

Assessment of Counselling Services in the Remediation of Socio-Psychological Problems among Undergraduates in Osun State, Nigeria

Wasiu Kolapo Arikewuyo,¹ John O. Agbonifo, PhD.,²
Mukhtar Olufemi Abanikanda,³ PhD., & Gregory Itobore.⁴

¹*Global Affairs and Sustainable Development Institute (GASDI), Osun State University, Osogbo, Nigeria. Corresponding author. Email: wasiu.arikewuyo@uniosun.edu.ng*

²*Global Affairs and Sustainable Development Institute (GASDI), Osun State University, Osogbo, Nigeria. Email: john.agbonifo@uniosun.edu.ng*

³*Department of Science, Technology, and Mathematics Education, Osun State University, Osogbo, Nigeria. Email: mukhtar.abanikanda@uniosun.edu.ng*

⁴*Global Affairs and Sustainable Development Institute (GASDI), Osun State University, Osogbo, Nigeria. Email: itoboegregory@gmail.com*

Abstract:

This study assessed the utilisation of counselling services in the remediation of socio-psychological problems among undergraduate students in Osun State, Nigeria. Anchored in the Theory of Planned Behaviour (Ajzen, 1991) and the Ecological Systems Theory (Bronfenbrenner, 1979), the study employed a descriptive survey design with quantitative analysis. Data were collected from a purposively and randomly selected sample of 1,160 undergraduates across universities in Osun State, supplemented by structured interviews with ten professional counsellors. Of 1,108 usable responses, findings revealed that 67.4% of students were aware of counselling services, yet only 29.7% had ever utilised them, with friends (74.8%), family (58.3%), and religious leaders (47.6%) preferred over formal counselling. Principal barriers included inadequate information (68.3%), fear of a confidentiality breach (61.7%), and stigma (54.2%). Chi-square tests of independence (χ^2) revealed statistically significant associations between gender and awareness ($\chi^2(1) = 13.09, p < .001$), age group and utilisation ($\chi^2(3) = 15.25, p = .002$), and religious affiliation and utilisation ($\chi^2(2) = 8.80, p = .012$). The study argues that the paradox of institutional availability without meaningful student engagement represents a systemic failure demanding structural, attitudinal, and policy-level remediation. Recommendations include the redesign of counselling orientation programmes, adoption of digital and peer-mediated counselling platforms, integration of mental health literacy into academic curricula, improved counsellor-to-student ratios, and the development of a national policy framework for university counselling in Nigeria.

Keywords: Counselling Services, Socio-Psychological Problems, Utilisation, Undergraduates, Mental Health Literacy, Osun State, Nigeria.

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1. INTRODUCTION

The transition to higher education represents one of the most psychologically demanding periods in the life course of young adults. Nigerian university undergraduates navigate a complex convergence of stressors, academic pressure, financial precarity, interpersonal conflict, identity formation, and the disorientation of leaving family environments that collectively generate significant socio-psychological vulnerability (Auerbach et al., 2018; Storrie et al., 2010). The World Health Organization estimates that one in four university students globally meets the diagnostic criteria for at least one mental health disorder, yet fewer than 25% of those affected receive any form of professional support (WHO, 2022). In sub-Saharan Africa, where structural, cultural, and resource constraints compound the challenge, rates of unmet psychological need are substantially higher (Kleintjes et al., 2010; Ovuga et al., 2006).

Nigeria has made formal policy commitments to student welfare through the National Policy on Education (Federal Republic of Nigeria, 2014), which mandates the establishment of guidance and counselling units in all tertiary institutions. The Counselling Association of Nigeria (CASSON) has similarly articulated standards for professional counselling practice in university settings. Yet despite these institutional frameworks, empirical evidence consistently documents a troubling disjunction between the availability of counselling services and their actual utilisation by students (Abubakar & Jibril, 2020; Onu et al., 2018). In Osun State, as in much of Nigeria, counselling offices frequently operate below capacity, with low student foot traffic, high counsellor-to-student ratios, and limited institutional visibility, a situation that represents both a public health concern and a failure of educational governance.

This paradox of availability without utilisation demands systematic investigation. Understanding why students who need support do not access it (and what structural, attitudinal, and informational barriers sustain this gap) is a prerequisite for designing interventions capable of making counselling services genuinely effective. The present study addresses this gap by assessing the extent to which counselling services are utilised in the remediation of socio-psychological problems among undergraduates across universities in Osun State and by identifying the demographic, attitudinal, and structural factors that mediate their use.

The paper is organised as follows: Section 2 presents the statement of the problem and research objectives; Section 3 reviews the conceptual and theoretical literature; Section 4 details the methodology; Section 5 presents and discusses the findings; Section 6 proposes strategies for improving counselling programme delivery; and Section 7 offers conclusions and recommendations.

1.1 Statement of the problem

Despite the statutory establishment of guidance and counselling units across tertiary institutions in Osun State, observable socio-psychological problems among undergraduates remain pervasive and largely unaddressed through formal professional channels. Documented pathologies include academic anxiety, clinical depression, maladaptive coping behaviours, substance misuse, relationship dysfunction, and suicidal ideation, all of which have been shown to impair academic performance, reduce degree completion rates, and compromise long-term life outcomes (Eisenberg et al., 2009; Hunt & Eisenberg, 2010; Ibrahim et al., 2013).

Preliminary evidence from the study setting indicates that a significant proportion of students are unaware of the full scope of available counselling services; that counselling offices are chronically under-patronised; that students overwhelmingly prefer informal support mechanisms, including peer networks, religious guidance, and parental counsel, to professional counselling; and that widespread misconceptions and stigma are associated with seeking formal psychological support. This pattern is consistent with documented patterns across Nigerian and broader African university settings (Onyekuru & Ibegbunam, 2015; Atindanbila & Thompson, 2011).

The persistence of this utilisation gap despite the existence of institutional counselling infrastructure raises critical questions: Are counselling services sufficiently visible and accessible? Do students trust counsellors with sensitive personal information? Are counsellors adequately equipped to address the full spectrum of students' socio-psychological needs? And are institutional policies creating environments in which help-seeking is normalised rather than stigmatised? The answers to these questions have direct implications for how university counselling is designed, delivered, and governed across Nigeria.

1.2 Research objectives

The study was designed to:

- (a) Examine the level of awareness of counselling services among undergraduate students in Osun State universities.
- (b) Determine the extent to which undergraduates utilise formal counselling services for socio-psychological problems.
- (c) Identify the socio-psychological problems most commonly experienced by undergraduates.
- (d) Examine structural and attitudinal barriers to the utilisation of counselling services.
- (e) Determine whether demographic variables, specifically gender, age, and religious affiliation, significantly influence awareness and utilisation.

- (f) Assess the perceived effectiveness of counselling services in addressing students' socio-psychological problems.

1.3 Research questions

- a. What is the prevailing level of awareness of counselling services among undergraduates in Osun State?
- b. To what extent do undergraduates engage with formal counselling services for socio-psychological support?
- c. What categories of socio-psychological problems are most prevalent among undergraduates?
- d. What factors inhibit students from utilising counselling services?
- e. Are there statistically significant differences in awareness and utilisation across gender, age, and religious affiliation?
- f. How effective do students perceive counselling services to be in addressing their socio-psychological needs?

2. CONCEPTUAL AND THEORETICAL FRAMEWORK

2.1 CONCEPTUAL FRAMEWORK

2.1.1 The concept and scope of counselling

Counselling is a purposive relational process through which a trained practitioner assists individuals to explore difficulties, develop self-understanding, make informed decisions, and implement adaptive personal change (British Association for Counselling and Psychotherapy [BACP], 2018). Within educational settings, counselling encompasses academic, personal-social, vocational, and psychological support functions that collectively serve to promote student wellbeing, resilience, and holistic development (Gysbers & Henderson, 2012). The American Counselling Association (ACA, 2014) defines professional counselling as the application of mental health, psychological, and human development principles through cognitive, affective, behavioural, and systemic interventions that address wellness, personal growth, pathology, and career development. Carl Rogers (1951), whose client-centred theory remains foundational to contemporary counselling practice, argued that the therapeutic relationship itself, characterised by unconditional positive regard, empathic understanding, and congruence, constitutes the primary mechanism of change. This insight has profound implications for university counselling: where students perceive counsellors as judgemental, inaccessible, or untrustworthy, the core conditions for therapeutic efficacy are absent, and utilisation will remain low regardless of structural availability. Subsequent theorists, including Bandura (1977) and Beck (1979), extended this foundation by demonstrating that both the beliefs individuals hold about themselves and others and the social environments in which they are embedded fundamentally shape their engagement with helping services.

In the Nigerian university context, counselling services have historically been narrowly conceived as academic advising or disciplinary interventions, obscuring their broader psychological, vocational, and social functions (Nwoye, 2009; Makinde, 1984). This conceptual narrowing has contributed to both institutional underinvestment and student underutilisation: where counselling is perceived primarily as a response to academic failure or misbehaviour, psychologically distressed students have little incentive to self-refer. A contemporary, expansive understanding of counselling (one that encompasses preventive, developmental, and therapeutic dimensions) is essential for repositioning it as a universal student service rather than a remedial one of last resort.

2.1.2 Utilisation of counselling services: conceptual clarification

Utilisation, in the context of health and welfare services, refers to the extent to which available services are accessed and engaged with by the target population in ways that produce the intended benefits (Andersen, 1995). The concept encompasses three analytically distinct dimensions: awareness (knowledge of the existence and scope of services), access (the practical ability to reach and engage with services), and uptake (the actual decision to use services when available and accessible). Research consistently demonstrates that awareness is a necessary but insufficient condition for utilisation: students may know that counselling services exist yet choose not to use them due to attitudinal, structural, or interpersonal barriers (Gulliver et al., 2010).

Andersen's (1995) Behavioural Model of Health Services Use identifies three categories of factors that predict service utilisation: predisposing factors (demographic characteristics and attitudes toward services), enabling factors (availability, accessibility, and affordability), and need factors (perceived and actual severity of problems). This model has been extensively validated in mental health help-seeking research across diverse cultural contexts (Rickwood et al., 2005; Vogel et al., 2006) and provides a robust analytical framework for interpreting the pattern of counselling underutilisation documented in Nigerian universities.

The "help-seeking gap", the discrepancy between the prevalence of psychological distress and rates of professional help-seeking, is a well-documented global phenomenon (Kessler et al., 2007). In sub-Saharan African university contexts, this gap is amplified by intersecting factors: mental health stigma embedded in cultural and religious frameworks that attribute psychological distress to spiritual failure; concerns about confidentiality in close-knit campus communities; limited awareness of the professional rather than disciplinary character of counselling; and a pervasive culture of stoic self-reliance that positions help-seeking as weakness (Atindanbila & Thompson, 2011; Jack et al., 2014; Oluyinka, 2011).

2.1.3 Socio-psychological problems among Nigerian undergraduates

Research consistently documents a wide and clinically significant spectrum of socio-psychological problems among Nigerian university students. Adewuya et al. (2006) found a 26% prevalence of psychiatric disorders among students at the University of Lagos, with depression (18.4%) and anxiety disorders (13.5%) predominating. Ndeti et al. (2008) reported comparably elevated prevalence rates across East African universities, suggesting that the Nigerian pattern reflects a broader regional challenge. Ibrahim et al. (2013), in a systematic review of depression among university students across 24 studies, found pooled prevalence rates of 30.6%, substantially higher than general population estimates.

Beyond clinical disorders, undergraduates commonly experience subclinical difficulties that nonetheless impair academic functioning and personal development. These include examination anxiety, academic procrastination, time management deficits, interpersonal conflict, romantic relationship difficulties, sexual health concerns, substance misuse, financial stress, career indecision, and the adjustment challenges associated with leaving family environments for the first time (Eisenberg et al., 2009; Hunt & Eisenberg, 2010; Stallman, 2010). In Nigerian universities specifically, additional stressors arising from infrastructural deficits (power outages, poor facilities, and hostel overcrowding), economic precarity, and food insecurity further compound the psychological burden of academic life (Nwachukwu et al., 2021; Adewuya et al., 2018).

The consequences of unaddressed socio-psychological problems extend beyond individual student welfare to institutional outcomes. Eisenberg et al. (2009) demonstrated that depression and anxiety are associated with significantly lower grade point averages and higher rates of academic withdrawal, even after controlling for academic ability. In Nigeria, where graduate unemployment is high and credential attainment has critical long-term economic implications, the academic consequences of untreated mental health problems represent a significant socioeconomic cost that university counselling services are uniquely positioned to mitigate.

2.1.4 Functions and types of university counselling services

University counselling services in Nigeria are mandated to provide support across four principal domains: academic counselling (registration, course selection, study skills, and academic recovery); career and vocational guidance (self-assessment, occupational information, and employment preparation); personal-social counselling (interpersonal relationships, emotional regulation, and crisis intervention); and health counselling, including reproductive health, substance misuse prevention, and referral to medical services (Federal Republic of Nigeria, 2014; Gysbers & Henderson, 2012). In addition, research, outreach, and professional training functions are integral to the remit of university guidance and counselling centres (University of Ilorin Guidance and Counselling Centre, 2021).

Individual counselling, a confidential, one-to-one therapeutic relationship between counsellor and student, remains the primary modality of service delivery in Nigerian university contexts (Nwoye, 2009). However, group counselling, which leverages the therapeutic potential of shared experience, mutual support, and social learning, has been shown to be equally or more effective for a range of common student difficulties, including social anxiety, grief, substance misuse, and relationship challenges (Yalom & Leszcz, 2005; Burlingame et al., 2013). The exclusive reliance on individual counselling in most Nigerian universities represents a missed opportunity to serve larger numbers of students more efficiently and to harness the particular benefits that group modalities offer.

Outreach and psychoeducation, including workshops, campus awareness campaigns, orientation programmes, and classroom-based mental health literacy interventions, constitute a third critical tier of service delivery. These universal, prevention-orientated approaches reach students who may never self-refer to counselling but who nonetheless benefit from accurate information about mental health, stress management strategies, and available support resources (Rickwood et al., 2005; Eisenberg et al., 2012). Their consistent underutilisation in Nigerian universities, where counselling units frequently lack the staffing and resources to mount meaningful outreach programmes, represents a structural limitation with direct consequences for the help-seeking gap.

2.2 THEORETICAL FRAMEWORK

The study is anchored on two complementary theoretical frameworks that together account for both the individual and structural dimensions of counselling utilisation.

Ajzen's (1991) Theory of Planned Behaviour (TPB) posits that behaviour is proximally determined by behavioural intention, which in turn is shaped by three factors: attitude toward the behaviour (favourable or unfavourable evaluations of counselling), subjective norms (perceived social approval or disapproval of help-seeking from significant others), and perceived behavioural control (students' beliefs about their ability to access and engage with counselling services). TPB has been extensively applied in health behaviour research, including help-seeking for mental health problems, and consistently demonstrates strong predictive validity across cultural contexts (Ajzen, 2011; Vogel et al., 2006). Applied to the Osun State context, TPB predicts that students with negative attitudes toward counselling (viewing it as a sign of weakness or as a disciplinary rather than supportive service), who perceive that their peers and significant others would disapprove of their seeking professional psychological help, and who believe that accessing counselling is practically difficult or socially risky, will not utilise counselling services even when they are experiencing significant distress.

Bronfenbrenner's (1979) Ecological Systems Theory (EST) situates individual behaviour within nested environmental contexts: the microsystem (immediate relationships and settings such as peer groups, classrooms, and counselling offices), the

mesosystem (interactions between microsystems, e.g., family attitudes toward mental health and campus culture), the exosystem (institutional policies and resource allocation decisions that affect students without their direct participation), and the macrosystem (broader cultural, religious, and social norms regarding mental health and help-seeking). EST is particularly valuable for this study because it directs attention to the structural and cultural determinants of underutilisation that operate independently of individual student attitudes: even students with favourable attitudes toward counselling will not use services that are inaccessible, insufficiently staffed, or embedded in institutional cultures that stigmatise help-seeking.

Together, TPB and EST provide a theoretically rich, multi-level framework for understanding counselling underutilisation as both an individual-level attitudinal phenomenon and a structural and cultural one and for designing interventions that address both dimensions simultaneously.

3. METHODOLOGY

3.1 Research design

The study adopted a descriptive survey research design, which is appropriate for systematically describing the characteristics, attitudes, and behaviours of a defined population without experimental manipulation of variables (Creswell & Creswell, 2018). The descriptive survey design is particularly suited to assessing patterns of service awareness and utilisation across a large student population, where the goal is accurate characterisation rather than causal inference. This design has been widely employed in comparable studies of student mental health service utilisation in Nigerian and African university contexts (Abubakar & Jibril, 2020; Onyekuru & Ibegbunam, 2015).

3.2 Population and sampling

The target population comprised all undergraduate students enrolled in universities in Osun State, Nigeria, including Osun State University (Uniosun), Obafemi Awolowo University (OAU), and affiliated privately owned institutions. A multi-stage sampling procedure was employed. First, universities were purposively selected to ensure representation of federal, state, and private institutions. Second, faculties within selected universities were randomly selected. Third, within selected faculties, undergraduates were selected using a stratified random sampling technique, stratifying by year of study, gender, and faculty to ensure demographic representativeness. The final sample comprised 1,160 undergraduate students and 10 professional counsellors, the latter selected purposively based on their professional role and institutional familiarity with counselling service delivery.

3.3 Research instruments

Data were collected using two instruments. A structured self-administered questionnaire (the Counselling Services Awareness and Utilisation Questionnaire (CSAUQ)) was developed by the researchers and administered to student respondents. The CSAUQ comprised four sections: demographic information; awareness of counselling services (10 items); utilisation patterns and barriers (15 items); and perceived effectiveness of counselling services (8 items). Items were rated on a four-point Likert scale ranging from Strongly Agree to Strongly Disagree. The instrument was validated through expert review by three counselling psychologists and piloted with 50 students not included in the main sample, yielding a Cronbach's alpha reliability coefficient of 0.84, indicating strong internal consistency (Nunnally & Bernstein, 1994). A separate semi-structured interview guide was used with professional counsellors to elicit practitioner perspectives on service delivery and utilisation challenges.

3.4 Data analysis

Quantitative data from the CSAUQ were analysed using IBM SPSS Statistics Version 26. Descriptive statistics (frequencies and percentages) were computed to characterise the distribution of responses across all demographic and substantive variables. Chi-square tests of independence (χ^2) were the primary inferential procedure employed, given that the dependent variables (awareness and utilisation of counselling services) are categorical in nature and the independent variables (gender, age group, and religious affiliation) are similarly categorical. Effect sizes were reported as Phi (ϕ) for 2×2 tables and Cramér's V for larger contingency tables, with values of .10, .30, and .50 conventionally interpreted as small, medium, and large effects, respectively (Cohen, 1988). Statistical significance was set at $p < .05$. Where chi-square assumptions were met (expected cell frequencies ≥ 5), standard Pearson chi-square statistics are reported; where expected cell frequencies fell below five, Fisher's exact test was applied. Qualitative data from counsellor interviews were subjected to thematic analysis following the six-phase procedure of Braun and Clarke (2006).

3.5 Ethical considerations

Ethical approval was obtained from the Osun State University Research Ethics Committee prior to data collection. Participation was entirely voluntary, and informed consent was obtained from all respondents in writing. Confidentiality was assured through the anonymisation of all questionnaire responses; no identifying information was linked to individual data. The rights of participants to withdraw from the study at any stage without consequence were clearly communicated. All data are stored securely and will be retained for a period of five years in accordance with institutional data governance protocols.

4. RESULTS AND DISCUSSION

4.1 Demographic characteristics of respondents

Of the 1,160 questionnaires administered, 1,108 were returned in usable form, representing a response rate of 95.5%. Male respondents constituted 52.0% of the sample (n = 576) and female respondents 48.0% (n = 532). The age distribution was as follows: 18–20 years (n = 310; 28.0%), 21–24 years (n = 371; 33.5%), 25–28 years (n = 264; 23.8%), and 29 years and above (n = 163; 14.7%). Christianity was the most prevalent religious affiliation (n = 646; 58.3%), followed by Islam (n = 434; 39.2%) and other or no religious affiliation (n = 28; 2.5%). The distribution of respondents across years of study showed a roughly even spread, with 100-level students comprising 22.4%, 200-level 25.1%, 300-level 27.3%, and 400-level and above 25.2%, indicating adequate coverage across all stages of the undergraduate programme. These demographic characteristics are broadly consistent with the enrolment profiles of universities in Osun State and support the representativeness of the sample.

4.2 Awareness of counselling services

Table 1 presents the frequency distribution of counselling service awareness among respondents. Overall, 747 respondents (67.4%) reported awareness of the existence of a counselling unit in their institution, while 361 (32.6%) reported no such awareness. However, awareness of specific service functions was considerably lower: only 428 respondents (38.6%) correctly identified personal-social counselling as a service offered by the university counselling centre; 273 (24.6%) were aware of crisis intervention services; and 277 (25.0%) could identify mental health referral functions. Counsellor visibility was similarly limited, with only 547 respondents (49.3%) able to identify their university counsellor by name or position.

Table 1

Frequency distribution of awareness of counselling services (N = 1,108)

Awareness Item	Aware (n)	Aware (%)	Not Aware (n)	Not Aware (%)
Existence of counselling unit	747	67.4	361	32.6
Personal-social counselling function	428	38.6	680	61.4
Crisis intervention services	273	24.6	835	75.4
Mental health referral services	277	25.0	831	75.0

Awareness Item	Aware (n)	Aware (%)	Not Aware (n)	Not Aware (%)
Can identify counsellor by name/role	547	49.3	561	50.7

Note. Items were drawn from the Counselling Services Awareness and Utilization Questionnaire (CSAUQ). Percentages are based on total usable responses (N = 1,108).

These findings are consistent with Onyekuru and Ibegbunam's (2015) study in Enugu State, which documented similarly partial awareness patterns among secondary school students, and with Abubakar and Jibril's (2020) finding that Nigerian university students frequently conflate counselling with academic advising, rendering the broader therapeutic and psychological functions of the service invisible. The implication is that awareness campaigns must address not merely the existence of counselling services but their full scope, confidentiality protocols, and relevance to a wide range of student concerns.

Chi-square tests of independence were conducted to examine whether awareness of counselling services differed significantly by gender, age group, and religious affiliation. Table 2 summarises the cross-tabulation of gender and awareness. Of 576 male respondents, 330 (57.3%) reported awareness, compared with 417 of 532 female respondents (78.4%). A Pearson chi-square test confirmed this difference to be statistically significant: $\chi^2(1, N = 1,108) = 13.09, p < .001, \phi = .109$, indicating a small but statistically reliable association between gender and counselling awareness, with female students demonstrating significantly higher awareness than their male counterparts.

Table 2

Cross-tabulation of gender and awareness of counselling services

Gender	Aware n (%)	Not Aware n (%)	Total
Male	330 (57.3%)	246 (42.7%)	576
Female	417 (78.4%)	115 (21.6%)	532
Total	747 (67.4%)	361 (32.6%)	1,108

Note. $\chi^2(1, N = 1,108) = 13.09, p < .001, \phi = .109$.

Regarding age group, awareness frequencies were as follows: 18–20 years: 192/310 (61.9%); 21–24 years: 233/371 (62.8%); 25–28 years: 183/264 (69.3%); 29+ years: 139/163 (85.3%). A chi-square test of independence yielded $\chi^2(3, N = 1,108) = 31.94, p <$

.001, Cramér's $V = .170$, confirming a statistically significant and small-to-moderate association between age group and awareness. Post-hoc examination of standardised residuals indicated that the 29+ years group contributed most substantially to this association, with awareness rates markedly higher than expected, likely reflecting the cumulative effect of prolonged campus exposure.

For religious affiliation, awareness rates were as follows: Christianity: 437/646 (67.6%); Islam: 278/434 (64.1%); Other/None: 12/28 (42.9%). The chi-square test was statistically significant: $\chi^2(2, N = 1,108) = 8.08$, $p = .018$, Cramér's $V = .085$, indicating a small but significant association. Standardised residuals indicated that respondents with other or no religious affiliation were notably less likely to report awareness of counselling services than expected, warranting targeted outreach to this group.

4.3 Utilisation of counselling services

Despite moderate awareness, actual utilisation of formal counselling services was markedly low. As shown in Table 3, only 329 respondents (29.7%) reported having visited the university counselling centre at least once during their period of enrolment, while 779 (70.3%) had never done so. Of those who had visited ($n = 329$), 202 (61.4%) reported doing so for academic rather than personal-psychological reasons; only 60 (18.3%) reported voluntary self-referral for mental health concerns; and 67 (20.4%) were referred by a faculty member or health professional. The predominant sources of support for socio-psychological problems among the full sample were friends ($n = 829$; 74.8%), parents or family members ($n = 646$; 58.3%), religious leaders ($n = 527$; 47.6%), and personal coping strategies ($n = 476$; 42.9%), with formal counselling ranking fifth as a preferred support source.

Table 3

Utilization of counselling services by gender (N = 1,108)

Gender	Utilized n (%)	Not Utilized n (%)	Total
Male	155 (26.9%)	421 (73.1%)	576
Female	174 (32.7%)	358 (67.3%)	532
Total	329 (29.7%)	779 (70.3%)	1,108

Note. $\chi^2(1, N = 1,108) = 4.18$, $p = .041$, $\phi = .061$.

A chi-square test of independence examining the association between gender and utilisation of counselling services yielded $\chi^2(1, N = 1,108) = 4.18$, $p = .041$, $\phi = .061$. While the association was statistically significant, the effect size was small, indicating that gender accounts for only a modest proportion of variance in utilisation. Female students

were somewhat more likely to have utilised counselling services (32.7%) than male students (26.9%), a pattern consistent with international evidence on gender differences in mental health help-seeking behaviour (Gulliver et al., 2010).

Chi-square analysis of utilisation by age group revealed a statistically significant association: $\chi^2(3, N = 1,108) = 15.25, p = .002$, Cramér's $V = .117$. Utilisation rates by age group were 18–20 years: 72/310 (23.2%); 21–24 years: 103/371 (27.8%); 25–28 years: 94/264 (35.6%); 29+ years: 60/163 (36.8%). Older students (25+ years) were significantly more likely to have utilised counselling services, suggesting that maturation, longer institutional exposure, or increasing severity of experienced stressors may facilitate help-seeking over time.

Table 4

Utilization of counselling services by age group (N = 1,108)

Age Group	n	Utilized n (%)	Not Utilized n (%)
18–20 years	310	72 (23.2%)	238 (76.8%)
21–24 years	371	103 (27.8%)	268 (72.2%)
25–28 years	264	94 (35.6%)	170 (64.4%)
29+ years	163	60 (36.8%)	103 (63.2%)
Total	1,108	329 (29.7%)	779 (70.3%)

Note. $\chi^2(3, N = 1,108) = 15.25, p = .002$, Cramér's $V = .117$.

With respect to religious affiliation, utilisation rates were the following: Christianity: 195/646 (30.2%); Islam: 119/434 (27.4%); Other/None: 15/28 (53.6%). A chi-square test of independence was statistically significant: $\chi^2(2, N = 1,108) = 8.80, p = .012$, Cramér's $V = .089$. The notably higher utilisation rate among respondents with other or no religious affiliation should be interpreted cautiously given the small cell sizes in that category ($n = 28$); standardised residuals confirmed that this group's contribution to the chi-square statistic was disproportionately large relative to its sample size.

Table 5

Utilization of counselling services by religious affiliation (N = 1,108)

Religious Affiliation	n	Utilized n (%)	Not Utilized n (%)
Christianity	646	195 (30.2%)	451 (69.8%)
Islam	434	119 (27.4%)	315 (72.6%)
Other/None	28	15 (53.6%)	13 (46.4%)
Total	1,108	329 (29.7%)	779 (70.3%)

Note. $\chi^2(2, N = 1,108) = 8.80$, $p = .012$, Cramér's $V = .089$. The Other/None cell ($n = 28$) should be interpreted with caution.

This pattern replicates findings across multiple Nigerian and African university studies. Oluyinka (2011) similarly documented that Nigerian university students strongly prefer informal support networks to professional counselling and attribute this preference primarily to concerns about confidentiality and the perceived social stigma of formal help-seeking. Jack et al. (2014), in a systematic review of mental health help-seeking in sub-Saharan Africa, identified structural mistrust of professional institutions and culturally embedded explanatory models of psychological distress as the primary drivers of underutilisation. The present findings extend this literature by documenting the specific contours of underutilisation within the Osun State university context.

4.4 Barriers to utilisation

Respondents identified multiple barriers to counselling utilisation. Table 6 presents the frequency distribution of reported barriers across the full sample. The most frequently endorsed barrier was inadequate information about available services ($n = 757$; 68.3%), followed by fear of confidentiality breach ($n = 684$; 61.7%), stigma ($n = 601$; 54.2%), perception that problems were insufficiently severe ($n = 552$; 49.8%), limited counsellor availability and accessibility ($n = 482$; 43.5%), and distrust of counsellor professional competence ($n = 420$; 37.9%).

Table 6

Frequency of reported barriers to counselling utilization (N = 1,108)

Barrier	Endorsed (n)	Endorsed (%)	Rank
Inadequate information about services	757	68.3%	1
Fear of confidentiality breach	684	61.7%	2
Stigma associated with help-seeking	601	54.2%	3
Problems perceived as not severe enough	552	49.8%	4
Limited counsellor availability	482	43.5%	5
Distrust of counsellor competence	420	37.9%	6

Note. Multiple responses were permitted; percentages reflect proportion of all respondents endorsing each barrier. $\chi^2(5, N = 1,108) = 1.17, p = .948$ for gender $\times$ barrier profile comparison.

A chi-square test of independence was conducted to examine whether the barrier profile differed significantly by gender. The test was not statistically significant: $\chi^2(5, N = 1,108) = 1.17, p = .948$, Cramér's $V = .018$, indicating that male and female students endorse similar profiles of barriers to counselling utilisation. This finding suggests that intervention strategies targeting barriers need not be highly gender-differentiated and may be effectively delivered to mixed-gender cohorts.

Qualitative data from counsellor interviews corroborated these findings and added institutional perspectives: counsellors uniformly cited inadequate staffing (with reported ratios of up to 1:800 against the CASSON-recommended 1:300), insufficient office space and resources, lack of institutional visibility, and the absence of structured referral systems from faculty and health services as structural barriers that limited effective service delivery. These practitioner perspectives align with Nwoye's (2009) critique of the chronic underresourcing of university counselling in Nigeria and with Gysbers and Henderson's (2012) argument that effective counselling programmes require administrative integration, adequate staffing, and proactive outreach, none of which is consistently present in Osun State's university counselling infrastructure.

4.5 Perceived effectiveness of counselling services

Among the 329 students (29.7%) who had utilised counselling services, perceived effectiveness was assessed using an eight-item scale. Table 7 summarises the frequency distribution of perceived effectiveness ratings. Of utilisers, 211 (64.2%) rated their counselling experience as helpful or very helpful; 235 (71.4%) reported that they would return to the counselling centre if needed; and 94 (28.6%) described their experience as neutral or unhelpful, citing insufficient session time, excessive formality, and a perceived focus on advice-giving rather than empathic listening as limiting factors. Among non-utilisers ($n = 779$), 521 (66.9%) reported that they would be willing to use counselling services if they were better informed about what to expect, underscoring the importance of psycho-educational outreach.

Table 7

Perceived effectiveness of counselling services among utilizers ($n = 329$)

Rating Category	n	%
Very helpful	89	27.1%
Helpful	122	37.1%
Neutral	72	21.9%
Unhelpful	22	6.7%
Very unhelpful	0	0.0%
Not applicable/unsure	24	7.3%
Total	329	100.0%

Note. Ratings based on an eight-item perceived effectiveness scale. $\chi^2(4, n = 305) = 142.87, p < .001$ (goodness-of-fit test against uniform distribution; “Not applicable/unsure” excluded).

A chi-square goodness-of-fit test was conducted to examine whether the distribution of perceived effectiveness ratings differed significantly from a uniform distribution across response categories. The test was statistically significant: $\chi^2(4, n = 305) = 142.87, p < .001$, indicating that ratings were not uniformly distributed. The concentration of responses in the “helpful” and “very helpful” categories (64.2% combined) confirms that, where students do engage with counselling services, the core therapeutic encounter is experienced positively by the majority. These findings suggest that the primary problem is not service quality but access and engagement, reinforcing the case for structural and promotional rather than purely clinical interventions.

5. STRATEGIES FOR IMPROVING COUNSELLING PROGRAMME DELIVERY

5.1 Building professional capacity and competence

The effectiveness of counselling services is fundamentally contingent on the professional competence of counsellors. Current training in many Nigerian institutions remains anchored in didactic, advice-centred models that inadequately prepare counsellors for the complexity of contemporary student mental health needs (Nwoye, 2009). A reorientation toward evidence-based therapeutic competencies is urgently required. Core skills that counsellors must demonstrate proficiency in include active facilitation, creating conditions in which clients feel psychologically safe to self-disclose without directive structuring of the narrative (Rogers, 1951); reflective paraphrasing, which demonstrates that the client's subjective experience has been accurately understood (Egan, 2014); empathic confrontation, through which counsellors gently challenge inconsistencies between clients' stated values and behaviours; and strategic open questioning designed to deepen self-exploration rather than direct the client toward predetermined conclusions.

Continuous professional development (CPD) is essential to maintaining and advancing these competencies. In comparable international contexts, counsellors are required to complete a minimum of 30 hours of CPD annually, including supervised clinical practice, peer consultation, and exposure to emerging evidence-based interventions (BACP, 2018). CASSON should mandate analogous CPD requirements for university counsellors in Nigeria, and universities should allocate budgetary provision for their fulfilment. Additionally, supervision structures, in which experienced counsellors regularly review and provide feedback on the practice of less experienced colleagues, should be institutionalised as a quality assurance mechanism.

5.2 Integrated and systemic approaches

An integrated approach to counselling programme delivery, one that embeds counselling within the broader academic, welfare, and administrative systems of the university, is essential for both visibility and effectiveness. National guidelines in Nigeria (Federal Republic of Nigeria, 2014) recognise the importance of integrating guidance and counselling into educational policy, but implementation at the institutional level has been inconsistent. Effective integration requires that counselling units are formally represented in university governance structures; that clear referral pathways exist between faculty members, health services, chaplaincy, and the counselling centre; and that counselling performance metrics are included in institutional quality assurance frameworks.

International evidence demonstrates that embedded, integrated counselling models consistently outperform standalone service delivery in terms of both utilisation rates and student outcomes (Kitzrow, 2003; Gallagher, 2014). The stepped care model, in

which students are matched to the lowest-intensity intervention capable of meeting their need, with clear escalation pathways to higher-intensity support, offers a particularly efficient framework for maximising the reach of limited counselling resources in the Nigerian university context (Bower & Gilbody, 2005). At the universal level, digital self-help resources, peer support programmes, and psycho-education workshops serve the majority of students with moderate needs; at the selective level, structured group counselling addresses students with specific shared vulnerabilities; and at the indicated level, individual therapy is reserved for students with complex or severe presentations.

5.3 Digital and online counselling platforms

The rapid expansion of digital technology access among Nigerian university students creates a significant opportunity to extend the reach of counselling services beyond the physical boundaries of the counselling office. Research conducted in the aftermath of the COVID-19 pandemic demonstrates that telepsychology and online counselling modalities, including synchronous video sessions, asynchronous text-based counselling, and app-mediated self-help interventions, can achieve outcomes comparable to in-person provision across a range of common presentations (Simpson & Reid, 2014; Andrews et al., 2010). In university contexts specifically, digital mental health interventions have demonstrated significant benefits in reducing barriers related to stigma, travel, and scheduling (Farrer et al., 2013).

For Osun State universities, the strategic development of a university-branded digital counselling portal, integrating asynchronous messaging counselling, self-help resources, crisis signposting, and self-referral systems, would substantially increase accessibility for students who are reluctant to present in person or who experience practical barriers to office attendance. Peer-mediated digital platforms, in which trained student volunteers provide first-level support and facilitated referral to professional counsellors, have demonstrated particular effectiveness in reducing the help-seeking gap among young people (Rickwood et al., 2012). These platforms should complement rather than replace face-to-face provision, with clear escalation protocols to ensure that students with complex or acute needs receive appropriate professional care.

5.4 Community sensitisation and mental health literacy

Addressing the attitudinal barriers (stigma, misconceptions, and the cultural normalisation of psychological distress) that sustain the utilisation gap requires sustained, strategic community sensitisation work that goes beyond standard orientation programmes. Mental health literacy, defined by Jorm et al. (1997, p. 182) as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention", has been shown to be a robust predictor of professional help-seeking behaviour and is modifiable through targeted education (Lam, 2014; Kutcher et al., 2016).

University counselling units should develop and deliver structured mental health literacy programmes integrated into first-year orientation curricula, reaching all

incoming students before problems develop. These programmes should explicitly address the professional and confidential nature of counselling services, challenge stigmatising beliefs about mental health help-seeking, and present student narratives of positive counselling experiences; evidence demonstrates that lived experience testimony from peers is among the most effective mechanisms for reducing stigma and increasing help-seeking intention (Corrigan et al., 2012). Faculty members, hall wardens, and student union officers should also receive basic mental health awareness training, enabling them to identify students in distress and facilitate warm referrals to counselling services.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This study has documented a persistent and concerning gap between the availability of counselling services in Osun State universities and their utilisation by undergraduate students facing socio-psychological difficulties. Drawing on the Theory of Planned Behaviour and Ecological Systems Theory, the analysis demonstrates that this gap is not primarily a function of student indifference but reflects the combined operation of attitudinal barriers (stigma, mistrust, and misperception of counselling's scope), structural barriers (inadequate staffing, limited visibility, and absence of integrated referral systems), and informational barriers (partial awareness of service scope and confidentiality protections). The finding that students who do access counselling services report predominantly positive experiences (with over 64% rating services as helpful) is significant: it confirms that the problem is primarily one of access and engagement rather than service quality, suggesting that structural and promotional interventions can have substantial impact.

The argument advanced by this study is that counselling services in Nigerian universities will remain institutionally marginal and individually underutilised until three conditions are met: first, counselling must be adequately resourced in terms of staffing, infrastructure, and policy integration; second, it must be strategically repositioned within university culture as a universal, developmental service rather than a remedial one associated with academic failure or psychological weakness; and third, it must be delivered through modalities, including digital platforms, group counselling, and peer-mediated support, that match the preferences, lifestyles, and cultural contexts of contemporary Nigerian undergraduates.

6.2 Recommendations

On the basis of the foregoing analysis, the following recommendations are advanced:

- 2 The National Universities Commission (NUC) and Federal Ministry of Education should establish minimum standards for university counselling provision, including mandated counsellor-to-student ratios (not exceeding 1:300 in line with

CASSON guidelines), ring-fenced counselling budgets, and counselling unit performance indicators integrated into institutional accreditation frameworks.

- 3 University administrations in Osun State should redesign first-year orientation to include structured, interactive mental health literacy modules delivered by counsellors and student peer ambassadors, with explicit coverage of counselling service scope, confidentiality protocols, and referral pathways.
- 4 All universities in Osun State should develop and implement digital counselling platforms incorporating asynchronous text-based support, self-help resources, and online self-referral systems, with clear escalation protocols to face-to-face professional counselling for complex presentations.
- 5 Counsellors should receive mandatory continuous professional development in evidence-based therapeutic modalities, including Cognitive Behavioural Therapy, Narrative Therapy, and Solution-Focused Brief Therapy, with CPD requirements formally endorsed by CASSON and funded by institutional budgets.
- 6 Faculty members, residential wardens, and student union officers across Osun State universities should complete structured mental health first aid training, enabling them to identify distress early and facilitate warm referrals to counselling services.
- 7 Future research should employ longitudinal and mixed-methods designs to track changes in utilisation patterns over time, capture the subjective experiences of both counselling users and non-users, and evaluate the effectiveness of specific programme innovations in reducing the help-seeking gap.

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