



## Counselling in Pharmacy Schools in Nigeria

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A – research concept and design; B – collection and/or assembly of data; C – data analysis and interpretation; D – writing the article; E – critical revision of the article; F – final approval of article.

### Abstract

**Background:** There has been a rise in social, academic and mental health problems among university students which can be reduced if students have access to counselling services.

**Objectives:** This study sought to assess the involvement of students in counselling activities across federal, state and private schools in Nigeria and determine the barriers students encounter in accessing counsellors.

**Methods:** The study was a cross-sectional survey of undergraduate students in public (Federal and State) and private pharmacy schools in Nigeria. The sample size of 857 students was calculated using Krejcie and Morgan's formula (1970) and used in the study. A set of pretested questionnaires was validated and administered to respondents. Data was collected and organised using descriptive statistics like frequencies, percentages and weighted averages. Inferential determination was done using statistics like Kruskal-Wallis and Chi-Square ( $\chi^2$ ) Tests.

**Results:** The results revealed that 66.9% had not encountered any counsellor and 80.0% had never been referred to a counsellor since they entered pharmacy school. Federal universities had more students who had never been referred to a counsellor since they resumed school ( $\chi^2= 6.250, p = 0.04$ ). The barriers to accessing counsellors included issue of confidentiality of the encounter (16.3%), stigma attached to meeting with counsellors (11.5%) among others.

**Conclusions:** Counselling services are available in most pharmacy schools but the students were not properly sensitized to them. Issue of confidentiality and stigma are some of the barriers affecting the willingness of the students to access a counsellor.

**Keywords:** Counselling, Pharmacy schools, Perception, Barriers

### INTRODUCTION

Counselling is the process by which individuals learn, understand themselves and their immediate environment with the help of a person (the counsellor) who guides them in taking the right step to ensure their growth, progress and development vocationally, educationally and socio-personally (Uche, 2021; Dianovi *et al.*, 2022). According to Kabir (2017) counselling is a process that occurs between client and counsellor in which clients are facilitated to make decisions and plan their process of behaving, feeling, and thinking to optimize their well-being. It is a strategy of relating to and responding to other people

with the objective of providing them with opportunities to explore, clarify, and strive towards living in a more satisfactory and resourceful way (UNESCO, 1994). There is the misconception that counselling is only for those with problems related to behavioural, emotional or health issues like HIV/AIDS. In the real sense, people go for counselling for various other reasons and they take this step because of their readiness to deal with the problems they have (Kottler and Balkin, 2020).

Adjustment to university life can be challenging for all students. Entrance into educational institutions, like

Pharmacy school, for first generation learners expose them to psychological challenges that are personal, occupational and societal and can be stressful due to emotional, physical and psychological adjustment, hence a need for counselling (Kamunyu *et al.*, 2016). As a result, most schools have academic advisors to help students navigate their academic journeys. Larson *et al.* (2018) defined academic advising as knowledge being applied to empower students and campus community members to successfully navigate academic interactions related to higher education. Student academic advisors also provide the services of a counsellor but in the school setting. Even though counselling helps in the development of students personally, educationally and careerwise, it is an essential element to guiding individuals' behaviour in the society (Amadike and Adiola, 2019). The goal of counselling services is to support and assist the individuals, in this case the students, who are having psycho-social issues, particularly as they transition into university life and then out to life after school. To provide students with psychological assistance, counselling services are provided in educational settings. These services are to basically help re-shape the orientation of students from negative ideas and prepare them to take responsibility for their actions and decisions and accept the consequences for such (Dianovi *et al.*, 2022). Counsellors are leaders and are also role models to the students therefore forming an important part of the educational system and due to their training are considered to be the best equipped school professionals to develop and implement both preventive and intervention program for youths at risk (Hatch and Bowers, 2002; Public Health Roundup, 2019). They are expected to be close to the students, listen to their complains and provide counsel on the right way forward (Dhal, 2020). They can provide

## METHODOLOGY

The study was a descriptive cross-sectional survey of Pharmacy undergraduates from six universities. Six federal owned universities (Ahmadu Bello University (ABU), Obafemi Awolowo University (OAU), University of Ibadan (UI), University of Ilorin (UNILORIN), University of Nigeria, Nsukka (UNN) and University of Maiduguri (UNIMAID)) were purposely selected from each of the six geopolitical zones of Nigeria. One private-owned university (Madonna University) and one state-owned university (Olabisi Onabanjo University (OOU)) were included for comparison. This study excluded pharmacy students who were unwilling to participate in the study. The research approach used was adapted from the one developed by Fitch *et al.*, 2001. The sample

counsel through individual counselling, group counselling, consultation and work in collaborative effort with the teachers and parents (Shaterloo and Mohammadyari, 2011; Len, 2018).

Over the years, failure and poor performance of some students have been linked to poor or lack of counselling about the difficulties they face in the course of their study in the University (Adubale and Oyaziwo, 2019). Pharmacy as a course has been regarded as tough and one of the reasons many students repeat a class or dropout is as a result of excessive workload (Jegade *et al.*, 2020). Also, these students are plagued with negative academic emotions (NAEs) which would require the help of counsellors to overcome (Erhun *et al.*, 2021). The primary aim of counselling in pharmacy education is assisting students to understand themselves, assist in meeting their physiological and psychological needs, acceptance by peers and providing avenue to gain freedom (Ogunwole, 2019).

Based on research, the Institute of Medicine (1997) recommended that counselling should be an important service to students and should not be optional because mental health and psychological service are essential to achieve good academic results. This was also the position of Cronin *et al.* (2021) when they examined the perspective of students to college counselling. Counselling has also proven to be effective in preventing mental health problems which can lead to students committing suicide (Gallo, 2017).

The objectives of the study were to assess the involvement of students in counselling activities; evaluate the perceptions of students about counselling and determine the barriers to accessing and communicating with counsellors in pharmacy schools located in Nigeria. The study also sought to evaluate how these objectives differ across federal, state and private schools.

size was drawn from a population of 5808 students and determined using Krejcie and Morgan formula (1970) with a 3.5% margin of error. The sample size with attrition inclusive was calculated to be 857.

The representative sample for this study was drawn from the population using stratified random sampling method from each of the five levels (100-500). The stratification was done to have representative samples from each level from all the schools. Primary source of data was used in the study. A pilot study was carried out using respondents from the University of Lagos and this school was not included in the main study. The main instrument used in this study was a set of questionnaires. The reliability test of the instrument used in the study gave a Cronbach's alpha value of 0.8.

The questionnaire consisted of 15 functions based on the five-school counsellor role identified by Erford (2019) and each role was assessed based on the three (3) categories of development: academic, career and personal, as emphasized by the National Standards for School Counselling Programs (Dahir and Campbell, 1997). The questionnaire was designed using a 5-point Likert scale of agreement (0.01-1.00 – Strongly disagree (SD); 1.01-2.00 – Disagree (D); 2.01-3.00 – Neutral (N); 3.01-4.00 – Agree (A); 4.01-5.00 – Strongly Agree (SA)) to rate the respondents' perception of school counsellor's role.

## RESULTS

Table 1 presents the demographic information of the respondents. Most of the students (207, 24.2%) were from the University of Nigeria, Nsukka (UNN) which had the largest population (1660 students) among the schools. Also, majority of the respondents were females (459, 53.6%) and 20-22 years of age (395, 46.1%).

Table 2 showed the involvement of respondents in counselling activities in some pharmacy schools in Nigeria. Most of the students were not introduced to counselling services in the three types of schools- Federal, State and Private schools respectively (394, 59.4%; 44, 62.9%; 71, 72.4%) especially those in Federal schools ( $\chi^2= 8.658$ ,  $p = 0.013$ ). Most had not encountered a counsellor since they were admitted (446, 64.7%; 52, 74.3%; 75, 76.5%) and this was more pronounced with federal schools ( $\chi^2= 7.279$ ,  $p = 0.026$ ). Those who had counsellors, were assigned by the faculty, particularly for those in Federal schools (177, 53.0%). The majority of the respondents had not been referred for any reason to see a counsellor since

The data collected was coded and analysed. With the aid of Statistical Package for Social Sciences (SPSS) software (version 25) the data was organised with descriptive statistics including frequencies, percentages and weighted averages, and analysed with Kruskal-Wallis and Chi-Square ( $\chi^2$ ) tests to test for significance across the different types of schools (federal-owned, state-owned and private-owned) at  $p < 0.05$ .

they began their studies in pharmacy for the three schools respectively (550, 79.8%; 63, 90.0%; 73, 74.5%). Federal universities had more students who had never been referred to a counsellor since they resumed their studies ( $\chi^2= 6.250$ ,  $p = 0.04$ ). Those who had been involved in counselling participated more in individual counselling for federal and state schools (207, 30.0%; 28, 40.3%) while those in private universities were more involved with group counselling (33, 33.7%).

The respondents were asked if they had ever had any challenge that required counselling and most (56.2%) acknowledged that they have had challenges that required counselling and the responses were not different across the schools ( $\chi^2= 3.612$ ,  $p = 0.164$ ). The persons who carried out counselling for the respondents were thus: senior colleagues (13.3%), their mothers (11.9%), practising pharmacists (6.1%), lecturers (6.0%), fathers (4.8%), peers (4.6%), pastors (4.4%), student counsellor (1.4%) and imam (0.4%).

Table 1: Demographic Characteristics of Respondents

Variable	Category	Frequency	Percentage (%)
School	University of Ilorin	110	12.8
	University of Maiduguri	62	7.2
	Ahmadu Bello University	87	10.2
	University of Nigeria	207	24.2
	Madonna University	98	11.4
	University of Benin	71	8.3
	Obafemi Awolowo University	152	17.7
	Olabisi Onabanjo University	70	8.2
	<b>Total</b>	<b>857</b>	<b>100.0</b>
Level of Study	100 level	131	15.3
	200level	197	23.0
	300 level	177	20.7
	400 level	198	23.1
	500 level	154	17.9
		<b>Total</b>	<b>857</b>
Age (Years)	17 - 19	205	23.9
	20 - 22	395	46.1
	23 -25	202	23.6
	26 and above	55	6.4
		<b>Total</b>	<b>857</b>
Gender	Female	459	53.6
	Male	398	46.4
		<b>Total</b>	<b>857</b>
Religion	Christianity	658	76.8
	Islam	192	22.4
	Others	7	.8
		<b>Total</b>	<b>389</b>

**Table 2: Involvement of Students in Counselling Activities in some Pharmacy Schools in Nigeria**

Variable	Items	University Type						Kruskal Wallis Chi square	Sig
		Federal		State		Private			
		N	%	N	%	N	%		
Were you introduced to counselling services when you entered pharmacy school?	Yes	295	42.8	26	37.1	27	27.6	8.658	0.013
	No	394	57.2	44	62.9	71	72.4		
	<b>Total</b>	<b>689</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>		
Have you had encounter with any counsellor since you have been admitted?	Yes	243	35.3	18	25.7	23	23.5	7.279	0.026
	No	446	64.7	52	74.3	75	76.5		
	<b>Total</b>	<b>689</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>		
If yes, how did you come about having a counsellor?	Your choice	91	27.2	14	41.2	12	42.9	1.806	0.405
	Assigned by Faculty	177	53.0	14	41.2	8	28.6		
	Assigned by religious leader	27	8.1	1	2.9	4	14.3		
	Others	39	11.7	5	14.7	4	14.3		
	<b>Total</b>	<b>689</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>		
Have you been referred to a counsellor since you began your studies in pharmacy school?	Yes	139	20.2	7	10.0	25	25.5	6.250	0.044
	No	550	79.8	63	90.0	73	74.5		
	<b>Total</b>	<b>689</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>		
What types of counselling have you participated in?	Individual	207	30.0	28	40.0	24	24.5	0.896	0.639
	Group	161	23.4	10	14.3	33	33.7		
	None	315	45.7	32	45.7	41	41.8		
	Others	6	0.9	0	0.0	0	0.0		
	<b>Total</b>	<b>689</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>		

When asked if they had encountered any barrier in assessing or communicating with a counsellor, most in federal and states schools had not encountered any barrier (441, 64.0%; 46, 65.7%) while most in private schools had (47, 50.7%).

The major barriers encountered by respondents from federal schools in accessing and communicating with the counsellors were confidentiality issues (16.3%), stigma attached (11.5%), cultural differences (11.0%) and invasion of privacy (11.0%) (Table 3). Religious belief was the major barrier identified in state (60%) and private schools (36.4%). Most of the respondents however indicated that they had not experienced any barrier in assessing or communicating with counsellor in their schools and this was found to be to varying degrees across the different types of schools (State =

65.7%, Federal = 64.0%, Private = 22.0%) respondents from federal schools found it easier to access counsellors ( $\chi^2 = 8.658$ ,  $p = 0.013$ );  $p = 0.000$ ).

Table 4 showed that most of the respondents in all the schools (federal, state and private) were neutral (indifferent) in their response to gender difference affecting their communication with counsellors (Weighted Average (WA) = 2.6; 2.6; 2.8) and could not say anything changed after communicating with their counsellors (WA = 2.4; 2.2; 2.7). Students in state and private schools agreed that they felt insecure communicating personal issues with a counsellor (WA = 3.8; 3.6) and that counselling services are more relevant to female students than male students (WA = 3.1; 3.0)

Table 3: Types of Barriers to counselling according to Types of University

Variable	Category	Type of University						Kruskal Wallis	
		Federal		State		Private		Chi-square	Sig
		Freq	(%)	Freq	(%)	Freq	(%)		
Have you encountered any barrier in assessing or communicating with school counsellor?	No	441	64.0	46	65.7	47	52.0	9.772	0.008
	Yes	248	36.0	24	34.3	51	48.0		
	<b>Total</b>	<b>689</b>	<b>100.0</b>	<b>70</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>	<b>Total</b>	
Other barriers	Confidentiality issue	41	17.4	0	0.0	0	0.0	0.000	
	Language	14	5.9	0	0.0	0	0.0		
	Invasion of privacy	26	11.0	0	0.0	0	0.0		
	Cultural differences	28	11.9	0	0.0	0	0.0		
	Counsellors are strangers	26	11.0	0	0.0	0	0.0		
	Stigma attached	29	12.3	0	0.0	0	0.0		
	Expectation to one's need	19	8.1	0	0.0	4	36.4		
	Religious beliefs	18	7.6	3	60.0	4	36.4		
	Unaware of counselling services	4	1.7	2	40.0	0	0.0		
	Counsellor not available	2	0.8	0	0.0	0	0.0		
	Predictable approach of counsellor	7	3.0	0	0.0	0	0.0		
	Lack of time	1	0.4	0	0.0	0	0.0		
	Financial cost	1	0.4	0	0.0	0	0.0		
	Counsellor pride	1	0.4	0	0.0	0	0.0		
	Counsellor location unknown	19	8.1	0	0.0	3	27.2		
	<b>Total</b>	<b>236</b>	<b>100.0</b>	<b>5</b>	<b>100</b>	<b>15</b>	<b>100.0</b>		

Table 4: Perception of students about their encounters with Counsellors

Variables	x	Type of University									Kruskal Wallis		
		Federal			State			Private			WA	Chi-square	Sig
		f	fx	WA	f	fx	WA	f	fx	WA			
Gender difference has affected my communication with a counselor	SD	1	154	154		20	20		20				
	D	2	119	238		9	18		12				
	N	3	296	888	2.6	27	81	2.6	45	135	2.8	3.169	0.205
	A	4	103	412		10	40		12	48			
	SA	5	17	85		4	20		9	45			
<b>Total</b>			<b>689</b>	<b>1777</b>		<b>70</b>	<b>179</b>		<b>98</b>	<b>272</b>			
I feel insecure communicating personal issues with a counselor	SD	1	149	149		16	16		18	18			
	D	2	77	154		5	10		11	22			
	N	3	212	636	2.9	21	63	3.8	26	78	3.6	2.160	0.340
	A	4	208	832		16	64		18	72			
	SA	5	43	215		23	115		33	165			
<b>Total</b>			<b>689</b>	<b>1986</b>		<b>70</b>	<b>268</b>		<b>98</b>	<b>355</b>			
Nothing changed about me after communicating with a counselor	SD	1	192	192		29	29		28	28			
	D	2	95	190		6	12		15	30			
	N	3	334	1002	2.4	26	78	2.2	49	147	2.7	7.538	0.023
	A	4	55	220		8	32		5	52			
	SA	5	13	65		1	5		1	5			
<b>Total</b>			<b>689</b>	<b>1669</b>		<b>70</b>	<b>156</b>		<b>98</b>	<b>262</b>			
Counseling service are more relevant to female students	SD	1	116	116		13	13		15	15			
	D	2	192	384		25	50		39	78			
	N	3	259	777		25	75		36	108	3.0	9.901	0.007
	A	4	102	208	2.3	13	52	3.1	15	60			
	SA	5	20	100		5	25		7	35			
<b>Total</b>			<b>689</b>	<b>1585</b>		<b>70</b>	<b>215</b>		<b>98</b>	<b>296</b>			

0.01-1.00 = Strongly Disagree; 1.01-2.00 = Disagree; 2.01-3.00= Neutral; 3.01-4.00 = Agree 4.01-5.00 = Strongly Agree

## DISCUSSION

The importance and advantage of counselling services in undergraduate pharmacy schools cannot be over-emphasized (Nkechi *et al.*, 2016). The availability of counselling services which was assessed by certain questions posed to the students revealed that most of the students were not introduced to counselling when they gained admission into pharmacy school. Most of these students in the public schools had not encountered a counsellor or undergone any type of counselling since their admission to pharmacy school. Majority of those students who have encountered a counsellor have been assigned one by the faculty especially in federal universities. The federal universities that belong to the older generation have systems in place to cater for students unlike newer private institutions which might not have a proper structure in place because most of their lecturers are employed on parttime basis. Involvement of respondents with counselling services varied across

the different schools. The federal schools especially lagged a little bit behind the state and private schools. This could be as a result of the large population of students in federal schools and also because the students might have lost confidence in the school advisory system.

In private and state universities, majority of the students chose their counsellors. From this study, it can be said that counselling services are available in public and private universities. However, most of the respondents had never been referred to a counsellor before in the three categories of schools. This could be because of existing barriers that prevent the students from assessing counselling services or students' misconceptions about counselling. There might be a slim chance that some of the students have not had an experience or problem that warranted being referred to a counsellor or may have had but resorted to personal resolution or receiving counsel from peers, parents and

their senior colleagues. Although more students have had challenges that require counselling in the State university.

Most of the students in federal schools expressed concern about confidentiality of encounters with counsellors and this poses a major barrier to accessing and communicating with counsellors. This agrees with the conclusion of two studies (Glosoff and Jr, 2002; Kambouropoulos, 2015). Stigma attached to seeing a counsellor was another barrier, because people think students who consult counsellors have mental health problems and a lot of students don't want to be seen in that light (Pavitra *et al.*, 2007; Radez *et al.*, 2021)). Other factors in descending importance are cultural difference, invasion of privacy, counsellors being strangers, not meeting up the expectation of the students' need, religious beliefs and others, similar to the findings of Kambouropoulos (2015). In the state university, religious belief and lack of awareness of counselling services were the major barriers to counselling while in the private university, religious beliefs and not meeting up with the expectations of

students' needs were the major barriers. The high values obtained for federal universities can be accounted for by the large number of federal schools used in the study. This warranted the use of Kruskal-Wallis test which makes adjustments for the differences in mean in the three groups. There was significance across the schools in their responses to the barriers in accessing or communicating with school counsellors.

From this study it is clear that there is the need for proper sensitization of students upon entry into the University about the availability of counselling services and also encourage them to use the services. For example, most students might be ignorant of privacy protection available to them and the need of counsellors to be discreet about counselling sessions and thus should exercise a high level of confidentiality (Kambouropoulos, 2015). The schools should conduct educational workshops geared at preventive intervention and employ dynamic techniques to handle various cases that are unique to the students (Chen and Kok, 2015).

## CONCLUSION

The study has shown that most pharmacy students are not aware of counselling services and therefore use the service only to a small extent. Those that have accessed counsellors were either mostly assigned by the faculty or chosen by the students themselves. The high-ranking barriers the students perceived to

accessing counselling services were confidentiality issues, stigma, cultural difference and lack of privacy. Students in private and state schools especially, perceived insecurity when accessing counsellors and believe counselling services were more relevant for females than male.

## ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained from the Institute of Public Health, OAU, Ile-Ife with certificate number IPH/OAU/12/1768.

## REFERENCES

- Adebale, A. and Oyaziwo, A. (2019). The Profile of Undergraduate Students who Utilize the Services of the Counselling Center at the University of Benin, Nigeria, *Education Journal Quarterly*. 42(4): 21–40.
- Amadike, E. and Adiola, B., K. (2019). Roles of guidance and counselling in effective teaching and learning in secondary schools in Rivers state. *British Journal of Education, Learning and Development Psychology*. 1(2): 29–38.
- Chen, K. and Kok, J. K. (2015). Barriers to Seeking School Counselling: Malaysian Chinese School Students' Perspectives. *Journal of Psychologists and Counsellors in Schools*. 1: 1–17. <https://doi.org/10.1017/jgc.2015.21>
- Cronin, S., Levene, A. C., Pajari, A., Evans, C. and Ulrich, M. (2021). Counselling is Great but Not for Me: Student Perspectives of College Counselling. *College Student Affairs Journal*. 39(2): 225–239. <https://doi.org/10.1353/csaj.2021.0008>
- Dahir, C. and Campbell, C. (1997). Sharing the vision: The national standards for school counselling programs, Alexandria, Virginia.
- Dhal, P. (2020). Guidance and Counselling in Teacher Education. Conference: Teacher Education: Present Scenario and Future Challenges Ranchi, India
- Dianovi, A., Siregar, D., Mawaddah, I. and Suryaningsih, S. (2022). Guidance and Counselling in Education. *World Psychology*. 1: 27–35. <https://doi.org/10.55849/wp.v1i2.95>



- Erford, B. T. (Ed.). (2019). Transforming the school counselling profession, 5<sup>th</sup> Ed., Prentice Hall, Upper Saddle River, NJ.
- Erhun, W. O., Jegede, A. O., Ojelabi, J. A. (2021). Implications of Failure on Students Who Have Repeated a Class or More. *Currents in Pharmacy Teaching and Learning*. 14(2): 166-172. USA
- Fitch, T., Newby, E., Ballesteros, V. and Marshall, J. L. (2001). Future School Administrators' Perceptions of the School Counsellor's Role. *Counsellor Education and Supervision*. 41(2): 89–99. <https://doi.org/10.1002/j.1556-6978.2001.tb01273.x>
- Gallo, L. L. (2017). Professional Issues in School Counselling and Suicide Prevention. *Journal of School Counselling*. 27.
- Glossoff, H. and Jr, P. (2002). Privacy and Confidentiality in School Counselling. *Professional School Counselling*. 6 :20-27.
- Hatch, T. and Bowers, J. (2002). The Block to Build On. *ASCA School Counselor*. 39(5): 12-17
- Institute of Medicine (US) Committee on Quality Assurance and Accreditation Guidelines for Managed Behavioral Health Care. (1997). *Managing Managed Care: Quality Improvement in Behavioral Health* (M. Edmunds, R. Frank, M. Hogan, D. McCarty, R. Robinson-Beale, and C. Weisner, Eds.). National Academies Press (US). <http://www.ncbi.nlm.nih.gov/books/NBK233228/>
- Jegede, O. A., Adebisi, H. A. and Erhun, W. O. (2020). Academic Performance of Students in other University Courses after Dropping Out of Pharmacy School. *Pharmacy Education*. 20(1): 346-356.
- Kabir, S. M. (2017). Essentials of Counselling: Introductory. 1<sup>st</sup> ed Abosar Prokashana Sangstha, Sutrapur, Dakar. 21-44
- Kambouropoulos, A. (2015). Barriers to the Utilisation of Counselling Services by International Students. *World Journal of Education*. 5(5): 1. <https://doi.org/10.5430/wje.v5n5p1>
- Kamunyu, R. N., Ndungo, C. and Wango, G. (2016). Reasons Why University Students Do Not Seek Counselling Services in Kenya. *Journal of Educational Practice*. 7(15): 142-145
- Kottler, J. and Balkin, R. S. (Eds.). (2020). Myths, Misconceptions, and Invalid Assumptions About Counselling and Psychotherapy (New York, 2020; online edn, Oxford Academic). Accessed 30 Oct. 2022.
- Krejcie, R. V. and Morgan, D. W. (1970). Determining Sample Size for Research Activities. *Education and Psychological Measurement*. 30(3): 607–610. <https://doi.org/10.1177/001316447003000308>
- Larson, J., Johnson, A., Aiken-Wisniewski, S. A. and Barkemeyer, J. (2018). What is Academic Advising? An Application of Analytic Induction. *NACADA Journal*. 38(2): 1-13.
- Len, K. E. (2018). Group Counselling Techniques and Risk Behaviour Management among Secondary School Students: From a Curriculum Implementation Viewpoint. *Open Journal of Social Sciences*. 6(3): Article 3. <https://doi.org/10.4236/jss.2018.63019>
- Nkechi, E. T., Ebizie, E. N. and Enajedu, E. E. (2016). The role of Guidance and Counselling in effective teaching and learning in schools. *International Journal of Multidisciplinary Studies*. 1(2): 36–48. [https://www.researchgate.net/publication/324209919\\_The\\_role\\_of\\_Guidance\\_and\\_Counselling\\_in\\_effective\\_teaching\\_and\\_learning\\_in\\_schools](https://www.researchgate.net/publication/324209919_The_role_of_Guidance_and_Counselling_in_effective_teaching_and_learning_in_schools)
- Odeleye, D. (2017). Overview of school guidance and counselling services. *European Journal of Education Studies*. 3(7): 346–361. <https://doi.org/10.5281/zenodo.819904>
- Ogunwale, E. A. (2019). The Impact of Counselling Services on Psychosocial Development among Selected Private Secondary Schools in Kaduna Metropolis. *African Research Review*. 13(4): Article 4. <https://doi.org/10.4314/afrr.v13i4.12>
- Pavitra, K. S., Chandrashekar, C. R. and Choudhury, P. (2007). Creativity and mental health: A profile of writers and musicians. *Indian Journal of Psychiatry*. 49(1): 34–43. <https://doi.org/10.4103/0019-5545.31516>
- Public health roundup. (2019). *Bulletin of the World Health Organization*. 97(9): 583–584. <https://doi.org/10.2471/BLT.19.010919>
- Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G. and Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European Child and Adolescent Psychiatry*. 30(2): 183–211. <https://doi.org/10.1007/s00787-019-01469-4>
- Shaterloo, A. and Mohammadyari, G. (2011). Students counselling and academic achievement. *Procedia - Social and Behavioural Sciences*. 30:625–628. <https://doi.org/10.1016/j.sbspro.2011.10.121>
- Uche, N. (2021). Professional Counselling Programme: A veritable tool for nation building and security enhancement in Rivers state. *International Journal of Innovative Social Sciences & Humanities Research*. 9(3):196-199.

United Nations Educational, Scientific and Cultural Organization (UNESCO) (1994). Counselling and orientation of students in higher education. Vol 29(3). Higher Education in Europe. <https://unesdoc.unesco.org/ark:/48223/pf0000155712>

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