¹¹ School counsellors work with human and material resources to help meet students with mental health problems.¹² To meet the overwhelming amount of mental health issues among adolescents, the service of school counsellors is required. Counselling knowledge and the abilities of school counsellors to handle students' mental or emotional health concerns can benefit in-school adolescents in Nigeria. For the benefit of future generations and students' wellbeing, school counsellors' abilities must keep up with contemporary trends, practices, and events in young people's lives.

In Sub-Saharan Africa, evidence posits that substantial levels of mental health problems exist among in-school children and adolescents, with around 1 in 7 in-school children and adolescents reportedly suffering from a mental disorder.¹³ Furthermore, a systematic study covering 16 sub-Saharan countries reported high prevalence of mental health problems such as depression, anxiety disorders, emotional and behavioural difficulties and suicidal behaviour in the general adolescent population, including school-going adolescents.¹⁴ Similarly, previous studies have shown the increased prevalence of mental health problems ranging

10 Bronwynè J. Coetzee et al., "What Should a Universal School-Based Psychoeducational Programme to Support Psychological Wellbeing amongst Children and Young People in South Africa Focus on and How Should It Be Delivered? A Multi-Stakeholder Perspective", *School Mental Health* 14, no. 1 (2021): 189–200, <https://doi.org/10.1007/s12310-021-09465-3>.

11 Diane M. Reese, "School Counselor Preparation to Support Inclusivity, Equity and Access for Students of Color With Disabilities", *Frontiers in Education* 6, no. March (2021): 1–12, <https://doi.org/10.3389/educ.2021.588528>.

12 Lorraine Dekruyf, Richard W Auger, and Shannon Trice-black, "The Role of School Counselors in Meeting Students' Mental Health Needs: Examining Issues of Professional Identity", *Faculty Publications - Graduate School of Counseling, George Fox University* 11 (2013): 271–82.

13 Melissa A. Cortina et al., "Prevalence of Child Mental Health Problems in Sub-Saharan Africa: A Systematic Review", *Archives of Pediatrics and Adolescent Medicine* 166, no. 3 (2012): 276–81, <https://doi.org/10.1001/archpediatrics.2011.592>.

14 Astrid Jorns-Presentati et al., "The Prevalence of Mental Health Problems in Sub-Saharan Adolescents: A Systematic Review", *PLoS ONE* 16, no. 5 May (2021): 1–23, <https://doi.org/10.1371/journal.pone.0251689>.

from emotional problems such as depression and behavioural and conduct problems to cognitive or learning difficulties among students, along with enuresis, substance use, and post-traumatic stress disorder in Nigerian schools.^{15,16,17} Also, the prevalence of psychiatric morbidity or general psychopathologies among school-going children and adolescents in Nigeria ranges between 15% and 20%¹⁸; these include anxiety disorders (15%), depressive disorders (9–21%), lifetime substance use and abuse (15–52%), suicidal behaviours (12–30%), hyperactivity (8–9%), PTSD (2%) and conduct disorders (36%).¹⁹

There is a correlation between mental health problems and complex problems in school. Adolescents with mental health issues frequently battle with school life, which can lead to absenteeism. In a school-based mental health program carried out in Nigeria, it was reported that a school-based depression-literacy program has the potential to improve the knowledge and awareness of in-school adolescents regarding depression and other mental health issues.²⁰ Introducing good school mental health services might lessen the impact of these issues. However, various factors, including the quality of services given, may impede or limit the usefulness of these services. Due to the high frequency of mental morbidities impacting

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- 15 M. O. Bakare, "Attention Deficit Hyperactivity Symptoms and Disorder (ADHD) among African Children: A Review of Epidemiology and Co-Morbidities", *African Journal of Psychiatry*, 2012, <https://doi.org/10.4314/ajpsy.v15i5.45>; Ronald C Kessler et al., "Lifetime Prevalence and Age-of-Onset Distributions of Mental Disorders in the World Health Organization's World Mental Health Survey Initiative", *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 2007; Angela I. Frank-Briggs and E. A.D. Alikor, "Anxiety Disorder amongst Secondary School Children in an Urban City in Nigeria", *International Journal of Biomedical Science* 6, no. 3 (2010): 246–51.
- 16 Chibueze Anosike et al., "Prevalence of Depression and Anxiety, and Attitudes toward Seeking Help among First-Year Pharmacy, Medical, and Nursing Students at a Nigerian University", *Currents in Pharmacy Teaching and Learning* 14, no. 6 (2022): 720–28, <https://doi.org/10.1016/j.cptl.2022.06.002>.
- 17 Aishatu Abubakar-Abdullateef, Babatunde Adedokun, and Olayinka Omigbodun, "A Comparative Study of the Prevalence and Correlates of Psychiatric Disorders in Almajiris and Public Primary School Pupils in Zaria, Northwest Nigeria", *Child and Adolescent Psychiatry and Mental Health* 11, no. 1 (2017): 1–12, <https://doi.org/10.1186/s13034-017-0166-3>.
- 18 Atilola, *supra note*, 3: 1–11.
- 19 Cortina et al., *supra note*, 13.
- 20 Atilola, *supra note*, 3.

school adolescents in Nigeria,^{21,22,23} school-based psychologists or school counsellors must have working knowledge and practices of techniques to manage these difficulties. However, few studies have investigated school counsellors' perceived competency in addressing these challenges, and in order to properly carry out the tasks required of school counsellors, the question of how they perspective their skills is critical. Several studies, including one by Ibeziako, Omigbodun, and Bella,²⁴ have highlighted the necessity of mental health service delivery in schools, as many children do not have access to mental health treatments. Teachers have also reported that monitoring and emotional care were mostly the responsibility of school psychologists or counsellors.²⁵ Unfortunately, few studies have been conducted on the quality of service provided by school counsellors in Kwara State and throughout Nigeria. Based on this premise, this paper examines school counsellors' self-perceived competency in helping adolescents with mental health problems in schools. This study also explores the barriers and enablers of school counsellor's self-perceived competency in addressing mental health issues among in-school adolescents in Ilorin, Kwara State, Nigeria.

1. Methodology

The study used in this research was a descriptive cross-sectional study that employed a qualitative data collection method. Focus group discussions and in-depth interviews were conducted to explore the competency of school counsellors

21 Atilola, *supra note*, 3.

22 Abubakar-Abdullateef, *supra note*, 17.

23 Anosike et al., *supra note*, 16.

24 Ezinwanne Christiana Azfredrick, "Use of Counselling Services by School-Attending Adolescent Girls in Nigeria", *Journal of Child and Adolescent Mental Health*, 2015, <https://doi.org/10.2989/17280583.2014.953955>; Nisha Dogra et al., "Nigerian Secondary School Children's Knowledge of and Attitudes to Mental Health and Illness", 2011, <https://doi.org/10.1177/1359104511410804>; Patricia I Ibeziako, Olayinka O. Omigbodun, and Tolulope T. Bella, "Assessment of Need for a School-Based Mental Health Programme in Nigeria: Perspectives of School Administrators", 20, no. June (2008): 271–80, <https://doi.org/10.1080/09540260802000354>.

25 Wendy M. Reinke et al., "Supporting Children's Mental Health in Schools: Teacher Perceptions of Needs, Roles, and Barriers", *School Psychology Quarterly*, (2011). <https://doi.org/10.1037/a0022714>.

in the provision of school-based interventions to tackle mental health problems in in-school adolescents. The focus group discussions and in-depth interviews also explored the barriers and enablers of school counsellors' self-perceived competency in handling mental health problems among in-school adolescents. The study involved 37 participants, including senior secondary school counsellors, teachers who performed counselling roles and stakeholders of counselling services in private and public secondary schools in Ilorin, Kwara state. A list of all schools under the three local governments in Ilorin was obtained from the Kwara State Ministry of Education. The convenience sampling method and purposive technique were employed to recruit school counsellors and teachers who performed the role of a school counsellor in private schools who met the inclusion criteria of the study.²⁶ Information was collected using two instruments:

- A questionnaire on respondents' characteristics – a self-administered questionnaire to obtain the demographic information of study participants and information about their years of experience dealing with students' counselling.
- An interview guide: an interview guide with questions tailored to elicit responses from counsellors concerning their perceptions about mental health problems among adolescents in schools and the current methods they employ in identifying and addressing mental health problems amongst adolescent students in their various schools.

The participant's responses to the interview questions were transcribed verbatim and entered into the QDA Miner Lite software for thematic qualitative analysis. Ethical approval was obtained from the University of Ilorin Teaching Hospital (UITH) Ethical review committee, while permission to collect data in schools was obtained from the Kwara State Ministry of Education. Written informed consent was also voluntarily obtained from participants. Using QDA miner lite, transcripts fed into the software were evaluated many times for emerging ideas

26 M.Butina *et al.*, "Conducting Qualitative Research Introduction", *clinical lab sci*, 28(3) (2015): 186–189.

and grouped into themes. The researchers highlighted quotes and phrases from the interviews that were important to the study. The researchers cycled over the transcripts until consistency was found and groupings were clear. Categories were designated, transcripts were classified, and quotations on each category were gathered and examined for correlations within and across data sources. Finally, the researchers organised and improved the categories of the participants' ideas until they were finalised. The emergent concepts were then addressed as categories were arranged.

2. Findings

2.1. Description of the participants of the study

The results of this study were based on four focus group discussions comprising 31 public school counsellors and six in-depth interviews with private school counsellors in the Ilorin metropolis.

A total of 37 school counsellors or teachers acting in the capacity of counsellors participated in this research. Two school categories were represented in this study (public and private). The three local governments in the Ilorin metropolis were represented in the study (see Table 1). There were 13 (35.1%) participants from Ilorin South, 16 (43.2%) participants from Ilorin East, and 8 (21.6%) participants from Ilorin West. The number of males who participated in the study was 12 (32.4%), with 25 (67.6%) females. The number of Christians was 13 (35.1%), with 23 (62.2%) Muslims; 1 participant did not indicate their religious affiliation. The mean age of the study participants was 42 years ($SD = 6.8$), the average age of the males was 42 ($SD = 5.3$), and the average age of the females was 42 ($SD = 7.5$). Three participants indicated that their highest qualification was secondary education, 20 had tertiary education (bachelor's degree and NCE), and 13 had postgraduate degrees (PGDE and master's degrees).

Ten (27.0%) of the participants admitted that they knew people living with mental health problems. Of these people, only 3 individuals were able to specify the particular mental health problem the individual had, 4 described the symptoms of the individual and the specific illness, and the other 3 had no information about the specific diagnosis. Thirteen (35.1%) of the participants had previously had access to mental health information: 6 (45.5%) attested to receiving this information formally (through seminars organised for state-wide counsellors, interactions with medical personnel, and in their course of study), and 7 (55.5%) indicated non-formal access to mental health information (through personal research and social media).

Table 1. Demographic characteristics of participants

Demographic variables	Frequency N = 37	%
Gender		
Male	12	32.4
Female	25	67.6
Religion		
Christian	13	35.1
Muslim	23	62.2
Local Government Area		
Ilorin East	16	43.2
Ilorin South	13	35.1
Ilorin West	8	21.6
Type of school		
Public	31	83.8
Private	6	16.2
Highest educational level		
Secondary	3	8.1
Tertiary	21	56.8
Postgraduate	13	35.1
Occupation		
Counsellor	34	91.9
Teacher	3	8.1

Demographic variables	Frequency <i>N</i> = 37	%
Age in years (<i>n</i> = 34)		
25–34	5	14.7
35–44	17	50.0
45–60	12	35.3
Years of experience (<i>n</i> = 35)		
Below 10	26	74.3
Above 10	9	25.7
Marital status		
Single	2	5.4
Married	35	94.6

2.2. Qualitative findings

The results of the qualitative methods, including focus group discussions and in-depth interviews, are presented in this section. The findings are presented based on the research focus and summarised into broad and emerging themes alongside quotes that reflect each of these themes.

School counsellors commonly perceived their competence in addressing mental health problems among in-school adolescents, where the identified theme is high competence.

2.3. High competence

Participants' perceptions about their competence in addressing mental health problems among in-school adolescents varied based on their years of experience, the resources available to them and the current practices they engage in.

One participant said that she was confident her methods helped the students she had counselled; however, her interventions did not restore students with intellectual problems or learning difficulties to the same functional level as their peers.

“As a counsellor, you must be able to help these students; I have the confidence

of helping them because I've come across few of them. I'll not say successfully it's still under progress because the last one I had an encounter with, I've not been able to know her current state because I left the school, but I believe before I left, the girl is doing well, but not with her normal mates" (female, private school counsellor, 5 years of experience).

"I am so confident (laughs), well I have so much confidence in the method I use but I am also open to learning because the best thing about any job, is always learning at a job, always improving yourself, so if I see that a particular method will work better than what I am doing or work alongside with what I am doing, I am willing and I am ready to learn but I have so much confidence in what I do right now" (female, private school counsellor, 6 year of experience).

"I am sure that they work. Yes, I am very sure those methods work because I do follow up... and sometimes, many times, I see improvement... through their test's score too, I do follow up to that extent. Then for the nurse, I do communicate with her and she too gives me feedback" (female, private school counsellor, 11 years of experience).

One participant mentioned that their previous academic experience had empowered them with effective and practical strategies for addressing mental health problems and that they utilise these strategies despite the barriers attributed to their counselling roles.

"Since we have trained for it, like all the techniques we needed is in our brain. Take for instance that of CBT (Cognitive Behavioural Therapy), we have them and the likes, those things is on our head, so we are to put them into use... We try our possible best as a counsellor with the little resources we are having" (male, public school counsellor, 5 years of experience).

2.4. Barriers and enablers to school counsellors' self-perceived competence in addressing mental health problems among in-school adolescents

Various themes were identified as facilitators of school counsellors' competence in addressing mental health problems among in-school adolescents. Participants identified counsellors' personal characteristics and training as facilitators to addressing mental health problems.

2.4.1. Personal characteristics as enablers

From the transcribed interviews and focused group discussions, the participants in this study described personal characteristics under two sub-themes: the counsellor's passion and their attitudes. According to the participants, the counsellor's passion and attitudes are personal factors contributing to school counsellors' competency in their quest to address mental health problems in in-school adolescents.

Counsellors' passion

Participants mentioned the role of an individual's passion in facilitating the counselling process. Participants mentioned how their attitude and passion towards helping students had helped to break the ice and helped them get students to trust them better.

“Well, anything you want to do in life what is important is the passion that is there, not maybe the monetary aspect of it that matters, with mere seeing them, when they come around gives me joy and it's my joy to see them doing well academically and in all aspects... I don't get tired, if I don't see them, I have to just look for them make friends with them, how I can influence them positively” (male, private school counsellor, 4 years of experience).

“...it is something that I chose to do, I volunteered, and I kind of bring up myself to that level. I do a lot of study, a lot of research on my own” (female, private school counsellor, 6 years of experience).

Counsellors' attitude

When asked about their attitude towards adolescents in school, the participants recounted that the manner, approach and behaviour that school counsellors use in addressing students play a huge role in determining if the students avail themselves of the school counsellor's services. In this case, school counsellors ought to shun judgmental attitudes and display emotional intelligence when relating with in-school adolescents.

"...there are some people, when you say hospitality, they are gifted in that area ...one thing is first approach, because of the way you're harsh you know that act of love is not in you, students won't come to you to express their problems but the moment they discover that this person is approachable, they can go to him anytime" (male, private school teacher, 10 years of experience).

"I was taught not to label a child especially for teenagers. You know like, a child is a perpetual thief, he is always stealing even when there is no need, you know that is more or less a psychological problem and some of these children are well provided for, but, I don't want to label that child a thief. I don't want to call that child a stupid child, I don't want to call that child aggressive child... once I see the problem, I look for ways to help" (female, private school counsellor, 6 years of experience).

"As we all know that the counsellor must be empathetic and sympathetic in nature" (male, public school counsellor, 6 years of experience).

2.4.2. Training

Training is another broad theme with one sub-theme – previous exposure to information. Participants mentioned the role of their previous exposure to mental health training in facilitating the counselling process. Participants mentioned the essential skills, tools and techniques they picked up from their previous training.

Previous exposure to information

During the interview, it was observed that participants' previous exposure to information about mental health, either through training or practical experience, adds to their competence as school counsellors. The quotes from the participants show how training in mental health courses helps them discharge their duties as school counsellors, helping to address mental problems in in-school adolescents.

"I got these from my prior training as a counsellor, when I was acquiring my Master's degree we were asked to conduct all these tests and since then I had it I knew it would be useful for my students because I had been practising as a guidance counsellor, so I just photocopy it for my students and wherever I go to I leave it for the school to use so the next counsellor would be able to utilise it" (female, private school counsellor, 5 years of experience).

"I'm not a psychologist but we did a bit on it (psychology) when we were in school" (male, private school counsellor, 5 years of experience).

"During that course we have obtain, or during that course we are running, we have what we call 'rehabilitation something', it's part of the course, and it give us the information to help us to know the how the counsellor should act on some health problem" (male, public school counsellor, 14 years of experience).

Barriers: A variety of themes were identified as barriers to school counsellors' perceived competence in addressing mental health problems among in-school adolescents. Some barriers to counsellors' competence in addressing mental health problems among in-school adolescents were identified and presented as physical, time, psychological and social barriers.

Physical barriers: From the analysis of the interviews and focus group discussions, physical barriers were highlighted as a main theme because they were described as one of the challenges capable of affecting school counsellors in fully addressing mental health problems in in-school adolescents.

Poor infrastructure

Poor infrastructure is a sub-theme. Recounting their experience as school counsellors, the participants reported poor infrastructure as a component of physical barriers.

“...we have a place we counsel students; every student is free to go to the place, but I must tell you that the place is not conducive enough. If somebody is not mentally okay, if you’re taking to somewhere to rest, I think the area should just be conducive” (male, private school teacher, 10 years of experience).

“...there’s no conducive environment for the counselling session. At times, we supposed to have individual counselling or group counselling. If at all, any time that we are doing group counselling, it can be done on the assembly ground. And then look at the number of the students, it’s always getting rowdy. And when it comes to individual counselling, you need to excuse teachers or students before we can attend to clients because there is no private or specific counselling room in some schools” (female, public school counsellor, 20 years of experience).

“...we’re in need of these small things for these new intakes... So that we will be able to do our job very well” (male, public school counsellor, 15 years of experience).

“...there is no conducive office. Like in this office now, there’s no fan, no light, so it is not conducive as you can see, this is something else” (female, public school counsellor, 8 years of experience).

Lack of resources

From the participants’ responses in this study, lack of resources was identified as a sub-theme. The lack or inadequate provision of resources largely affects school counsellors’ capacity and competence in addressing adolescents’ mental health problems.

“Like the last time I requested many things from my principal... Even I mention that radio or MP (music player). You know music is therapy, at times if we

want to deal with students with these kinds of problems, even you can show them a TV program that can let them wipe away these problems. All these things, we lack them in our office and Apart from that even electricity that we're to use, is not there..." (male, public school counsellor, 5 years of experience).

"And then when we talk of the gadget that we can make use of, like we supposed to have computer because we are already in jet age now. So, in some schools, there are no computers and then when they talk of this tablet or laptop, both government and ministry, individual, they did not even produce this thing to easier the job for the counsellors. So, these are the problems that we are facing" (female, public school counsellor, 21 years of experience).

Human resource deficiency

Human resource deficiency is another sub-theme of the barriers to school counsellors' competence in addressing mental health problems. Inadequacy or insufficiency of school counsellors and the unwillingness of school owners to recruit qualified school counsellors tends to exacerbate the burden of work on the few school counsellors available to provide counselling services to the vast majority of adolescents in school.

"One of the barriers, you know in this school like I've said we don't have much teachers in the school, you know it's a private school, at times the owners of the school won't give you privilege to exploit what you have and by the time you tell them that this is what you need they'll see it as if you're trying to give them extra work, except we have those people that really have passion" (male, private school counsellor, 5 years of experience).

Unmet expectations

One of the challenges in addressing adolescents' mental health problems in school is the expected outcome not becoming a reality. This can mount undue stress and pressure on the school counsellors to produce magic, especially for profound cases of mental health problems in school.

“The challenge sometimes is when you tried to work on a child and it looks like there is no difference, I feel bad. I shouldn’t ordinarily, because I am not the one that made that child but then, when it looked like you are not getting result” (female, private school counsellor, 6 years of experience).

Other conflicting responsibilities

Another sub-theme which is a significant challenge in addressing mental health issues in school is the duality of responsibility on the shoulders of school counsellors. Due to staff shortages in most schools, school counsellors are made to perform tasks other than what they are primarily trained for. In some cases, school counsellors multi-task and double as classroom teachers while also performing the duty of the school counsellor. This irregularity impairs the smooth counselling process, as recorded in the interview through some quotes below.

“We teach, you do the administrative work at times, you record the cumulative aspect of it, you mark exams, so it’s affecting it” (male, private school counsellor, 5 years of experience).

“Most of the counsellors that teach they are just struggling to do it and some of them will say shebi (isn’t it) just for me to go to the class, I will go to class while the counselling aspect is suffering” (female, private school counsellor, 11 years of experience).

“Let’s say it’s too hard for the person to be handle the two at a times (counselling and teaching), he cannot handle the two at a time because as you are facing the student, there will be different things. As you are facing students, you have to read book before you go to the class and then you still want to attend to students. So, you can’t mix two together; you are supposed to handle one” (male, public school counsellor, 14 years of experience).

“I have been relieved from teaching so, I would have mentioned it as a challenge, which has always been as challenge cause combining the two is never easy. At any point it is not easy, cause, it limits my time with them, I had, I virtually have

little time with those... I have been relieved from going to classes, so, now I am majorly focusing on counselling” (female, private school counsellor, 11 years of experience).

“At times these students they want full attention and as a counsellor you're being employed and have a lot of things to do” (male, private school counsellor, 5 years of experience).

2.4.3. Lack of opportunities for further training

According to the participants in this study, the lack of opportunities for further education or continuous professional development is a barrier to fully addressing mental health issues in in-school adolescents. This is quite understandable because when professionals have access to more knowledge on their craft/job, there is every possibility that they will improve in their service delivery.

“At a point, I even thought of seeking for serious formal education in that area but unfortunately, the school where I applied to, there were some issues... I thought of online (education at) National Open University and I discovered that they don't even offer anything on psychological counselling. So, it was even at that point that I now started making research on my own” (female, private school counsellor, 6 years of experience).

2.4.4. Social barriers

As a main theme, social barriers were captured as a challenge inhibiting school counsellors' capacity to address mental health problems in in-school adolescents. Three sub-themes were obtained: 1) lack of parental cooperation, 2) poor recognition of counsellors' roles, and 3) lack of passion.

Lack of parental cooperation

In order to achieve sustainable results when working with children and the adolescent population, there has to be a synergistic relationship between parents

and professionals. In this case, between school counsellors and the parents of in-school adolescents with mental health problems.

“Let me pick a typical situation, I called a parents attention and I asked them some questions and I discovered that child had that issue when he was younger (he had a) medical issue and they didn’t notice that it is affecting the child. I tried to persuade the parent to take that child for test and they told me they have done it and I told them to go and do it again. But I am not sure they did and eventually, the child was withdrawn from the school because, he started exhibiting some things that were embarrassing to even to the parents and to the school. So instead of doing all of that they withdrew the child and sincerely, I haven’t heard anything about the child” (female, private school counsellor, 6 years of experience).

“Another barrier is the parents themselves. If you’re trying to help their wards at times, they may take it the other way around. Some parents may be thinking that you’re poke nosing to their affairs, so they can even take it to another length which you are not expected” (female, public school counsellor, 4 years of experience).

“I don’t know, if you say referral, maybe writing a letter or something, I can’t say that I have done that, when you study the environment and the people you work with... here generally, parents don’t even want a situation where it will look like my child has this problem. Let nobody... sometimes they’ve noticed such things at home, but they kept it, they didn’t do anything about it since they have discovered it” (female, private school counsellor, 6 years of experience).

Poor recognition of counsellors’ roles

When asked about other challenges mitigating school counsellors’ competence in addressing the mental health issues of in-school adolescents, they mentioned the school management’s lack or poor recognition of their roles as school counsellors.

“In most cases, we are not well recognised. The school management Most of

our duties, they don't allow us to do it properly or the way it's supposed to be" (female, public school counsellor, 6 years of experience).

"...we are even the heart of the school because we know everything pertaining to the student ...therefore, we should be given adequate recognition, that they admire our work, they should appreciate our work, but instead of that, they will be doing a kind of...they will be rating themselves that they are our seniors... they don't give us the full honour as the heart of the school. So, therefore, we are limited to do some of our work..." (female, public school counsellor, 4 years of experience).

Lack of passion

The participants reported a lack of passion and drive for the profession, which they believe is largely because some school counsellors never intended to become school counsellors at the beginning of their careers and became school counsellors due to some systemic or educational failure.

"From my research I discovered that many people end up being guidance and counsellors most time is like they couldn't study any other course and then probably the particular school authority say ok, you applied for this course, you jamb mark or whatever is not up to that particular course, let us give you this, and when you make people to study or you just want to give them something to study, not because it is from their heart, not because They have passion for it, they won't be very effective..." (female, private school counsellor, 6 years of experience).

3. Discussion

Ten (27.0%) participants admitted that they knew people with mental health problems. This could be because the socio-demographic questionnaire used to gather this information was retrieved from participants before the commencement of the interviews. Of these people, only 3 individuals were able to specify the particular mental health problem the individual had, and 4 described

the individual's symptoms and specific illness. In contrast, the other 3 had no information about the specific diagnosis. Moreover, the participants who said they knew people with mental illness attributed mental health problems more to emotional and behavioural problems than intellectual or learning problems. The general description of mental health problems given by these participants indicates their level of knowledge about mental health and their perceptions of what symptoms to identify in students. Participants identified these previously encountered mental health problems as indicative of more extreme mental illnesses such as psychosis or schizoaffective disorders. Mood-associated disorders such as depression and anxiety were hardly mentioned as previously encountered mental illnesses. Thirteen (35.1%) of the participants had previous access to mental health information through seminars organised for state-wide counsellors, interactions with medical personnel, or in the course of study, personal research and through social media. Studies in Nigeria²⁷ as well as in other parts of the world on school counsellors and teachers or school counselling services have shown low levels of knowledge about mental health problems, and the nature of the informal sources of mental health information that these counsellors have received or been exposed to could be an indication as to why knowledge about mental health problems has remained average among teachers and school counsellors over the years.

3.1. School counsellors' perceived competence in addressing mental health problems among in-school adolescents

Participants' perceptions about their competence in addressing mental health problems among in-school adolescents varied based on their years of experience, the resources available, and the current practices they engage in. Participants who had been serving as counsellors for more than five years strongly believed

27 Azfredrick, *supra note*, 24; Dogra et al., *supra note*, 24; Ibeziako, Omigbodun, and Bella, *supra note*, 24.

that their counselling style effectively addressed mental health problems across public and private schools; this could be due to the duration of access to care by the students they had looked after.

This study observed no difference between private and public-school counsellors regarding competence or perceived self-efficacy. However, private school participants reported more complementary efforts to their methods in handling mental health problems among students, such as school awareness programs. Participants mentioned that they engaged students in befriending or interactive sessions, which were effective in getting students to open up and be receptive to the counselling process. Previously, indigenous counselling had not been given attention in Nigeria's school counselling programme, and Ahmadu (2009) reiterates that school counselling is heavily dependent on de-contextualised strategies to help promote resilience and mental health among youths. Teachers' and counsellors' involvement in the counselling process also indicates the need to encourage more psychological interventions in school settings.

In this study, participants with higher educational or postgraduate qualifications mentioned the use of specialised tools in assessing mental health problems among adolescents compared to counsellors who attained basic tertiary education. However, assessment tools identified by the participants of this study were specific to learning and academic problems. This could be explained by the findings of Atilola and Ola that only 17% of school counsellors used an assessment tool in their counselling sessions.²⁸ Participants in this study noted the use of conversational methods in identifying students' emotional and psychological needs. These processes can help counsellors monitor students' emotional states but are not baseline diagnostic tools for these problems. The absence of specific emotional diagnostic tools could be the reason that mental health problems among in-school adolescents are underreported in Nigeria.

28 Atilola, *supra note*, 3.

Participants' positive and high perception of their counselling capacities could facilitate the improvement of service usage by students.²⁹ However, this could also lead to resistance in school counsellors' acceptance of training needs. When individuals perceive themselves or their methods as highly competent or efficient, chances are they would resist interventions and suggestions with the potential to alter this perception. This could, in turn, make service delivery by school counsellors different from the recommendations and needs of school counselling services by students, creating a gap in service delivery.

3.2. Perceptions of school counsellors regarding facilitators and barriers to their self-perceived competence in addressing mental health problems among in-school adolescents

In this study, a variety of themes were identified as facilitators of school counsellors' competence in addressing mental health problems among in-school adolescents. Participants identified counsellors' personal characteristics, such as passion, empathy, a sympathetic attitude, and confidentiality as major facilitators of school mental health services. This study also identifies the impact of training as facilitators of school counsellors' competence in addressing mental health problems.

Some barriers to counsellors' competence in addressing mental health problems among in-school adolescents were identified and presented as physical, time, and social barriers. Physical barriers included poor infrastructural structures and a lack of resources. Chigona and Chetty, Karangu and Muola observed that a lack of facilities (such as counselling rooms/laboratories) in a school has significant influences on the delivery of counselling services and lack of counselling facilities. This also has a negative impact on the uptake of counselling services by

29 Michelle Mitcham-Smith, "Relationships Among School Counselor Self-Efficacy, Perceived School Counselor Role, and Actual Practice" (Doctoral Dissertation, 2005), 2004–19.

in-school adolescents.³⁰ In-school adolescents in Ibadan also agree that the lack of this infrastructure is a major hindrance to their utilisation of school counselling services.³¹ Participants in this study reported reasons why mental health services were ineffective among adolescents similar to those reported by more than half of the participants in a study by Reinke et al.,³² including: inadequate parent support programs, a lack of prevention programs for students with externalising behaviour, poor prevention programs for internalising programs, and a lack of staff training and coaching. Atilola and Ola also reported that school-based counsellors identified poor facilities and a lack of training as their main challenges.³³ In addition, teachers provided their opinions regarding whether certain factors were barriers to supporting children with mental health needs in schools. The top three barriers were insufficient school mental health professionals, a lack of training in dealing with children's mental health needs, and a lack of funding for school-based mental health.

Participants in this study mentioned the relationship between social stigma towards students with mental health problems and the use of counselling services as a barrier to addressing mental health problems. This conclusion supports that of Azfredrick,³⁴ who suggested that stigma can prevent an individual from using counselling services. Atilola and Ola claimed that some studies agree with this and revealed that students avoid the use of mental health services because they do not feel the need or are embarrassed about seeking help. Atilola and Ola also noted that only 47% of school children referred for counselling actually attended sessions.³⁵ In accessing medical and psychological services, the patient or client

30 Azfredrick, *supra note*, 24.

31 Tolulope Bella-Awusah et al., "Should Mental Health Be Addressed in Schools ? Preliminary Views of In-School Adolescents in Ibadan, Nigeria", *International Journal of School Health* 6, no. 2 (2019), <https://doi.org/10.5812/intjsh.85937.Research>.

32 Reinke et al., *supra note*, 25.

33 Atilola, *supra note*, 3.

34 Azfredrick, *supra note*, 24.

35 Atilola, *supra note*, 3.

has to decide to attend such services or seek help. Help-seeking is influenced by different factors such as cultural factors, attitudes and beliefs regarding illness, and the realisation of the patient that help is needed, as noted by Barry, Doherty, Hope, Sixsmith and Kelleher.³⁶

4. Strengths and limitations of the study

This study aimed to learn more about school counsellors' abilities to manage mental health issues in in-school adolescents. The study's qualitative methodology promoted the investigation of facilitators and obstacles to school counsellors' competency. The study gathered data from private and public educational sector participants from multiple local governments with diverse economic levels, allowing the findings and proposed actions to be generalised to other local governments in Kwara state. Regardless of the exploratory strategy utilised to obtain the conclusions of the research, the study has limitations. Because the data was gathered through face-to-face interviews, information bias may have occurred due to recollection and social desirability (the bias in self-reported data described by the respondents' need to seem good for social acceptance and self-protection).

Conclusion

According to the findings of this study, school counsellors demonstrated a certain level of competency about intellectual, behavioural, and emotional mental health problems among in-school adolescents. When equipped with the necessary resources – such as conducive counselling rooms, student mental health record storage facilities, more trained personnel, recognition in the school setting, and ongoing training on assessment and first aid methods for dealing with emotional and psychological problems among students – they can address mild

36 Barry, M. M., Doherty, A., Hope, A., Sixsmith, J., and Kelleher, C. C., "A community needs assessment for rural mental health promotion", *Health Education Research* 15 (2000): 293-304.

mental health symptoms and make referrals to help address mental health issues.

Recommendation

Regular mental health awareness programs should be held in schools, and counsellors should be given the chance to deliver these programs.

School owners should invest in resources, create distinct counselling structures, and conduct training for school counsellors to keep them informed with recent trends in the counselling profession.

The government should fund mental health education for public school counsellors.

Healthy ties between schools, parents, and members of society should be developed. Parent-Teacher Association (PTA) meetings should include mental health awareness programs in which counsellors' roles are expanded.

Suggestions for future research

It would be interesting to see the extent of the collaborative effort of multidisciplinary teams in education, especially in developing preventive and intervention activities against the mental health issues of adolescents in school.

NIGERIJOS KWARA VALSTIJOS ILORINO MOKYKLŲ KONSULTANTŲ KOMPETENCIJŲ TYRIMAS SPRENDŽIANT MOKYKLOSE ESANČIŲ PAAUGLIŲ PSICHIKOS SVEIKATOS PROBLEMAS

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Santrauka. Nigerijos gyventojai dažniausiai yra jauni, apie 40 % jų yra jaunesni nei 18 metų. Dauguma jų taip pat yra pradinės arba vidurinės mokyklos lankytojai. Paauglystės laikotarpis yra subtilus laikotarpis, kuriam dažnai būdingos psichikos sveikatos problemos, ypač mokyklinio amžiaus paaugliams. Todėl jiems reikia paramos, kurią turi suteikti keliose mokyklose dirbantys kompetentingi mokyklų konsultantai. Šiame tyrime buvo nustatytas mokyklų konsultantų kompetencijos lygis sprendžiant mokyklose esančių paauglių psichikos sveikatos problemas. Atliktas kokybinis tyrimas, pasirinkta atitinkama atrankos technika. Tirti 37 dalyviai, tarp kurių buvo vyresniųjų vidurinių mokyklų konsultantų, mokytojų, kurie atliko mokyklų konsultantų vaidmenį, konsultavo privačiose ir valstybinėse vidurinėse mokyklose Ilorine, Kvaros valstijoje. Nustatyta, kad mokyklų konsultantų kompetencijos lygis yra aukštas, ypač jeigu pasitelkiamos tam tikros priemonės ir nuostatos: teigiamas požiūris, aistra darbui, patirtis ir mokymas darbo vietoje. Atliekant tyrimą Ilorine, Kvaros valstijoje, nustatyta ir socialinių kliūčių, fizinių kliūčių, žmogiškųjų ir materialinių išteklių trūkumas, taip pat nepatenkinti lūkesčiai. Šios kliūtys sudarė sunkumų mokyklų konsultantams, pasiroošusiems spręsti mokinių paauglių psichikos sveikatos problemas. Darytina

išvada, kad mokyklų konsultantai yra funkcinė mokyklos sistemos dalis, todėl jie turėtų būti įgaliojami prisidėti prie mokyklose besimokančių paauglių gerovės.

Reikšminiai žodžiai: kompetencija; mokyklos konsultantas; paauglys; mokykla; psichikos sveikatos problemos; Nigerija.

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