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Towards improving the utilisation of counselling centre services by Ghanaian university students: An exploratory study

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This study sought to explore university students' expectations from on-campus counselling centres in order to improve service utilisation. A total of 72 Ghanaian students attending a public university in Accra (64% females; 85% undergraduate; 90% in the 18–35 age range) provided written responses of their expectations from their counselling centre. Thematic analyses yielded two essential counselling centre needs: Enhanced counselling centre functions and the elimination of systems barriers. For enhanced counselling centre functions, students reported needing traditional and non-traditional services, as well as advocacy efforts on their behalf. Systems barriers students wanted eliminated were stigma, low awareness and inaccessibility. These findings indicate a need for a holistic approach to service delivery, and elimination of services-seeking barriers to improve counselling centre service utilisation at Ghanaian universities.

Keywords: Ghana, university students, mental health services utilisation, counselling centre, needs assessment

Introduction

Although about 75% of all lifetime mental health disorders present by the age of 24 (Alonso et al., 2014; Kessler et al., 2005), young adults who attend college or university are positioned to have their mental health needs taken care of, since colleges and universities have dedicated resources for the mental health wellbeing needs of their students (Amos et al., 2020; Kivlighan et al., 2021). Worldwide though, university counselling services are underutilised (Bilican, 2013; Ebert et al., 2019; Eisenberg et al., 2012). Marsh and Wilcoxon (2015), for example, report that only about 10% of university students in psychological distress seek professional help to resolve their problems in the United States, with the reasons for underutilisation including students' non-recognition of their need for professional help, low awareness of mental health resources, students' preferences to handle emotional distress on their own or with the help of family and friends, negative mental health seeking attitudes, and low counsellor to student ratios (Bilican, 2013; Eisenberg et al., 2012; Leath & Jones, 2022; Mull et al., 2018). A sampling of students' use of counselling centres in Ghana suggests that less than 5% of students seek professional help to resolve mental health distress at the smaller universities, while counselling services utilisation at the larger universities ranges from 4% to 10% (e.g. A. Dadebo, personal communication, 30 March 2022; University of Ghana Careers and Counseling Center, 2021).

However, no studies have investigated the reasons for service underutilisation in Ghanaian university counselling centres, to improve counselling centre services utilisation. Western findings cannot generalise to African settings because “one cannot assume that findings from studies conducted in Europe or North America will be valid in other contexts as the expression and experience of psychological distress is partly dependent on the cultural

and socio-economic context” (Flisher et al., 2002, p. 300). Wondie and Abawa (2019), for example, have reported that Ethiopians seek traditional healing for mental disorders in line with most Africans' conceptualisations of mental disorders as afflictions from malevolent supernatural forces or supernatural retribution for wrongs committed (Ae-Ngibise et al., 2010; Badu et al., 2019; Kpobi & Swartz, 2019; Kyei et al., 2014; Müller, 2014). Ghanaian university students may therefore have acute counselling needs that remain unaddressed due to a possible cultural mismatch and a lack of adaptation of counselling services to the local setting.

While studies on university counselling centre utilisation in African universities are underrepresented in the literature, a number of studies have investigated mental health-seeking behaviours in African university students. For instance, Bantjes et al. (2020) found that the likelihood of seeking treatment for a mental disorder was lower among males and Black students in a South African university, while Andoh-Arthur et al. (2015) found that Ghanaian undergraduate students in their first year, as well as students who associated seeking professional help with stigma at both the self and social levels, reported a lower intent to seek psychological help. They also found that students who reported a greater intent to seek professional help for mental distress, and students who had higher levels of social support held more positive attitudes towards mental healthcare services.

Some researchers (e.g. Marsh & Wilcoxon, 2015; Mojtabai et al., 2011) have suggested that systems-related barriers such as affordability, availability, accessibility and acceptability may be the missing link between mental health-seeking intentions and actual service utilisation among university students. Due to the underrepresentation in the literature on counselling centre services utilisation on the African continent, it is however unknown whether similar systemic barriers contribute to service

underutilisation among Ghanaian students. This study therefore sought to contribute to the understanding of the underutilisation of on-campus counselling services. The goals of the present study were to:

1. Explore whether Ghanaian students need culture-specific counselling centre services in order to improve services utilisation.
2. Determine if systemic barriers contribute to service underutilisation.
3. Obtain information to guide university mental health practitioners and administrators in providing culturally competent services.

Methods

Qualitative approach and research paradigm

The study employed an exploratory qualitative approach to investigate Ghanaian university students' needs from their counselling centres. The qualitative approach enabled the researchers to follow up on emerging information that could guide university mental health practitioners and administrators in providing culturally competent counselling services. Given our objective of understanding students' emotional well-being needs in order to address them, our work was guided by an essentialist theoretical framework (Potter & Wetherell, 1987) of reporting the reality of students' stated needs for counselling centre utilisation.

Researcher characteristics and reflexivity

The research was conducted by two psychologists who were aware of how the position of one of the researchers as a counsellor at the counselling centre may influence students' participation in the study. The event was therefore planned with student volunteers who approached students at the outreach and invited them to participate in the study voluntarily.

Participants and setting

The present study was undertaken in a public university in the capital, Accra, with a student population of approximately 8 000 and a yearly counselling centre utilisation of approximately 1%. Students who attended a wellness outreach jointly organised by the university's counselling and health centres in November 2021 were invited to voluntarily participate in research being undertaken to meet the emotional needs of students better. Of the 100 students who attended the outreach, 72 students volunteered to take part in the study, and their information is presented in Table 1.

Procedure

The study followed the principles of the Declaration of Helsinki, with informed consent obtained from every participant. The data were obtained as part of an outreach activity to improve awareness of the counselling centre's activities among students. The data collection process was approved by the Ghana Institute's medical team and the information sought posed no risk to students' well-being.

Table 1. Participant information ($N = 72$)

Characteristics	<i>n</i>	%
Gender		
Male	26	36.11
Female	46	63.89
Age group		
18–35 years	65	90.28
36–50 years	7	9.72
Level of study:		
Undergraduate	61	84.72
Graduate	11	15.28

Data collection

Data were collected by three student volunteers trained to invite students to participate anonymously in a study that could result in an improvement of the counselling centre's meeting of their needs. Participants responded to the following open-ended question: "How can the counselling centre best meet your mental well-being needs?" For credibility and trustworthiness checks, member checking was utilised to cross-check intended meanings and accurate data capture.

Data analyses

We followed Braun and Clarke's (2006) inductive thematic analysis approach as follows: for initial code generation at the semantic level, both researchers separately immersed themselves in the data to familiarise themselves with the data and looked for meanings in students' provided responses. Each response was given equal attention by each researcher independently. Each participant was assigned a unique number, and thus given the open-ended format of the question, one ID number could have a number of different answers/codes associated with it. All generated codes were then entered into Excel worksheets (Microsoft Corp, Redmond, WA, USA) for dependability of interpretation. A total of 86 codes were individually identified by both researchers. Jointly, 28 different needs were identified at the semantic level (see the Appendix in the supplementary data), which were regrouped under two main student expectations from the counselling centre: (1) enhancement of counselling centre functions; and (2) elimination of systems barriers (Figure 1).

Results

Theme 1: Enhancing counselling centre functions

Under the "enhancing counselling centre functions" theme, we further identified three sub-themes of needs for: (a) traditional or typical services; (b) non-traditional or atypical services; and (c) advocacy efforts on behalf of students.

- (a) Traditional/typical services: The most frequently mentioned service that students need help with was choosing a career (e.g. "I think the counselling centre can help me with deciding on a career path" [Participant (P) 62]; "I need help with career guidance" [P44]; and "the counselling centre should organise career fairs" [P58]). A number of students also identified needing the counselling centre to

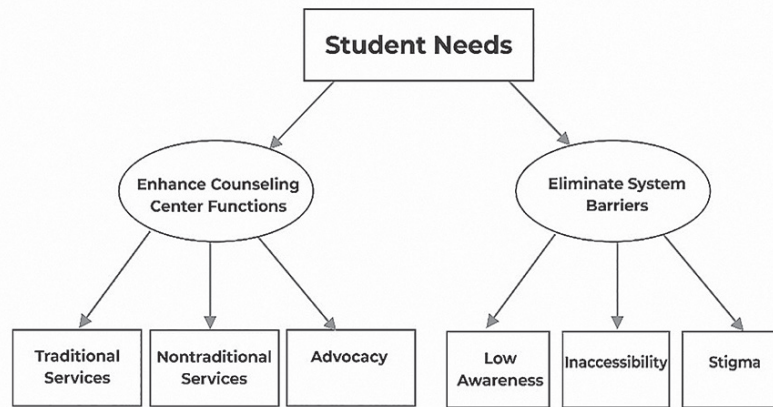


Figure 1. Thematic representation of students' reported needs.

provide psychotherapy for common mental health presenting problems (e.g. “have some sort of group where students going through depression and other things affecting their mental health can talk” [P24]; “help students heal from emotional trauma” [P64]) and to organise workshops and seminars on mental health (e.g. “I think the counselling department can help out the students by holding a seminar to build awareness for mental health problems like depression and anxiety and how to cope with school stress in general” [P51]; “the counselling centre should organise programmes on mental health, emotional intelligence, dealing with loss, suicide, and dealing with bad grades” [P61]; and “there should be seminars on how to handle university life with its dynamics, i.e., how to balance a healthy study life with personal life” [P51]). The counselling centre’s wellness outreach initiative, which is organised yearly in collaboration with the university’s health centre, and which provides de-stressing activities and physical check-ups to students, was referenced by a number of students as a service they wanted to be held more frequently (e.g. “The wellness outreaches should be done more frequently, like two or three times in the semester” [P7]). A number of students also wanted assurances regarding the confidentiality of sessions (e.g. “the counselling centre should assure students of confidentiality” [P6]; and “provide students a safe space to share their thoughts” [P36]).

- (b) Non-traditional/atypical services: A number of services traditionally under the domain of other campus agencies were also identified by students as services they needed the counselling centre to provide, such as academic advising, e.g. “provide guidance regarding choosing a programme of study” [P10]; weight management, e.g. “I would like the counsellor to help me lose weight and if possible, how to go on a diet and eat healthy as well” [P37]; reproductive health counselling, e.g. “provide sex education” [P33]; fitness activities, e.g. “in my personal opinion, I will recommend that the counselling centre embark on series of health walk and sports to help improve mental health on campus” [P60]; and academic

accommodations for students with learning disabilities, e.g. “help students with learning disabilities” [P21].

- (c) Advocacy: Students reported a miscellaneous range of services they needed the counselling centre to champion on their behalf to administrators, such as “I need a place to relax when I’m on campus” [P32]; “regular distribution of free snacks for students would be ideal” [P16]; “provide financial support to students” [P18]; and “provide free sanitary pads for female students because sometimes when you forget your monthly period chart and you find out you are on your period, it can be frustrating” [P4].

Participants’ responses indicate that Ghanaian cultural Characteristics, especially superstitious mental health beliefs, high power distances and African communalism, influence the mental well-being needs of Ghanaian university students. Superstitious mental health beliefs (Kyei et al., 2014), for example, attribute the origins of mental disorders to offences against gods or witchcraft enchantments and thus, mental disorders are perceived to be best treated via supernatural interventions. This may be the reason why career counselling was the most identified problem that students reported needing help with since requesting assistance to choose a career does not imply one has a “mental” problem. This finding is comparable to a study by Naidoo (1999), which reported that the predominant reason Black students presented at a university counselling centre in South Africa was to resolve distress relating to career choice, as well as a recent study by Mason and Fourie (2022), which found that career wellness support contributed positively to the university adjustment of first-year university students in a South African university.

Hofstede’s (1988) cultural value of human equality is the extent to which the less powerful members of a social system expect and accept that power is distributed unequally. Given that Ghanaian culture is classified as having a high-power distance value, counselling centre staff are expected by students to take on the advocacy role by requesting services from administrators that would improve students’ mental well-being, such as having designated places where students can rest between classes (the university in which the study was undertaken

is a commuter campus with few recreational facilities for example) and providing more library resources to facilitate student learning may encourage more students to seek help in addressing issues that will improve their overall mental well-being. Finally, African communalism espouses concern for others and hospitality (e.g. Gyekye, 2013), and students' requests for complimentary snacks and female hygiene products can be interpreted as their need for administrators to show they care about students, which from students' perspectives, would contribute to the improvement of their mental well-being. Furthermore, the cultural norm of not "washing one's dirty linen in public" (e.g. Amoakohene, 2004) may have resulted in students' frequent need for the assurance of confidentiality of services, as students may be concerned about their family members being seen in a negative light if they disclose in sessions conflicts they have had with family members, or they may be concerned about being accused of washing the family's dirty linen in public by speaking with a mental healthcare professional.

These findings additionally suggest that students need counselling centre staff to operate not only as counsellors, but as health psychologists who help students achieve states of complete physical, mental and social well-being by working from a biopsychosocial (e.g. Straub, 2014) perspective.

Theme 2: Eliminating systems barriers

Between the two categories of identified student needs, most responses fell under the "eliminating systems barriers" category. Under the elimination of help-seeking systems barriers, we similarly identified three sub-themes, namely:

- (a) low awareness, (b) inaccessibility, and (c) stigma.
- (a) Low awareness: A low awareness of the counselling centre's operations was the largest reported barrier to accessing services, e.g. "send frequent reminders of your services" [P13]; "I think a day should be set aside to give students the chance to see a counsellor because that'll make students see the reason why they need counselling" [P13]; and "the counselling centre should send regular emails to students to remind them that counselling is an essential condition in the life of a student so as to support and help in stabilising the well-being of the student" [P26].
- (b) Inaccessibility: Students provided the following responses in regard to difficulties accessing the counselling centre's services, e.g. "Most of us do not know how to ask for a counselling session" [P56]; "If the counselling unit will be more visible to the school, it will be of great help" [P63]; "I think the peer counsellors should be more [sic] in every programme" [P43]; and "sessions should be easily accessible to all students ... a digital platform will also help students who are not on campus get help" [P3].
- (c) Stigma: A number of students wanted the counselling centre to engage in educational campaigns on the aetiology of mental disorders to reduce social stigma, e.g. "stop the spread of superstitious beliefs on mental health" [P42]; and employ an anonymous counselling format, e.g. "allow anonymous interviews to help students express themselves more and elicit honest and genuine issues" [P65]. With regard to personal stigma,

students also wanted the counselling centre to use the group therapy therapeutic factor of universality (Yalom & Leszcz, 2020) to destigmatise mental health-seeking behaviours, e.g. "the counselling centre can coordinate with other counselling centres to organise programmes where students can share stories about their struggles with mental health issues and how to deal with them" [P34].

These results show that while systems barriers pose the biggest challenge to Ghanaian students' mental health-seeking behaviours as in Western countries (e.g. Marsh & Wilcoxon, 2015), cultural mental health beliefs also result in stigma and victim blaming. Given the cultural paradigm of the supernatural directing affairs on the earthly plane, the common understanding of a person having a mental disorder diagnosis is that the person is being punished by the "gods" for an offence committed or is not "spiritual" enough, as a spiritual hex of mental illness was successful (Kyei et al., 2014). Barke et al. (2011) report that individuals with mental illness in the urban regions of Ghana hide their diagnoses as a coping strategy against the stigma associated with employing counselling or psychopharmacology as a treatment modality. This appears to be driving students' requests for anonymous services so that practitioners, and by extension, any other person besides themselves, would then not know their identities.

Implications for student counselling services

Findings from this exploratory study suggest that while students may not be as comfortable with the counselling centre's core functions of providing the "psychological" interventions domain under the biopsychosocial model, they are more comfortable approaching the counselling centre with concerns that fall in the "biological" (e.g. weight management) and social (e.g. academic disabilities' accommodations) domains as these also contribute to their mental well-being. Thus, counselling centre staff also intervene using their psychological expertise, such as helping students with weight issues through behavioural and lifestyle changes for example and embedding physicians at counselling centres.

Regarding the systems barriers identified in the present study, mental health stigma is a huge barrier to seeking services among contemporary student populations in Ghana, unlike among Western contemporary students (cf. Downs & Eisenberg, 2012; Eisenberg et al., 2012). Thus intensive outreach efforts aimed at stigma reduction are of paramount importance on Ghanaian campuses. Similar to the limited funding with which most university counselling centres in the United States (e.g. Marsh & Wilcoxon, 2015) operate, counselling centres in Ghanaian campuses are underfunded. One way for counselling centres in Ghana to address systems barriers of low awareness and inaccessibility could be for staff to use empirical findings of reported student mental well-being needs from their specific universities to request funding directly targeted at areas of students' identified needs. Students' reported need for a secure online system to provide services to students off-campus, and an increased frequency of the wellness outreach events in the university in which the present study was conducted,

for example, can be used to request funding to address these identified areas of student needs in this specific university.

Limitations and suggestions for future research

This study has limitations in its use of a small sample size and a small commuter university, which may make its findings non-generalisable to larger universities as well as universities with on-campus housing in Ghana. The findings of this study, however, provide a starting point to guide on-campus practitioners and administrators in meeting the mental well-being needs of students.

Data availability statement

The authors confirm that the data supporting the findings of this study are available within the article and its supplementary material. Supplementary data is available at: <https://doi.org/10.1080/14330237.2023.2233225>.

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