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Mental Well-Being of Counsellors in A Tertiary Institution (Pre-Training Fitness Assessment).

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ABSTRACT

Introduction. Counsellors in tertiary institutions play a large role in students' mental health, literacy (MHL), and well-being. However, the counsellor's mental well-being must also be considered to function effectively. **Materials and Methods.** This study is part of a three-phase research project that assessed the MHL and well-being of school counsellors at the University of Ilorin. This was a mixed-method study. Data was collected using modified Pinfold questionnaire, the General Health Questionnaire-12, WHO Wellbeing-5 and Key- informant interviews. Analysis was done using IBM SPSS version 26.0 and thematic analysis. The significance level was $p \leq 0.05$, and the confidence interval was 95%. **Results.** Of the 13 faculty counsellors at the University, ten (77%) responded. Respondents' mean age was 49 ± 7.26 years. Only 50% of the respondents had prior mental health training, and all had come across a mentally stressed student. The overall WHO well-being score was 76 ± 9.43 . Probable psychiatric morbidity was recorded in 50%, with no significant association with sociodemographics, WHO well-being QOL, or Pinfold knowledge and attitude scales except for social distance, which did not predict psychiatric morbidity (p -value 0.122, OR 0.267). Although counsellors practise self-care, they have no structured guidelines or training on self-care practices. There was a low counsellor-to-student ratio. **Conclusion:** This study provided baseline data about the mental well-being of school counsellors and their attitudes before mental health training. The findings indicated that policymakers and administrators must focus on school counsellors' training and mental health. They should also provide enough school counsellors to meet the needs of students and University community.

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1. INTRODUCTION

Mental health literacy (MHL) encompasses the knowledge and skills required to achieve and sustain positive mental health, comprehend mental disorders and their treatments, and reduce the stigma associated with mental disorders [1-3]. It aims to increase one's ability to seek help effectively by improving knowledge of when and where to seek assistance and enhancing the skills necessary for managing mental health and self-care [1-3]. School counsellors are crucial in promoting MHL, given that university students spend a significant portion of their time in schools. Since many students experience their first mental health issues while in school, MHL can save lives [4-6]. This is why students must have access to licenced, qualified school counsellors who can offer emotional and mental health support. They can assist students, their families, and other educators in understanding MHL and distinguishing between mental health discomfort, challenges, and disorders [7]. They offer a diverse array of interventions that are not specific to mental health specialists, including support for emotional and mental well-being to assist students in managing difficulties such as stress, anxiety, and depression. They also help students develop resilience and acquire critical social, emotional, and communication skills [8]. Additionally, they provide guidance on overcoming challenges related to academic advancement [7,9].

Counsellors must acquire the necessary skills to access and distribute information, involve key individuals such as school administrators, and establish connections between students, families, and other educators. Ensuring the availability of support services and timely interventions is critical for students [8]. Regrettably, school counsellors are insufficient to meet the demands of pupils effectively [7]. Counsellors frequently face the challenge of managing a large caseload and are assigned more comprehensive array of tasks beyond assisting students, like teaching and administrative obligations. Inadequate numbers of counsellors can lead to a scarcity of counselling services and cause delays in accessing timely support. This can lead to heightened levels of emotional and mental health issues, diminished academic performance, an upsurge in school abandonment, and the perpetuation of social stigma. Counsellors burdened with excessive job demands might negatively impact their well-being leading to burnout [10].

Ongoing training is a prerequisite to empower counsellors deliver high-quality, effective, culturally sensitive, and ethical counselling services essential for meeting the requirements of student populations and achieving beneficial therapeutic outcomes [12]. Constant training enables counsellors to integrate new knowledge and abilities into their practice, strengthening their capacity to deliver practical support [13,14]. Given the emotional demands of counselling, acquiring new skills assist counsellors in mitigating the likelihood of burnout [10,14]. It also helps prioritise self-care abilities and maintain their well-being, ensuring they can assist their students [10,14].

This study aimed to evaluate the psychological well-being of counsellors at the University of Ilorin as a component of the assessment for a mental health training programme. This is one component of a set of comprehensive interventions aimed at enhancing overall well-being within the school community.

2. MATERIALS AND METHODS

Study Site

The University of Ilorin has 118 academic departments within 15 faculties. It runs about 96 undergraduate programmes and 109 post graduate programmes. The university had a student population of 52,910 comprising of 49,651 undergraduates and 3,259 postgraduates in 2019-2021. The proportion of females to males was 26,635 (50.3%) to 26,275 (49.7%) [15]. Its Counselling and Human Development Centre, has a director and 13 counsellors who serve the whole school community. The study is part of an ongoing three-phased needs assessment and intervention study, and was completed in October 2023.

Study design/Sampling technique

This was a cross-sectional mixed-method study. It involved the purposive recruitment of all counsellors at the University of Ilorin. Only counsellors who were absent during the pre- mental health training questionnaire administration were excluded. Four in-depth interviews were done for the qualitative aspect which was an addition to the quantitative aspect.

Data collection

A semi-structured self-administered questionnaire assessed the socio-demographics and training history of the counsellors, the 12-item General Health Questionnaire (GHQ-12) was used to screen for probable psychiatric morbidity; a cut-off point of 3 was adopted for the study. The modified UK Pinfold Mental Health Literacy (MHL) questionnaire, a tool based on an instrument piloted in the World Psychiatric Association's Anti-Stigma School Project in Canada, was used to assessed MHL. It contains 9 knowledge questions, 5 attitude questions and 4 statements on social distancing. The total obtainable score is 36; higher scores indicate better MHL.

The World Health Organization, WHO wellbeing - 5 questionnaire assessed wellbeing on a 6-point Likert scale from 0 to 5. The score is converted to a scale of 0 to 100 by multiplying by 4, lower scores indicate poorer well-being.

Semi-structured interviews were also conducted with 4 of the participants to further explore their self-care practices. This information was digitally recorded and transcribed. The questions asked were "What does self-care mean to you? What self-care practices do you engage in? What are the barriers to self-care practices in your workplace? What are the facilitators of self-care practices that you practice?

The pre-mental health literacy training assessment using the instruments above provided insights into their mental well-being, psychiatric morbidity and self-care practices. The study was conducted in October 2023.

Data Analysis:

The data were analysed using IBM SPSS version 26. Descriptive and inferential statistics were calculated. The level of significance was set at a p value of 0.05 and a confidence interval of 95%. The transcripts of the interviews were analysed thematically, revealing their self-care practices, facilitators, and barriers to self-care practices.

Table 1 Sociodemographic Variables.

Variables	Frequency	Percentage
Age groups		
< 45	4	40.0
45 to 54	3	30.0
≥ 55	3	30.0
Mean ± SD	49 ± 7.26	
Range	39–62	
Sex		
Male	3	30.0
Female	7	70.0
Education		
BSc	3	30.0
Master	6	60.0
PhD	1	10.0
Years of work		
< 11	6	60.0
11- 20	3	30.0
> 20	1	10.0
Mean ± SD	12 ± 7.56	
Range	4–31	

Ethical Considerations

All participants gave informed consent, and the study was approved by the Ethical Review Committee of the University of Ilorin. The research followed the World Medical Association Declaration of Helsinki guidelines for human subject research.

3. RESULTS

Only ten (77%) of the thirteen school counsellors who consented, participated in the study. The mean age of the respondents was 49±7.26 years, 40% of whom were younger than 45 years. There were more females than males (2:1). Of the ten respondents, six had a master's degree, and only one had a PhD. The mean number of years working as a counsellor was 12±7.56, while six had less than 11 years of work experience.

Half of the respondents (50%) had prior mental health training, and three of these had training before employment as a school counsellor. Of the ten respondents, only three (30%) had mental health training after employment (Table 2).

Five patients (50%) had probable psychiatric morbidity (GHQ ≥3). There was no significant association between the GHQ score and age, sex, education, or years of work (Table 3).

Table 2. Diagnostic Criteria for Tuberculous Sarcoidosis.

Age 25 to 45 years
No gender predisposition
History of previous tuberculosis with adequate ATT
History of close contact with TB or family h/o TB or association with Type 2 DM
Asymptomatic or with mild fever, anorexia or loss of weight
Chronic dry non productive cough, breathlessness on exertion
Involvement of multiple lymph nodes at multiple locations
Raised ESR
Increased ACE level
Tuberculin test : positive or negative
Sputum positive or negative for TB
Culture negative of TB
Biopsy showing non caseating or caseating granuloma
X ray showing bilateral hilar and right paratracheal lymphadenopathy, absence of cavitation
CT scan showing micro and macro nodules in peri-bronchovascular region, subpleural interstitium and interlobular septa.
No expected response to ATT medication
Dramatic response to steroid and resolution of symptoms

The respondents had a high WHO well-being QOL mean score of 76 ± 9.43. The mean score on the attitude subscale of the pinfold was 4.80±2.86, and an overall pinfold score of 24.00 ± 2.62 was obtained. Comparing the QoL with the GHQ (probable morbidity), the WHO well-being was nonsignificant; however, with the Pinfold questionnaire, social distance was significant (p = 0.046), with those with no probable psychiatric morbidity having higher social distance scores (Table 4).

Table 5 shows that social distance did not predict a positive GHQ (p value = 0.122, OR = 0.267).

All the respondents understood self-care as practices they engaged in to help their general well-being. These activities were grouped under four themes: professional, physical, emotional, and social well-being; The professional self-care practices of counsellors include a range of practices and resource sharing that help improve their effectiveness and growth. They consult colleagues and superiors for their opinions and expertise on aspects of their work that they are not confident about. They also try to develop their skills by reading about techniques to support students and attending any program or workshop related to their work within and outside school; Physical self-care includes physical exercise, such as walking within campus or at home, running or engaging in other sporting activities, and engaging in healthy habits, sleeping and eating; Emotional self-care that they engage in includes discussing with loved ones, family, and friends, visiting them, attending functions together and

journaling. Some also include spiritual well-being as part of their emotional care. They attend religious programs or other social gatherings and participate actively as members. Such gatherings provide opportunities to pray together and find purpose and meaning in life; lastly, the social well-being activities involve associating with other members of one's nuclear and extended family, relating at work, and in various religious and other social groups. Such friendships allow them to carry out activities such as attending parties, dancing, and listening to music. Most of them did not have structured or routine self-care plans that they followed strictly. Most were not familiar with self-care practices such as mindfulness and relaxation techniques.

Table 3 Association between Probable Psychiatric morbidity and sociodemographic variables.

Variables	Probable Psychiatric Morbidity		χ^2/t test	p value
	No (%)	Yes (%)		
Age groups			4.333	0.115
< 45	3 (75.0)	1 (25.0)		
45 to 54	0 (0.0)	3 (100.0)		
≥ 55	2 (66.7)	1 (33.3)		
Mean ± SD	48 ± 9.55	50 ± 4.97	-0.415	0.689
Sex			0.467	0.490
Male	1 (33.3)	2 (66.7)		
Female	4 (57.1)	3 (42.9)		
Education			1.333	0.513
BSc	2 (66.7)	1 (33.3)		
Master	3 (50.0)	3 (50.0)		
PhD	0 (0.0)	1 (100.0)		
Years of work			4.667	0.097
< 11	4 (66.7)	2 (33.3)		
11- 20	0 (0.0)	3 (100.0)		
> 20	1 (100.0)	0 (0.0)		
Mean ± SD	12 ± 10.84	12 ± 4.64	0.001	0.999

Barriers to self-care practices among counsellors were lack of awareness about neglecting their own well-being and lack of adequate knowledge about self-care tips and available resources, fear of stigma associated with identifying as needing

help, inability to adequately balance work and life demands, avoidance of coping strategies and financial constraints. Again, having a high workload leaves little time for self-care activities. Most counsellors are females, and in addition to their work as counsellors, they also have to take up other roles, such as motherhood. This often gives rise to little or no time to care for themselves. Again, since most counsellors have not had structured and continuous mental health training since taking up a job and because of their limited number, access to supervision and close mentoring is restricted. Other findings include that counsellors lack adequately furnished offices, that the university prioritises productivity over well-being, and that self-care activities such as wellness clinics and additional time off are absent. The only available facilities are sporting activities at the school stadium, which are accessible only outside work hours.

Respondents identified facilitators of self-care practices include the acknowledgement of personal resources, the utilisation of their support system, seeking assistance from colleagues when confronted with difficulties, and participating in professional association workshops to enhance their knowledge and engage socially. Other facilitators identified by respondents include the opportunity to take permission from work to attend to their care when ill, setting personal and professional boundaries to protect themselves, and learning to manage their time and other resources available to them.

4. DISCUSSION

This study aimed to evaluate the psychological well-being of counsellors at the University of Ilorin as a component of the assessment for a mental health training programme. It is a component of a set of comprehensive treatments for enhancing overall well-being within the school community. In this study, the response rate was 76.9%. Some of the reasons given by the three counsellors who dropped out were family emergencies and an urgent need to meet personal obligations. The university has only approximately 14 counsellors, including the director who heads the unit, with 15 faculties running approximately 95 undergraduate programmes and an undergraduate student population above 40,000. A shortage of counsellors can pose risks for both counsellors and students. An increased workload may result in higher stress levels and burnout among counsellors. Being overwhelmed can compromise the quality of psychosocial support for students and delay identification and intervention [16]. Addressing the shortage of counsellors is essential for promoting the mental health of both counsellors and students and reducing short- and long-term consequences, as highlighted.

Research suggests that mental health training can effectively enhance the mental health literacy of any population or group [17]. Prior to joining the university, half of the respondents had undergone mental health training, potentially explaining why up to two-thirds of them could confidently identify common symptoms of mental illness and understand the appropriate care

pathway. This indicates a positive trend in promoting the mental well-being of counsellors. The more a counsellor can identify some mild to moderate symptoms of mental illness and be able to seek help through the appropriate pathway, the less likely they are to experience more severe psychiatric morbidities. Furthermore, increasing mental health awareness among this population would help to improve knowledge of effective self-help strategies for mild to moderate problems as well as knowledge of first aid skills to help others [18].

Table 4. Comparison of the means of QoL and UK pinfold MHL with probable psychiatric morbidity .

Variables	Probable psychiatric morbidity			t test	p value
	No (%)	Yes (%)	Total		
WHO wellbeing	80.00 ± 10.20	72.00 ± 7.48	76±9.43	1.414	0.195
Pinfold questionnaire					
Knowledge	14.40 ± 1.67	12.80 ± 2.38	13.60 ± 2.12	1.227	0.255
Attitude	3.20 ± 1.78	6.40 ± 2.96	4.80 ± 2.86	-2.066	0.073
Social distance	6.60 ± 1.34	4.60 ± 1.34	5.60 ± 1.65	2.357	0.046
Overall pinfold	24.20± 2.05	23.80± 3.35	24 ± 2.62	0.228	0.825

According to this study, half of the respondents likely had psychiatric morbidity; these findings are consistent with a survey of counsellors working in health information helplines, which revealed high levels of psychological distress and burnout among respondents [19]. School counsellors frequently face tedious and challenging responsibilities and complaints from students, which can be overwhelming, contributing to increase in psychiatric morbidity among them [20].

Although there are many factors that put extra stress on school counsellors, such as high student-to-counsellor ratio, not knowing their role , and being emotionally worn out, the study participants had a high WHO well-being QOL, with a mean score of 76 ± 9.43 and an overall pinfold score of 24.00 ± 2.62 . It is possible that over the years of practice (mean : 12 ± 7.56) and exposure to mental health problems, respondents have learned different adaptive coping mechanisms that have helped improve their mental well-being and quality of life [20]. Counsellors with good mental well-being serve as good role models for students by providing positive examples of how students can maintain their well-being. Additionally, studies have reported that mentally healthy counsellors better contribute to a supportive and nurturing school environment, fostering students' sense of belonging, safety, and inclusion [21].

A mean score of 4.80 ± 2.86 out of 10 on the Pinfold Attitude Scale indicates a poor attitude towards mental health among

counsellors. This negative attitude may discourage students from seeking the help of counsellors, further perpetuating stigma and ultimately hindering their academic success. Additionally, school counsellors may lead to missed opportunities for early intervention and adequate support for students who are struggling with mental health issues.

Furthermore, when the WHO QoL was compared with that of the Pinfold questionnaire, social distance was significant ($p = 0.046$), with those with no probable psychiatric morbidity having higher social distance scores. The implication may be that school counsellors who practised social distancing from societal or psychological triggers reported fewer mental health challenges, and our findings showed that social distancing did not predict a positive GHQ (p value 0.122, OR 0.267). A study carried out among working-class respondents revealed that those who exclusively employed avoidance as a coping strategy later reported greater general levels of negative consequences three months later than did those who practised control-oriented coping strategies [22]. This explains why social distancing may not be adaptive on a long-term basis. However, the importance of school counsellors and therapists employing good and adaptive coping strategies to prevent VT cannot be overemphasised. Some have suggested that adaptive coping strategies include adequate relaxation, communication with friends and family, and physical exercise [23].

Having a probable mental illness may mean that individuals have better mental health awareness, which may improve their knowledge and attitudes towards mental illness and reduce stigma and social distancing.

Limitations and strengths

The strength of this study lies in its function as a pretraining evaluation to pinpoint deficiencies for training. The use of both quantitative and qualitative data enabled a deeper understanding of the research context and the participants' experiences, especially regarding its influence on subsequent mental health training and the necessity for self-care. A drawback was the exclusive use of screening methods for potential psychiatric illness. Nonetheless, assessing potential psychiatric morbidity, along with examining self-care habits, offers therapists an opportunity for self-reflection. This study was cross-sectional and featured a restricted sample size. This sample size indicated the total number of counsellors employed by the school to satisfy the needs of the entire university community.

Table 5. Predictors of positive GHQ (psychiatric morbidity).

Variables	B	p value	Odd Ratio	95%b C I
Social distance	-1.321	0.122	0.267	0.050–1.425

5. CONCLUSION

This study offered foundational data regarding the mental well-being of University of Ilorin school counsellors and their attitudes as part of the evaluation for a mental health training program. The findings indicated that policymakers and school administrators must invest in and consistently prioritise school counsellors' training and mental well-being. They must also ensure an adequate number of school counsellors are available to address the demands of the student population they serve. The training and education of the counsellors would enhance their ability to recognise signs and symptoms of mental disease, identify suitable care routes, and implement strategies for effective coping mechanisms to avert vicarious trauma or severe mental disorders in them. This investment strengthens counsellors' capacities and promotes a friendly environment for students, encouraging them to seek assistance from them when necessary. By emphasising mental health resources, educational institutions may foster a culture of awareness and resilience that benefits the entire community.

Competing interests: The authors declare that they have no competing interest.

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