

Effectiveness of Student Guidance and Counseling in addressing Mental Health among University students in Public Universities in Kenya

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Abstract

The study examined the effectiveness of student guidance and counseling in addressing mental health among university students in public universities in Kenya. The study was anchored on Person-Centered Theory, which explains psychological well-being as a product of empathy, unconditional positive regard, and supportive helping relationships. A descriptive survey design was adopted. Data were collected from 225 students and 25 university counselors using questionnaires and interview guides. Quantitative data were analyzed using descriptive statistics and chi-square tests, while qualitative data were analyzed thematically. Findings indicated that 62.22% of students were aware of SG&C services, while 56.21% confirmed that awareness programs were conducted by counselors. Orientation programs (43.12%) served as the main source of information on counseling services. Depression (36.05%) and anxiety (22.96%) were the most prevalent mental health challenges, followed by interpersonal problems (19.63%) and suicidal ideation (12.55%). Only 41.79% of students sought counseling services, although 95.85% of those who accessed services reported receiving effective help and rated the services as useful. Interview findings supported quantitative results, highlighting high effectiveness among engaged students, strong institutional support, but persistent barriers such as stigma, limited staffing, and low help-seeking behavior. The study concludes that SG&C services are effective in improving mental health outcomes among students who access them, though utilization remains relatively low. Strengthening awareness, expanding counseling capacity, and reducing stigma can improve service uptake and mental health outcomes in universities.

Keywords: Student Guidance and Counseling, Mental Health, University Students, Effectiveness, Uasin Gishu County, Kenya

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Introduction

Mental health issues can have severely detrimental impacts on individuals. For instance, a report by the National Alliance on Mental Illness (NAMI) in 2015 revealed alarming statistics indicating that a significant portion of students facing challenges such as suicide or dropping out of school are dealing with underlying mental health conditions. Specifically, 90% of students who take their own lives and 37% of school dropouts are found to have pre-existing mental health issues. Furthermore, research conducted by the Anxiety and Depression Association of America (ADAA) in 2015 highlighted that a concerning number of children affected by anxiety disorders do not receive the necessary treatment, potentially leading to long-lasting consequences. This underscores the crucial role that school counselors play in educational settings, as they collaborate closely with educators, school administrators, and parents to ensure that every student receives the essential care and resources needed to thrive academically and personally. It is imperative that these counselors identify and implement effective programs that foster mental health and well-being among students. Given the high prevalence of mental health challenges among university students in public universities in Uasin Gishu County, it was deemed necessary to undertake a comprehensive study to address this pressing issue.

According to the Government of Kenya, one in every four Kenyans suffers

from mental health issues at least once in their lifetime. Of these Kenyans, men suffer more than women (Kenya Mental Health Policy 2015-2030). A survey done by the Association for University and College Counseling Center Directors Survey (AUCCCD, 2016), the study showed that 41.6% of students suffer from anxiety, 36.4% from depression and 35.8% suffer relationship problems. Studying at the university is associated with experiencing significant stressors they include, stress expressed by the new students as they join university life, (Julal, 2013, Atwarter, 2003). The Ministry of Education working hand in hand with Higher Institution Education (HIE) has come up with strategies to deal with Mental Health issues among the students. Saving the young people in the society saves the future of any country. The main approach used in higher institutions is the Student Guidance and Counseling (SG&C). The Kenyan Commission for University Education (2013) stipulates that Student Guidance and Counseling is an essential service that must be available to students in institutions of Higher Education before they are accredited. The counselors offering counseling services in the universities have a responsibility to help the students deal with the Mental Health issues. Despite this there are still high cases of Mental Health in Universities in Uasin Gishu County Therefore, having this understanding of Mental Health among university students, the study examined Student Guidance and Counseling (SGC) as an approach in

addressing Mental Health among University Students in public Universities in Uasin Gishu County, Kenya.

disorder specifically sitting at 15.4% (Bantjes et al., 2023).

Literature Review

Types and Prevalence of Mental Health Challenges Among University Students

University students represent a demographic uniquely vulnerable to psychiatric distress due to the intersection of emerging adulthood, academic pressures, financial constraints, and social transitions. Recent empirical evidence confirms a steady global and regional deterioration in student mental health over recent decades, a trend heavily exacerbated by the COVID-19 pandemic, economic instability, and climate change (Maseko et al., 2026; Pozuelo et al., 2025; Sivertsen et al., 2025).

Mood and Anxiety Disorders

Globally, depression and anxiety represent the most pervasive challenges. In the most comprehensive worldwide umbrella review to date, synthesizing data from over 8.7 million participants, mild depression was found at 35.41%, severe depression at 13.42%, mild anxiety at 40.21%, and severe anxiety at 16.79% (Pozuelo et al., 2025). Within Sub-Saharan Africa, these figures are mirror-images or exceed global benchmarks. A scoping review by Maseko et al. (2026) noted that mood and anxiety disorders were the most frequently researched and reported conditions across nine African nations. Specifically, depression criteria were met by 73.2% of university students surveyed in Namibia (Siseho, 2025) and 52% of medical students in Ethiopia (Kassahun et al., 2025). In South Africa, a massive national survey of 28,516 students documented a 37.1% prevalence of anxiety disorders and a 16.3% prevalence of mood disorders, with major depressive

In Kenya, historical baseline data placed moderate depression at 35.7% (Othieno et al., 2014), while subsequent localized investigations recorded overall psychiatric distress rates between 33% and 35.4% (Ali et al., 2022; Ndegwa, 2020). More recently, a cross-sectional study at Pwani University revealed an overall mental health condition prevalence of 30.9%, with 33.8% of those suffering from severe depression and 33.6% experiencing severe anxiety (Mugotitsa et al., 2025). This burden extends into specialized or vulnerable brackets, such as medical trainees at the Kenya Medical Training College (KMTC) who exhibited a 45.4% prevalence for depression and 68.1% for anxiety (Odhiambo et al., 2025), and young adults in Nairobi's Mathare slums, where anxiety affected 43.1% of the population (Omondi et al., 2026).

Stress and Psychological Distress

General psychological distress is nearly universal among higher education entities. Pozuelo et al. (2025) noted a global stress prevalence of 36.34%, while Al-Kuwari et al. (2025) found that 39.6% of medical students in Qatar experienced high psychological distress. Regionally, perceived stress was reported at 60.5% in South Africa (Wao et al., 2025). In Kenya, institutional stress affected 100% of medical students at KMTC Nairobi, though the vast majority (99.4%) experienced it at mild levels (Odhiambo et al., 2025). Furthermore, postgraduate students in Nairobi face a distinct dual burden of professional and academic stress, leading to severe institutional burnout as they attempt to balance research demands with evolving financial or family responsibilities (Mwangi et al., 2026).

Sleep, Eating and Post-Traumatic Stress Disorders

Secondary psychiatric conditions also account for significant institutional burdens. Globally, sleep disorders affect 41.09% of university students, post-traumatic stress disorder (PTSD) stands at 25.13%, and eating disorders are documented at 17.94% (Pozuelo et al., 2025). Regionally, South African data closely aligns with these global trends, establishing a localized student PTSD prevalence of 21% (Bantjes et al., 2023).

Substance Use Disorders

Alcohol and drug abuse function as both independent mental health challenges and maladaptive coping mechanisms. In South Africa, student surveys indicate a 5.1% prevalence for drug abuse and 2.5% for alcohol dependence (Bantjes et al., 2023), while in Kenya, substance and alcohol use are empirically verified as major direct risk factors for developing clinical depression (Mutie, 2023).

Suicidal Ideation and Behavior

Suicide is a premier public health concern among youth aged 14–24, where it ranks as the second leading cause of death globally (IASP, 2014), translating to one young person taking their own life every hour and 48 minutes (Drapeau & McIntosh, 2014). This crisis is defined as a deliberate death driven by complex psychological, biological, and societal factors (Bachmann, 2018; Bilsen, 2018; National Center for Health Statistics, 2016). Globally, past 12-month suicidal ideation stands at 10.76%, while lifetime ideation reaches 20.33% (Pozuelo et al., 2025). In the United States, recent longitudinal data indicates a slight decline in past-year serious suicidal consideration from 15% in 2022 down to 11% in 2025 (Lipson et al., 2025). However, African universities present highly concerning

rates; 9.1% of public university students in Namibia reported an active suicidal plan, with wider measurements showing passive suicidal ideation at 25.1% (Siseho, 2025). In Kenya, foundational research by Wanyoike (2014) documented a stark, escalating trend of suicide cases within higher education settings.

Socio-Demographic and Interpersonal Predictors

The prevalence of these diverse mental health challenges is highly conditional upon specific socio-demographic and relational predictors. Chronologically, first-year students demonstrate extreme vulnerability as they navigate the unique stressors of social transition and academic adjustment, with first-years at Pwani University reporting a 40.7% mental health condition rate (Mugotitsa et al., 2025). Conversely, advanced academic progression also introduces risks; Kenyan students aged 25–29 were found to be 2.6 times more likely to experience psychiatric distress (Mugotitsa et al., 2025), while fourth-year students in Tanzania exhibited the highest proportion of depressive symptoms at 64.3% compared to only 26.2% of freshmen (Mwanza Region Study, 2022).

Gender and geography further split these trajectories. Meta-regressions show that higher concentrations of female students correlate with elevated rates of anxiety, depression, and sleep disorders globally (Pozuelo et al., 2025) and regionally, where Ethiopian female medical students reported dramatically higher rates of depression (63.93% vs. 43.82% for males) and anxiety (Kassahun et al., 2025). However, this dynamic can shift based on localized environmental contexts, as seen in Nairobi's Mathare slums where males reported higher depression and stress levels than females (36.0% vs. 28.2%) (Omondi et al., 2026). Additionally, geographic dislocation

aggravates anxiety, with nonlocal students in Ethiopia experiencing significantly higher distress than local peers (Kassahun et al., 2025).

Socioeconomic factors and interpersonal relationships represent the most universal predictors of student distress. Financial strain acts as a powerful social determinant of health across Sub-Saharan Africa (Maseko et al., 2026), with Kenyan students earning less than KES 5,000 monthly being 3.69 times more likely to suffer from severe depression and stress (Omondi et al., 2026). Interpersonally, human well-being relies fundamentally on high-quality, high-quantity social connections characterized by deep mutual dependence (Management Study Guide, 2020; Stebbins, 2015). When these relational expectations are unmet, or when severe family conflict occurs, psychological breakdown follows. Relational friction and family conflict are verified as primary predictors of suicidal ideation and depression in Namibia (Siseho, 2025), while Kenyan data confirms that students from unsupportive families exhibit the highest baseline psychiatric prevalence at 35.2% (Mugotitsa et al., 2025). Within the university, students forge diverse bonds ranging from casual friends to romantic lovers (Felmlee & Sprecher, 2000), heavily influenced by structural and geographical campus factors (Ming, 2010). However, when severe academic pressures force students to neglect these ties, emotional health suffers, as an absolute lack of quality relationships directly induces severe anxiety and depression (House et al., 2003). Relational dynamics can also dictate personal motivation, as competence-promoting interpersonal communication enhances shared interests, while competence-diminishing feedback actively destroys it (Elliot et al., 2001). Ultimately, interpersonal stress linked to romantic relationship failures has

been shown to exert a far more devastating impact on student well-being than any other relational category (Kellie & Sharell, 2014), acting as a primary driver for severe substance use, heightened suicidal ideation, and the rising institutional demand for clinical counseling (American College Health Association, 2015; Drum et al., 2009; Kohongeh, 2019; Simon & Barrett, 2010; Wanyoike, 2014).

Effectiveness of Student Guidance and Counseling in Addressing Mental Health among University Students in Public Universities

To mitigate the widespread escalation of student suicide, depression, and anxiety, the implementation of structured guidance and counseling services in public universities is critically necessary. To build effective interventions, university counselors must understand adolescent self-control and stress processing, which fluctuates significantly across different age brackets and environments as a combined product of genetic and external factors (Casey & Caudle, 2013).

However, operationalizing effective psychological care within public universities involves overcoming several systemic hurdles. University counselors frequently encounter structural difficulties in the field, specifically struggling to balance the subtle task of establishing therapeutic rapport and a supportive environment while simultaneously maintaining strict clinical control to manage an active client's immediate physical safety (King et al., 2013). In addition, professional service utilization remains problematically low across many institutional contexts. In European nations like Norway, a massive, widening gap persists between student psychiatric needs and actual treatment access because a substantial portion of

the student population actively prefers to handle their issues independently or via informal networks (Sivertsen et al., 2025). This resistance is severely compounded by social taboos in other regions; for example, 31.9% of university students in Qatar reported high mental health stigma, driving a heavy preference to seek treatment exclusively from family and friends rather than utilizing formal university healthcare options (Al-Kuwari et al., 2025).

Despite these operational challenges, empirical data confirms that institutional guidance and counseling frameworks are highly effective tools for psychiatric risk reduction when they are properly implemented and accessed. In South Africa's national framework, stratified counseling tiers allow universities to effectively channel care, identifying that while 20% of the student population requires immediate psychosocial support, roughly 14% can be fully serviced by low-intensity psychosocial counseling, leaving the remaining 4% to be triaged out to specialized clinical services (Bantjes et al., 2023). In Kenya, direct empirical tracking at Pwani University proved that student access to institutional mental health services significantly lowers the odds of psychological breakdown, reducing overall psychiatric risk by 34%, while the presence of supporting mental health insurance reduced risk by 33% (Mugotitsa et al., 2025).

Public academic institutions serve as the ideal geographic and structural locations to deploy these programs because they offer a centralized infrastructure to catch at-risk youth before clinical deterioration occurs (Granello & Granello, 2010; Suicide Prevention Resource Centre, 2014). Within public universities, institutional counselors are uniquely qualified to lead suicide prevention and crisis mitigation

efforts. They achieve this by providing vital leadership through the execution of campus-wide gatekeeper training for staff and students, which explicitly outlines exactly what steps faculty and peers must take if they suspect a student is showing early warning signs of suicidal behavior or severe emotional distress (Erickson and Abel, 2013; Granello & Granello, 2010; James, 2013; Ward & Odegard, 2011).

To maximize this institutional effectiveness, experts emphasize that suicide prevention and mental health strategies must be culturally appropriate, highly tailored to the local environment, and explicitly proactive rather than reactive (Sawahel, 2019; Wanyoike, 2014). Historical evaluations of Kenyan public universities suggest that nominal, passive counseling units are insufficient to handle deep-seated student trauma. Reviewing these limitations, Wanyoike (2015) argued that Kenyan universities must move toward a comprehensive, holistic approach to manage suicidal thoughts and interpersonal stress. This requires the establishment of specialized, autonomous institutional mental health authorities that are not only granted heavy, dedicated funding but are also legally backed by comprehensive university policies designed to actively engage the wider campus society (Wanyoike, 2015). Public universities must ensure that their guidance personnel receive continuous, advanced clinical training to guarantee successful therapeutic results, alongside running aggressive, structural awareness campaigns to break down institutional stigma and safeguard vulnerable students.

Theoretical Review

The study was grounded on Person-Centered Theory, originally referred to as non-directive or client-centered therapy, was developed by the

American psychologist Carl Rogers between the early 1940s and the 1980s (Rogers, 1951). The theory posits that all human beings possess an innate, constructive drive toward growth, self-development, and self-actualization, which is defined as the active realization of their maximum psychological potential (Rogers, 1961). According to this framework, each individual exists in a continually changing world of experiences where they serve as the center, reacting to this phenomenal field exactly as it is uniquely perceived and experienced (Rogers, 1951). Rogers argued that psychological distress such as depression, anxiety, and stress arises when a severe misalignment or incongruence occurs between a person's self-concept and their actual lived experiences or ideal self (Rogers, 1957, 1961). To resolve this distress, the framework postulates that personality change and psychological healing will occur naturally if a helper provides a growth-promoting relationship characterized by three essential, interlinked core conditions: congruence or genuineness, where the counselor is authentic and transparent; unconditional positive regard, where the counselor accepts the client completely without judgment or conditions of worth; and empathic understanding, where the counselor accurately senses the client's internal frame of reference from the client's perspective (Rogers, 1957).

The theory was adopted to explain how student guidance and counseling services addressed mental health challenges among university students. Specifically, the study drew upon Rogers' core conditions to conceptualize the counselor-student relationship as the primary mechanism through which psychological distress was alleviated. It was posited that when university counselors demonstrated congruence, unconditional positive

regard, and empathic understanding, students experienced a safe psychological climate that enabled them to explore their anxieties, depressive symptoms, and academic stressors without fear of judgment. The non-directive stance of the theory informed the study's understanding of counseling effectiveness; rather than viewing counselors as authorities who imposed solutions, the study understood them as facilitators who activated students' inherent actualizing tendencies. This perspective shaped the interpretation of findings, as improvements in student mental health outcomes were understood to emerge from the students' own capacity for self-direction and self-healing, supported by the therapeutic relationship. Furthermore, the theory guided the study's emphasis on students' subjective experiences and self-reported well-being, reflecting the person-centered commitment to viewing individuals as experts on their own lives. The framework thus provided a coherent lens through which the effectiveness of brief counseling interventions, peer support, and guidance services was examined and interpreted.

Methods

Research Design

Research design refers to overall strategy that the researcher will choose to integrate to the study in a coherent and logical way. It constitutes the blue print for the data collection, measurement and analysis of data. Kothari (2004), define research design as an arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance with the research purpose. Mugenda and Mugenda (2003), a research design reports the way things are carried out through a systematic collection of data from members of a given population. The study adapted a descriptive survey

design. Creswell (2012), describes a trend that the research problem can be answered best by a study in which the research seeks to establish the overall tendency of response from individuals and to note how this tendency varies among people. The descriptive design was chosen for this study because it describes characteristics of a population or a phenomenon being studied.

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. A sample of 377 was selected from the total population of 19905 students in University A and 372 from 11673 students in University B.

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 interview 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 questionnaires were coded, entered into Statistical Package of Social Sciences (SPSS V20.0) and analyzed using descriptive statistics while qualitative data from interviews were transcribed, organized, and analyzed using thematic analysis to identify recurring patterns related to counseling service delivery and mental health support.

Results and Discussion

The study determined the effectiveness of Student Guidance and Counseling in addressing Mental Health among University students in Public Universities in Uasin Gishu County. Guidance and counseling is supposed to enable students to solve mental health problems. Table 1 contains the findings of awareness of student guidance and counseling services at the university.

Table 1: Awareness of Student Guidance and Counselling Services at the University

Awareness of Student Guidance and Counselling Services	Frequency (n)	Percentage (%)
Aware	140	62.22
Not Aware	85	37.78
Total	225	100.00

Source: Survey Data, 2023

From Table 1, 62.22% of the students are aware of student guidance and counselling services at the university while 37.78% are not aware. This result suggests that the awareness of guidance and counselling services at the university was effective since majority study's participants (62.22%) were highly aware of the counseling services offered in university. This may be the result of the councilors' and the administration's dedication to helping their students deal

with mental health as well as their overall psychosocial and personal wellbeing, given that these can only be accomplished with the support of the university counselors. This result supported previous study by Onyekuru and Ibegbunam (2015) that found students were well-aware of the availability of various counseling services. Figure 2 contains the findings of how students learn about the availability of guidance and counselling services.

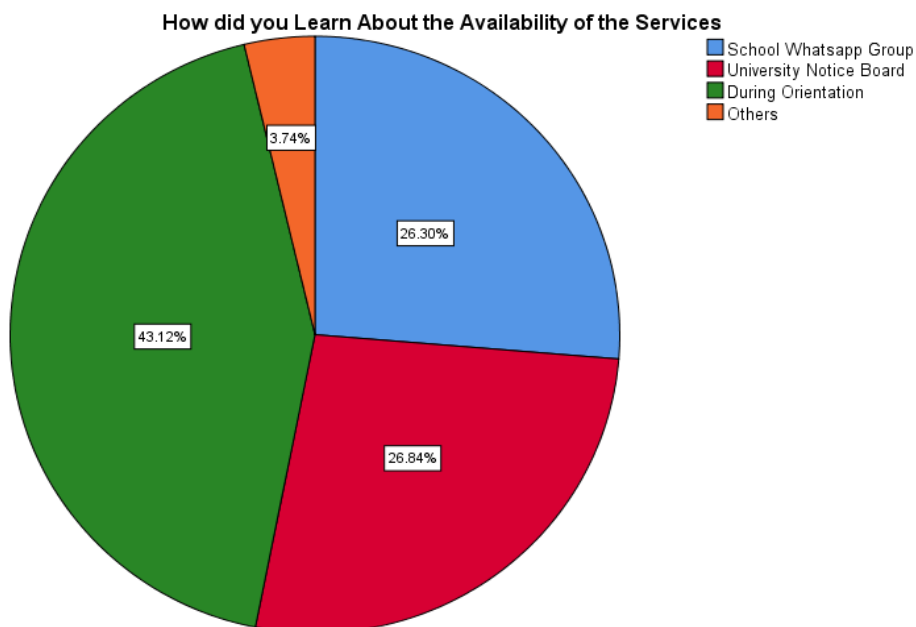


Figure 1: How Students Learn about the Availability of Guidance and Counselling Services
Source: Survey Data, 2023

From Figure 1, 43.12% of the students learn about the availability of guidance and counseling services during orientation while 26.84% through the University Notice Board. 26.30% of the students learned through Whatsapp group and 3.74% learned through others. Since majority (43.12%) of the students learn about the availability of guidance and counseling services during orientation. Orientation was therefore effective in helping new students to familiarize with the university and all of

the facilities and services that are accessible to students including guidance and counseling services. To prepare new students to navigate the institution and its surroundings independently, orientations are planned to intentionally introduce them to the array of student services offered on and off campus (University of Cape Coast, 2012). Table 3 contains the findings of if the university counselors carry out awareness programs related to student Guidance and counseling.

Table 2: Awareness Programs related to Student Guidance and Counseling

Response	Frequency (n)	Percentage (%)
Yes, awareness programs are carried out	163	56.21
No, awareness programs are not carried out	72	24.83
Not aware	55	18.96
Total	290	100.00

Source: Survey Data, 2023

From Table 2, 56.21% of the students reported that University Counselors carry out awareness programs related to student Guidance and counseling. 24.83% reported that they did not carry out awareness programs related to student Guidance and counseling while 18.96% were not aware. From the results awareness programs related to student Guidance and counseling were effective since majority of the students 56.21% agreed that university counselors carry out awareness programs related to student Guidance and counseling.

Awareness programs can help dispel stigma and misconceptions, as well as motivate those who are struggling to get assistance and connect with others. According to (Ndanu et al., 2022) awareness programs of guidance and counseling services offered by the universities are advantageous to the students. They will be armed with the knowledge they needed to assess the worth of the guidance and counseling services the school provided. Figure 4 contains the findings of the type of mental health suffered.

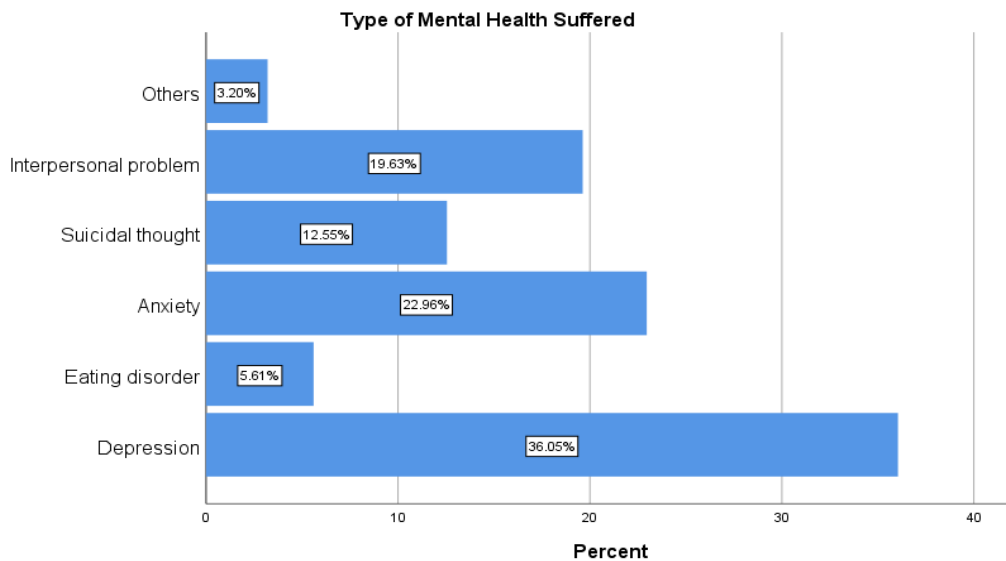


Figure 2: Type of Mental Health Suffered

Source: Survey Data, 2023

The descriptive survey data presented in Figure 2 reveals that 36.05% of the student respondents suffered from clinical depression, 22.96% suffered from anxiety disorders, and 19.63%

experienced acute interpersonal problems. Furthermore, 12.55% of the participants reported experiencing active suicidal thoughts, 5.61% suffered from eating disorders, and 3.20% struggled with

alternative mental health issues grouped as "others," including chronic stress, substance abuse, and profound sleep difficulties.

These outcomes show that affective and anxiety disorders represent the primary and most widespread mental health crises among scholars in this demographic area. The high clustering of depression and anxiety directly mirrors contemporary psychiatric trends established across higher education institutions globally and regionally. In the most comprehensive worldwide umbrella review to date, which synthesized data from over 8.7 million participants, mild depression was found at 35.41%, severe depression at 13.42%, mild anxiety at 40.21%, and severe anxiety at 16.79% (Pozuelo et al., 2025). Within Sub-Saharan Africa, these figures are mirror-images or exceed global benchmarks. Maseko et al. (2026) noted that mood and anxiety disorders were the most frequently researched and reported conditions across nine African nations. Specifically, depression criteria were met by 73.2% of university students surveyed in Namibia (Siseho, 2025) and 52% of medical students in Ethiopia (Kassahun et al., 2025). In South Africa, a massive national survey of 28,516 students documented a 37.1% prevalence of anxiety disorders and a 16.3% prevalence of mood disorders, with major depressive disorder specifically sitting at 15.4% (Bantjes et al., 2023). Historical baseline data placed moderate depression among university students at 35.7% (Othieno et al., 2014), while subsequent localized investigations recorded overall psychiatric distress rates between 33% and 35.4% (Ali et al., 2022; Ndegwa, 2020). A cross-sectional study at Pwani University revealed an overall mental health condition prevalence of 30.9%, with 33.8% of those suffering from

severe depression and 33.6% experiencing severe anxiety (Mugotitsa et al., 2025). This heavy psychological burden extends into specialized or vulnerable brackets within the country, such as medical trainees at the Kenya Medical Training College (KMTC) who exhibited a 45.4% prevalence for depression and 68.1% for anxiety (Odhiambo et al., 2025), and young adults in Nairobi's Mathare slums, where anxiety affected 43.1% of the population (Omondi et al., 2026).

Furthermore, the notable 12.55% prevalence rate of active suicidal thoughts reported by students in Uasin Gishu County represents a critical public health crisis that requires urgent institutional attention. Suicide is a premier public health concern among youth aged 14–24, where it ranks as the second leading cause of death globally (International Association for Suicide Prevention [IASP], 2014), translating to one young person taking their own life every hour and 48 minutes (Drapeau & McIntosh, 2014). This crisis is defined as a deliberate death driven by complex psychological, biological, and societal factors (Bachmann, 2018; Bilsen, 2018; National Center for Health Statistics, 2016). Globally, past 12-month suicidal ideation stands at 10.76%, while lifetime ideation reaches 20.33% (Pozuelo et al., 2025). In the United States, recent longitudinal data indicates a slight decline in past-year serious suicidal consideration from 15% in 2022 down to 11% in 2025 (Lipson et al., 2025). The data from table 1 shows that 58.21% of students did not seek guidance and counseling assistance, while 41.79% did. This trend is consistent with Mwangi et al. (2015), indicating a persistent issue in college environments. The reluctance of students to seek help despite established programs suggests a larger issue with their willingness to seek support.

Table 1: Services Offered by Student Guidance and Counseling

	Description	Frequency	Percent (%)
Visit guidance and counseling offices for help (n=749)	No	436	58.21
	Yes	313	41.79
Get help (n=313)	No	13	4.15
	Yes	300	95.85
Services offered by the student guidance and counseling (n=313)	Very useful	167	53.35
	Quite useful	86	27.48
	Useful	47	15.02
	Less useful	13	4.15

Source: Survey Data, 2023

This pattern of behavior may indicate a need for increased awareness and outreach efforts to promote the benefits of seeking guidance and counseling. Understanding the reasons behind this hesitation is crucial for institutions to create a supportive environment that encourages students to access the help they need. By overcoming these obstacles, colleges can better serve their student population and promote overall well-being within the academic community. From table 1, 95.85% of the students who visited student guidance and counseling offices for help got helped while 4.15% did not. Hence from the results student guidance and counseling services were effective in helping students deal with mental health issues, since majority 95.85% of the students who visited student guidance and counseling offices got helped. Students receive assistance and counseling to help them deal with mental health issues that can interfere with their studies. Through this, the students are able to improve their problem-solving abilities, which in some cases aid them in resolving specific problems in their daily life. These results are in line with (Kanga, 2017) which revealed that counseling and guidance were effective at assisting the students in adjusting to the physical, social, and intellectual environment of schools.

From table 1, Services offered by the student guidance and counseling was very useful to 53.35%, quite useful to 27.48%, useful to 15.02% and less useful to 4.15% of the students who visited guidance and counseling offices for help. This suggests that services offered by the student guidance and counseling were effective since majority of the students who visited agreed that they were useful. This may be attributable to how well the students perceive and value the guidance and counseling services provided by their institution and the counselors' capacity to provide these services. It was hoped that by giving students a pleasant impression of these services, they would adopt a positive attitude toward them and, if feasible, seek out the counselors' help whenever they needed it. This backs up the claims made by Mwangi *et al.*, (2015) that students' positive perceptions of guidance and counseling are a result of their access to program information and the positive meaning they attribute to it. Counselors who took part in the interview reported that after counseling sessions with their clients (students) they do follow up and make referral making the services effective. They also reported that their universities support SG&C by facilitating training seminars on guidance and counseling and providing necessary resources.

Interview Findings from University Counselors

To complement the quantitative survey data presented in the preceding sections, semi-structured interviews were conducted with the student counselors from the two public universities in Uasin Gishu County. A total of twenty-five counselors participated: fourteen from University A and eleven from University B. Each interview lasted approximately thirty minutes and was guided by an interview schedule that explored the counselors' experiences, the nature of mental health presentations, the effectiveness of current interventions, and the institutional support structures in place. The interviews were audio-recorded with permission, transcribed verbatim, and analyzed using thematic analysis. Six major themes emerged from the data, which are presented below.

Nature and Prevalence of Mental Health Presentations

The counselors reported that the demand for mental health support had increased notably in the years leading up to the study. They consistently identified depression and anxiety as the most prevalent conditions among the student population, a finding that corroborated the survey results presented in Figure 4. Interpersonal problems, particularly those involving romantic relationships and peer conflicts, were also frequently cited. Several counselors noted an alarming rise in cases involving suicidal ideation, which they attributed to a combination of academic pressure, financial strain, and family-related stress.

One counselor from University A observed: *"We have seen a steady rise in students coming in with symptoms of depression. I would say at least four out of every ten students who walk through our doors present with either clinical depression or severe anxiety. The*

academic pressure is immense, and many students feel they cannot meet the expectations set by their families."

A colleague from University B added: *"Interpersonal issues are very common, especially among first- and second-year students. They are struggling to form new social networks away from home, and when those relationships fail, it deeply affects their mental health. We have also had critical cases of suicidal thoughts, particularly around exam periods."*

Another counselor highlighted the complexity of cases: *"It is no longer just stress about exams. We are seeing students with eating disorders, substance abuse issues, and severe sleep disturbances. These are often co-occurring; a student rarely presents with just one problem."*

Effectiveness of Guidance and Counseling Interventions

The counselors expressed strong confidence in the effectiveness of the guidance and counseling services, provided that students reached out and engaged with the process. They emphasized that the majority of students who attended sessions consistently reported feeling better equipped to manage their mental health challenges. The counselors described their approach as largely person-centered, focusing on creating a safe, non-judgmental space where students could explore their feelings and develop coping strategies.

A counselor from University A stated: *"When a student commits to the process, the outcomes are generally very positive. We had a case of a third-year student who was on the verge of dropping out due to severe anxiety. After twelve sessions of individual counseling and a referral to the psychiatric unit for mild medication, he completed his semester and his grades improved significantly."*

A participant from University B remarked: *"The services are effective because we do not just listen; we equip them with skills. We use cognitive behavioral techniques to help them reframe negative thoughts, and we teach relaxation techniques for anxiety. I would say ninety percent of the students who complete their recommended sessions report a noticeable improvement."*

However, the counselors also acknowledged that effectiveness was contingent on student attendance and openness. One noted: *"The challenge is that some students come once and do not return. For those who discontinue prematurely, we cannot speak of effectiveness. But for those who stay the course, the transformation is evident."*

Awareness and Accessibility of Services

The counselors confirmed that awareness campaigns were ongoing but admitted that a significant portion of the student body remained uninformed or misinformed about the services. They identified orientation week as the most effective avenue for disseminating information, although they recognized that first-year students were often overwhelmed with new information and might not retain details about counseling services until a crisis emerged.

One counselor explained: *"We do our best during orientation. We set up booths, distribute flyers, and give short talks. But I think the message gets lost in the sea of information they receive in their first week. By the time they need us in their second year, many have forgotten that we exist."*

Another from University B highlighted the role of digital platforms: *"We started using WhatsApp groups and the university's social media pages to reach students. It has helped, especially during the post-pandemic period when students are more comfortable seeking*

information digitally. However, we still struggle to reach the male students; they are less likely to seek information or come to the office."

A recurring concern was the stigma attached to seeking counseling. A counselor lamented: *"There is still a perception that coming to the counseling center means you are 'mad' or weak. We run awareness programs to demystify this, but cultural beliefs are deep-rooted. Some students would rather suffer in silence than be seen entering our offices."*

Follow-Up, Referral, and Collaborative Practices

A key strength identified by the counselors was their follow-up and referral system. They reported that they did not simply discharge students after a session but maintained contact to monitor progress. For cases that required specialized care beyond their scope such as severe psychiatric conditions, eating disorders, or high-risk suicidal ideation they had established referral pathways to the university health center, local hospitals, and psychiatric facilities.

A counselor from University A detailed their process: *"For every student who comes in with moderate to severe symptoms, we create a file. We schedule follow-up appointments, and if we notice no improvement after three sessions, we escalate the case. We have a memorandum of understanding with the District Hospital, so referrals are seamless. We also involve the academic dean and the student's guardian if the risk is high, with the student's consent."*

Another added: *"Follow-up is what makes the service effective. I had a student who was severely depressed and had attempted self-harm. After stabilizing her through counseling, I referred her to a psychiatrist. I continued to check on her weekly for two months. She graduated last*

year, and she still sends me messages of gratitude."

Institutional Support and Resource Availability

The counselors reported varying levels of institutional support. In both universities, the administration was described as supportive in principle, often facilitating training seminars and providing basic office space and stationery. However, the counselors pointed out that this support was often inadequate relative to the growing demand. They cited insufficient staffing, lack of privacy in counseling rooms, and limited budgets for outreach activities as major constraints.

One counselor from University A stated: *"The university supports us by sending us for training workshops, which is commendable. But we are only fourteen counselors for nearly twenty thousand students. The ratio is impossible. We have long waiting lists, and students sometimes have to wait two weeks for an appointment. By then, a crisis may have worsened."*

Another counselor highlighted a positive development: *"Recently, the administration approved a proposal to integrate mental health into the university's strategic plan. This was a win for us. It means that counseling is no longer seen as a peripheral service but as central to student success. However, implementation is slow."*

Challenges and Suggestions for Improvement

Despite their commitment, the counselors identified several systemic challenges. These included the high student-to-counselor ratio, inadequate physical infrastructure, stigma, and the lack of a comprehensive mental health policy. They also noted that students from disadvantaged socioeconomic

backgrounds were overrepresented among those with severe mental health issues, yet these students often could not afford specialized care off-campus.

A counselor from University A suggested: *"We need at least double the current number of counselors to meet the demand. We also need a dedicated mental health center, not just offices scattered across the administration block. A center would give students confidence and privacy."*

From University B, a counselor recommended: *"We should train peer counselors. Students trust their peers more than authority figures. If we have trained peer counselors in every hostel and faculty, they could be our eyes and ears, referring students before cases become critical."*

Another counselor emphasized prevention: *"We need to move from reactive to proactive counseling. Instead of waiting for students to come to us, we should have mandatory mental health literacy sessions in the first year. If students understand that mental health is part of overall health, they will seek help early."*

Conclusion and Recommendations

The study concludes that majority of the students were aware of student guidance and counselling services at the university and they learned about the availability of guidance and counseling services during orientation, through University noticeboards, through Whatsapp groups. However, majority of the students did not visit guidance and counseling offices for help. Services offered by the student guidance and counseling was very useful to majority of the students who visited guidance and counseling offices for help. The study's recommendations emphasize the importance of incorporating psycho-educational counseling into university

programs to support students' mental health challenges. By incorporating these skills, students can acquire valuable information and skills for managing academic and personal life complexities. These skills include problem-solving, critical thinking, effective time management, decision-making strategies, and motivation. This holistic approach fosters students' well-being and academic success, promoting personal growth, resilience, and overall mental wellness. Therefore, university administration should prioritize incorporating psycho-educational counseling into their educational programs.

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