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Barriers Affecting Student Guidance and Counseling in Addressing Mental Health Among University Students in Public Universities in Kenya

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Abstract

The high and rising prevalence of mental health challenges (such as depression, anxiety, and substance abuse) among university students poses a serious threat to their academic performance, retention and overall well-being. Public universities in Kenya have established Guidance and Counseling services as a primary mechanism to address these issues. However, despite the acknowledged need for and availability of these services, a large proportion of students in distress do not utilize them. The study examined barriers that affect student guidance and counseling in addressing mental health among university students in Public Universities in Kenya. The study was based on Person-centered therapy pioneered by Carl Rogers in 1940s. Employing mixed methods research design, the study utilized both qualitative and quantitative approach. The total target population comprised 31,578 students and 25 counselors, from which a total sample of 749 students (377 from University A and 372 from University B) and all 25 counselors were strategically selected for participation. The sample size for the student population was determined using Krejcie and Morgan's (1970) sample size determination table. A stratified random sampling technique was then employed to ensure proportional representation of students across faculties and years of study. For the counselors, a census approach was used, involving all 25 counselors from both universities. The questionnaire employed both closed-ended questions and open-ended questions. Quantitative data was coded and analyzed using the Statistical Package for the Social Sciences (SPSS) Version 28. Descriptive statistics, including frequencies, percentages, means, and standard deviations. Data from interviews were transcribed and subjected to thematic analysis. Quantitative findings revealed that peer-related stigma was a predominant obstacle, with 69.29% of students fearing peer judgment for seeking services. Furthermore, systemic and institutional challenges were profound: 79.17% of students reported lacking sufficient time to access counseling due to academic demands, and a majority of counselors (62.75%) acknowledged confidentiality concerns among students. Further, 60% of counselors reported being assigned additional duties like teaching, leading to

burnout and reduced counseling capacity, a finding corroborated by qualitative interviews which highlighted chronic understaffing and a lack of essential resources. These results collectively demonstrate that the effectiveness of mental health support is severely compromised by attitudinal, logistical, and institutional barriers. To address this, it is recommended that University Administrations increase professional counseling staff and introduce flexible scheduling, while the Ministry of Education must enforce standardized policies ensuring a manageable student-to-counselor ratio and funding for essential resources to restore trust and improve service accessibility.

Keywords: Barriers, students, guidance and counseling, mental health, university, public universities, Kenya

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Introduction

Mental health (MH) has become a crucial concern within higher education settings globally (Becker & Kleinman, 2013), necessitating continuous exploration into its nature, underlying causes, and effective strategies for addressing related concerns. Various stakeholders, including the World Health Organization (WHO), offer diverse perspectives on its definition. The WHO (2010) characterizes mental health as the optimal functioning of mental processes, resulting in productive engagements, meaningful connections with others, and the capacity to adapt to changing circumstances and cope with diversity.

The concept of mental health is holistic and extends beyond the mere absence of illness. The World Psychiatric Association (WPA, 2015) defines it as a optimal functioning of mental processes, that enables individuals to use their abilities in harmony with societal values, emphasizing the capacity to recognize, express, and regulate one's own emotions, and empathize with others. A satisfactory level of emotional and behavioral adjustment allows an individual to enjoy life and achieve psychological stability (WHO, 2013). This understanding acknowledges that even mentally healthy people experience the

full range of appropriate human emotions, including fear, anger, sadness, and grief (WHO, 2004).

The harmonious relationship between the body and mind is centered on the fact that the mind, brain, organism itself, and environment are greatly interconnected, and the overall experience of being in the world cannot be separated from the way in which one feels (Trunk & Abrams, 2009). The ability to maintain this equilibrium is often characterized by three essential traits: life satisfaction, which is a person's ability to enjoy life as determined by a sense of hope and belonging; resilience, defined as the ability to bounce back from adversity; and support (Guney et al., 2010). The capacity to cope with challenges and seek social support are hallmarks of resilience.

Globally, university students represent a population highly vulnerable to mental health issues, with studies indicating escalating rates of anxiety, depression, and psychological distress. The transition to university involves navigating complex stressors such as academic pressure, financial independence, social isolation, and career uncertainty. For instance, studies conducted in Western universities have frequently reported the prevalence of mental health disorders in excess of 30% among students, highlighting a pervasive global challenge that warrants dedicated institutional resources and intervention strategies.

This crisis is acutely felt across the African continent, where mental health services are often strained by resource limitations and high levels of stigma. Studies conducted in various African nations reveal a significant burden of mental health challenges among university students, compounded by unique stressors like socio-economic hardship, political instability, and weak primary healthcare systems. Research across African higher education institutions has consistently pointed to the high prevalence of stress and depression, often with limited access to formalized psychological support, underscoring the urgent necessity of strengthening institutional support mechanisms across the region.

In Kenya, research suggests that as many as 30% to over 50% of university students experience symptoms of mental health problems like depression and anxiety (Othieno et al., 2014). This high burden, points out by tragic reports of student suicide linked to untreated conditions, mandates the critical need for effective and accessible mental health support within these institutions.

Guidance and Counseling (G&C) departments in public universities in Kenya is primarily tasked with providing the necessary psychological and social support to help students cope with these complex challenges, maintain their well-being, and achieve academic success. The established services, designed to address issues including academic problems, psychosocial concerns, relationship troubles, and mental health crises, represent a crucial recognition by the universities and the government of the importance of holistic development for the student population.

Despite the high prevalence of mental health issues and the existence of Guidance and Counseling (G&C) departments, utilization rates remain consistently low. This significant disconnect points to substantial institutional, structural, and socio-cultural barriers that prevent G&C services from effectively addressing students' needs. Failure to overcome these impediments leaves a critical mass of student mental health issues untreated, worsening the crisis.

Theoretical Framework

The Person-centered approach is based on the concepts from humanistic psychology. Carl Rogers developed it in the 1940s. This was based on Rogers's belief that every individual strives for the best and has the capacity to fulfill his or her own potential. The theory identifies that each person has the capacity and desire for personal growth and change. According to Rodgers individuals have within themselves resources for self-understanding and for altering their self-concepts, basic attitudes and self-directed behavior. This theory recognizes that trust and human potential are key in providing the client with empathy and unconditional positive regard. Where the counselor accepts the client the way they are without judging them based on their deeds and character. The counselor's empathy is the understanding of the client experience and she or he recognizes emotional experiences without getting emotionally involved. Hence, giving the student trust, being compassionate towards them and accepting the way they are, helps in ensuring that they develop trust in themselves. In so doing the counselor help, the students manage their mental health condition. The theory's significance lies in its ability to guide university students towards seeking help and support for mental health challenges. By emphasizing Student's Guidance and counseling as a pivotal approach, individuals with such issues are encouraged to feel liberated and at ease, fostering a willingness to seek assistance rather than avoiding it. Moreover, Bohart & Watson (2011) introduced a groundbreaking paper that delves into innovative concepts within the realm of counseling and psychotherapy. They champion a philosophy that promotes a non-directive approach in counseling practice, enabling clients to cultivate their own solutions to mental health dilemmas. This method not only aids in enhancing self-awareness and sincerity in students but also fosters genuine connections with their counselors. The underlying principle of this theory asserts that clients possess unique insights into their struggles, pinpointing the most critical issues and the experiences that have profoundly impacted their lives.

Methodology

Research Approach

The study employed both qualitative and quantitative approach. According to Grove *et al.,* (2013) using both qualitative and quantitative approaches in a single study is what he referred as mixed method research. Combining both approaches in a study ensures the breadth and the depth of understanding and corroboration of the research problem (Creswell & Clark, 2017; Grove *et al.,* 2013).

Study Participants

The target group consisted of all undergraduate students in University A, totaling 19,905 students, and 14 counselors, as well as in University B, with a student count of 11,673 and 11 counselors, as per the university admission records from the year 2021. This selection of participants was carefully chosen to ensure a comprehensive understanding of the mental health landscape in these academic institutions. The sample size for the student population in each university was determined using the Krejcie and Morgan (1970) sample size determination table, which is a standard formula for finite populations. This calculation, performed at a 95% confidence level and a 5% margin of error yielding 377 was selected from the total population of 19905 students in University A and 372 from 11673 students in University B. The students were randomly sampled while for the counselor

population, a census approach was utilized.

Research Instruments

Research instruments are the tools used to collect data from the respondents. The questionnaire employed both closed-ended questions and open-ended questions. Close-ended questions are questions which were accompanied by a list of possible alternatives from which the respondent chose, while the open-ended questions are questions which the respondent had complete freedom of response. The interview guide was used to collect data from the University counselors. Both structured and unstructured questions was used for the interviews. The researcher established a rapport with the interviewee before and even during the interview process to be able to obtain information from them. The interview guide was administered two weeks prior to the student counselor. The venue where the interview was conducted was determined during the interview period as preferred by the interviewee. The interview took approximately 30 minutes for each respondent.

Data Analysis

Quantitative data from student closed-ended questionnaires were coded and analyzed using Descriptive Statistics in the Statistical Package for the Social Sciences (SPSS) Version 20. Qualitative data, derived from counselor in-depth interviews and student open-ended survey responses, were transcribed and subjected to Thematic analysis.

Results and Discussion

Fear of Peer Judgment

Findings revealed that fear of peer judgment strongly influences students' willingness to seek counseling. As presented in Table 1, 69.29% of students reported hesitation to seek help due to concerns about their peers' opinions, while 30.71% expressed no such fear. This shows that social stigma remains a major deterrent to help-seeking behavior. Peer ridicule or negative perceptions often discourage students from utilizing counseling services, reflecting the need to strengthen peer-led mental health advocacy within universities.

Table 1: Fear of seeking guidance and counseling services because of peers

Response	Frequency (F)	Percentage (%)
Fear judgment from peers	520	69.29
No fear of peer opinion	229	30.71
Total	**749**	**100.00**

Source: Survey Data, 2023

The data suggest that addressing peer influence and stigma is key to fostering a supportive environment where students can comfortably seek counseling without fear of discrimination or gossip.

Lack of Time to Seek Counseling Services

Time availability also emerged as a significant barrier. According to Table 2, 79.17% of students reported lacking sufficient time to visit counseling offices, while only 20.83% indicated they had enough time. This implies that heavy academic workloads and personal responsibilities limit

students' ability to prioritize mental health support. These findings highlight structural constraints within university systems. Overloaded class timetables, limited counseling hours, and a lack of flexible scheduling deter students from seeking help, showing that mental health support must be integrated into academic structures rather than treated as an external service.

Table 2: Availability of time for students to seek guidance and counseling services

Response	Frequency (F)	Percentage (%)
Do not have enough time	593	79.17
Have enough time	156	20.83
Total	**749**	**100.00**

Source: Survey Data, 2023

Other Barriers to Guidance and Counseling

Students also identified other challenges that affect the utilization of counseling services, as shown in Table 3. Confidentiality concerns ranked highest, with 62.75% agreeing that sharing personal issues could become a topic of gossip. Similarly, 68.89% preferred seeking advice from friends rather than counselors, indicating limited trust in formal systems. Gender sensitivity was another issue, with 73.29% agreeing that they preferred counselors of the same gender. Additionally, 59.01% of respondents found certain experiences too embarrassing to share.

Table 3: Barriers Affecting Student Guidance and Counseling Service

Barriers	SD (%)	D (%)	U (%)	A (%)	SA (%)	Total (%)
Sharing my problems will be made a topic of discussion	5.61	24.97	6.67	39.79	22.96	100
I would rather be advised by a friend	12.28	15.76	3.07	37.78	31.11	100
It is better to share with a counselor of my gender	9.75	10.95	6.01	26.43	46.86	100
Some experiences are too embarrassing to share	12.28	16.69	12.02	34.18	24.83	100

Source: Survey Data, 2023

These responses reflect deep-rooted social attitudes, stigma, and lack of confidentiality assurance, which collectively discourage students from using mental health services.

Institutional Constraints

Counselor workload also emerged as a structural barrier. As shown in Table 4, 60% of university counselors indicated that they had additional responsibilities, mainly teaching, limiting their availability for counseling duties. Only 40% reported that counseling was their main role. This aligns with Arowolo (2013), who observed that university counselors in Nigeria often face competing duties, lack of dedicated offices, inadequate materials, and limited in-service training. These factors reduce the effectiveness of counseling services and the consistency of student support.

Table 4: Counselors' other responsibilities at the university apart from counseling

Response	Percentage (%)
Have other responsibilities	60
Do not have other responsibilities	40
Total	**100**

Source: Survey Data, 2023

Counselors who took part in the interview reported that there weren't enough counselors to handle the enormous number of students who needed support. This result is in line with Lemesa, (2018) assertion that there is a severe problem with the number of counselors available in universities, which frequently leads to burnout among those counselors. A participant who is a counselor said:

> *"...I work long hours occasionally...I start visiting students as early as 8:00 am and work until late at night. Between sessions, I take a little break. I'm overloaded…"* [Female counsellor, 44 years]

This demonstrates that university counselors put in a lot of overtime to deal with the enormous volume of students who seek counseling, which could have an impact on how counseling services are provided in universities. According to Songok *et al.,* (2013), lack of counseling staff in Kenyan educational institutions inhibits the efficiency of counseling.

Increased student enrollment, according to the study's participating counselors, presents difficulties for the counseling.

A counsellor participant said that:

> *"...you find that counselors are not increasing to deal with these rising numbers of students, despite the fact that the number of students enrolling in counseling increases along with the growth in student enrollment….. I feel exhausted".* [38-year-old female counselor]

Burnout problems may impact performance when a counselor is emotionally exhausted. Similar to this, Simpson and Ferguson (2014) note that many universities counselors in Kenya experience burnout, which has a negative impact on the services they provide. For instance, a counselor who is burnt out shows signs of depersonalization, which has the potential to undermine the counselor's empathetic abilities and impair the outcome of counseling. In general, occupational stress can cause burnout, rendering counselors incapable. The productivity of counselors who do not experience burnout is higher than that of those who do.

Peer pressure is a barrier for students seeking counseling, according to the participating counselor, who supported the student's assertions. One of the participants who is a counselor said:

> *"…. Some students fail to seek counselling because of the opinions held by their friends about counselling…"*[Male counsellor, 45 years]

Unavailability of counseling materials such as such as books, manuals, computers, printers, cameras, internet and manuals for counseling therapy is a barrier to guidance and counseling. One of the participants who is a counselor said:

> *"... Counseling materials are a problem, moreover computers are also not sufficient...."* [52-year-old female counselor].

When a counselor has access to counseling materials such books, manuals, computers, cameras, printers, guidelines to support therapy, a client register for scheduling appointment of clients, the counselor will be more effective especially in keeping record of clients. These materials enhance the counselor's

efficiency in the counseling process. Their inadequacy will therefore have a negative effect on how counseling services are provided. This finding is consistent with Lemesa (2018) identification of the lack of material resources as a major issue affecting university counseling services. Due to their inability to efficiently complete tasks like typing and printing reports that may be needed in cases of referral and client recommendations that may be useful information in advising institutions through reports when necessary; inadequate counseling equipment may hinder counselors' performance and have an adverse effect on the provision of counseling services.

Conclusion

The study concludes that the capacity of Student Guidance and Counseling (G&C) services in public universities in Kenya to effectively address students' mental health challenges is significantly impaired by a dual system of barriers: deep-seated socio-cultural stigma at the student level and severe institutional limitations. Key student-level barriers include an overwhelming fear of peer judgment and the perceived threat to confidentiality (with over 62% of students fearing their problems could be discussed), leading a majority to prefer informal support from friends. Simultaneously, service delivery is crippled by systemic issues, most notably the widespread lack of sufficient time for students to attend counseling (reported by over 79%) and critical understaffing, evidenced by counselors being burdened with other non-counseling responsibilities and suffering from workload-induced burnout. This gap between the high demand for mental health support and the constricted capacity and accessibility of formal G&C services results in a significant portion of the student population being unable to access necessary professional help, ultimately compromising their well-being and academic success.

Recommendations

Based on these findings, the following recommendations are directed at the relevant bodies to enhance the effectiveness of G&C services:

1. University administrations must treat G&C services as an essential, non-negotiable academic support function. The most critical action is to increase the professional counseling staff to a manageable student-to-counselor ratio, removing all non-counseling duties to allow counselors to focus solely on student well-being. Furthermore, the administration should mandate flexible and accessible scheduling for counseling sessions, including late afternoon or evening hours, to mitigate the overwhelming barrier of students' tight academic timetables. Finally, there must be a dedicated and ring-fenced budget for the G&C department to secure essential resources (computers, therapy manuals, private offices) and to facilitate continuous professional development for the counselors to address complex mental health issues.
2. The Ministry of Education, in conjunction with the Commission for University Education (CUE), should develop and enforce standardized policies on student mental health service provision across all public universities. These policies must include a mandatory minimum student-to-counselor ratio and clear guidelines prohibiting the assignment of non-counseling academic or administrative duties

to counseling staff. Furthermore, these regulatory bodies should champion national mental health literacy and anti-stigma campaigns targeted at university communities to change the negative peer culture and improve the perception of seeking psychological help.

3. Counseling departments should focus on rebuilding student trust by proactively and visibly guaranteeing strict confidentiality through clear ethical communication and physical security measures (e.g., private, soundproof offices). They should also employ innovative, low-barrier methods of service delivery such as digital platforms, peer counseling programs with professional oversight, and short, group-based workshops embedded within student residential areas, which require less time commitment than traditional individual sessions. Finally, they must actively promote the diversity of their staff to ensure students' expressed preference for gender-matched counseling can be reasonably accommodated.
4. A key future study should focus on evaluating the impact and feasibility of technology-based mental health interventions to overcome the critical barriers of time and stigma in Kenyan public universities

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