

**Guidance and Counselling Services in Secondary Schools in Eastern Gojjam
Administrative Zone: A mixed Design Evaluation of Priority Needs, Service Barriers
and Facilitators**

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Abstract

Problem areas that need urgent guidance and counselling intervention were not prioritized and barriers to fulfil these priority needs were not investigated in secondary schools in Ethiopia. This study aims to investigate students' priority guidance and counselling needs and barriers and opportunities of meeting such guidance and counselling needs. A concurrent mixed methods design was used. A cross-sectional quantitative survey was used to investigate: (1) priority areas of guidance and counselling needs of the students and, (2) associates of these priority areas of counselling needs using linear regression. We conducted an in-depth interview and Focus Group Discussions (FGD) with school counsellors and principals to investigate: (1) barriers and opportunities to provide guidance and counselling services. Thematic analysis was used to analyse the qualitative data. Results indicated that at a cut off 10 points of the PHQ-9 score, more than half of the participants had depressive symptoms. Student participants were more worried about their education and vocation than their emotional, behavioural and social problems. Increment in depressive symptoms ($\beta=0.266$, $p<001$) and anxiety ($\beta=0.154$, $p<001$) scores were positively associated with an increased score in guidance and counselling needs. Themes were identified as challenges related to meeting prioritized student guidance and counselling needs: (1) administrative challenges, (2) counsellor competencies and motivation, (3) resource constraints and (4) beliefs (staff perceptions, cultural beliefs).

Keywords: School counselling, Secondary Schools, Low- and middle-income countries, Ethiopia

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Background of the study

School guidance and counselling is an integral part of quality education in most western countries just as curricula and teaching staff fields (Carey & Dimmitt, 2012; Nkechi et al., 2016; Salgong et al. 2016). School guidance and counselling aims to help students: (1) solve their personal challenges of adjustment to developmental changes and (2) promote utilization of their potential in the academic setting (Carey & Dimmitt, 2012; Nkechi et al., 2016; Salgong et al., 2016). It stimulates student learning, increases personal and intellectual development (Theresa, 2016), improves students' preparation for career choice (Eliamani et al., 2015), increases academic success (Carey & Dimmitt, 2012, Lapan et al., 2012; Eliamani et al., 2015) and reduces emotional and common mental health problems (Erikson & Abel, 2013) and enhances personal and social development of the students (Nkechi et al., 2016).

The success of guidance and counselling services depends on the skills personal and professional qualities of counsellors (Carey & Dimmitt, 2012; Lapan et al., 2012). For effective outcomes of guidance and counselling services, professional competency of the counsellors is essential, with a minimum educational attainment of a Master's degree in counselling (2001). In observational studies, time management skills of counsellors and low student-counsellor ratio improved students' attendance and discipline (Carey & Dimmitt, 2012; Lapan et al., 2012). Availability of resources, supervision, workshops and seminars, and clear articulation of the guidance and counselling process improves the quality of guidance and counselling service (Zvobgo, 2008).

The Ethiopian Ministry of Education (MoE), in its school management guideline (MoE, 1994) entitles every secondary school (both first cycle and second cycle) to have a

guidance counselor. Indeed, a counselor has been assigned in each secondary school. The secondary school counselors are supposed to help each learner: (1) set life goals, (2) link education with practical settings and (3) improve well-being for increased productivity (MoE 1980). Nevertheless, guidance and counselling service is loosely organized and rarely used in these secondary school settings (Seyoum, 2011; Wako, 2016). Previous qualitative studies attributed current poor guidance and counselling service to lacks of clear job description and performance indicators, competent counsellors, coordinated work among school community with the counsellors (Deneke, 2014; Wako, 2016), and d) a lack of private counselling rooms (Meron, 2018; Alemu, 2013).

Indeed, school counsellors used punishment to manage student disciplinary problems such as violence, irregular attendance of classes, and substance use (Deneke, 2014) without consideration of students' perspectives. There is a paucity of evidence about which areas of student problems (social development, study methods, problems in social relations, family issues and career exploration) (Villar, 2007) need priority intervention. None of the local studies investigated students' priority areas of guidance and counselling needs and determinants of such needs to design future evidence-based interventions.

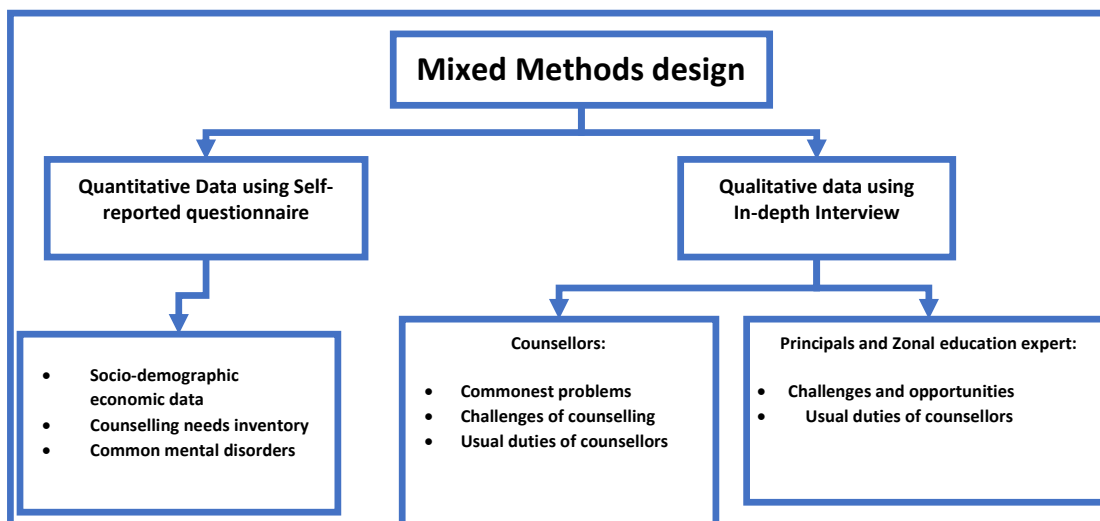
To address this gap, this study aimed to: (1) identify students' priority guidance and counselling needs; (2) examine the association between students' guidance and counselling needs and common mental disorders (anxiety and depression); and (3) explore students' barriers and opportunities of utilizing guidance and counselling services. The study hypothesized that (1) there will be a mean difference among the five dimensions of student guidance and counselling areas (Social development, study methods, social relations, family issues and career exploration). (2) There will be

statistically significant association between scores of students 'guidance and counselling needs and their level of anxiety and depressive symptoms after controlling for gender, family size, residence, grade level, first semester academic result, having chronic illness and having common mental disorders. The results of the study are expected to be important to the counsellors, school principals, students themselves and to the parents.

Methods

A mixed methods design (Figure 1) with cross-sectional quantitative and qualitative methods was employed. A cross-sectional quantitative survey was used to investigate (1) priority areas of guidance and counselling needs of the students and (2) associates of this guidance and counselling needs (gender, residence, family income and mental health issues).

Figure 1. Study design



The qualitative method was employed to investigate explanations for quantitative findings like details about the barriers and opportunities of providing guidance and counselling services in the context of study setting.

Cross-sectional survey

The detail of the research methods for this quantitative design is explained as follows.

Participants

Grade 11 and 12 students in Eastern Gojjam Administrative Zone were the main participants of the cross-sectional quantitative survey. There were more than thirty thousand students in the zone during 2018.

Sample size and Sampling

Sample size was calculated using single proportion population formula assuming 95% confidence interval and a design effect of 1.5 and a non-response rate of 10%. A total

of 618 participants were estimated. Multistage cluster sampling was used to select participants where sections were considered as units of clusters.

Data collection procedures

The data collectors were trained research assistants with master's degrees in psychology. The participants from the randomly selected sections completed the questionnaire in their classrooms in about 15-25 minutes. The data collectors instructed and supervised the students not to share the questionnaire for privacy reasons. We agreed with the school principals and the counsellor to share the findings of the study and to provide any professional support to the school counsellors on request. Data collection took over two weeks.

Study variables

The main outcome variable of this study was guidance and counselling needs of the students. Guidance and counselling needs refers to students 'challenges that are supposed to affect their academic success. Students' guidance and counselling needs was assessed by students' guidance and counselling needs assessment inventory (Dogar et al., 2011), which has four Likert scale items for each of its five dimensions (Social development, study methods, social relations, family issues and career exploration).

The participants were presented with statements stating potential problem areas such as "I can't read fast enough to complete my studies in time", "I usually use effective study methods", "I don't know proper method of studies", etc. The response options were "Strongly Agree", "Agree", "Disagree" and "Strongly Disagree." High total scores in the guidance and counseling needs inventory indicates high level of student problems and worries, implying high need for guidance and counseling. This inventory was preferred to other tools of assessing counseling needs due to its better psychometric properties. In our data, the reliability of the 30 items inventory was 0.85. Factor

analysis of the items in our data loaded into five dimensions confirming the original criterion validity of the scale(Nyutu, 2007). Each of the five dimensions has six items and adequate reliability: 0.53, 0.71, 0.57, 0.65 and 0.67 for education, vocation, social, emotional and behavioral dimensions respectively.

On the other hand, the independent variables included socio-demographic variables, such as gender (male/female), residence (urban/rural) and family size was asked. Besides, common mental disorders: anxiety and depression were assessed. Common mental disorders are mental illnesses that are common in most populations functioning and productivity. In this study, we focused on depression and anxiety. We used a locally validated Amharic, official language of Ethiopia, version of Patient Health Questionnaire-9 (PHQ-9) (Gelaye et al., 2013) to assess depressive symptoms. PHQ-9 is a DSM IV based screening tool for depression(Kroenke et al., 2001). The nine items in PHQ-9 asked the respondents whether they had experienced symptoms of depression over the last two months. The response categories were: Not at all, Several days, More than half the days, Nearly every day which were coded as “0”, “1”, “2” and “3” respectively. The PHQ-9 has better psychometric properties compared to other screening tools of depression. In validation study in 926 outpatients in a major referral hospital in Ethiopia(Gelaye, Williams et al. 2013), the PHQ-9 had good internal consistency (Cronbach's alpha=0.81) and excellent intra-class correlation of 0.92. A PHQ-9 score of five or more indicates mild level of depressive symptoms and 10 or more indicates moderate level of depressive symptoms while above 15 indicates severe level of depressive symptoms in original and local validations (Gelaye et al., 2013). We assessed anxiety using Generalized Anxiety Disorders (GAD-7) (Spitzer et al., 2006) which has seven items. The GAD-7 asks seven symptoms of anxiety such as

feeling nervous and anxious on a 4-point Likert-type scale (0 = *not at all* to 3 = *nearly every day*). GAD-7 is a uni-dimensional scale and it was translated into Amharic and has been repeatedly used in Ethiopia. A score below five is minimal and higher score indicate higher anxiety (Spitzer et al., 2006). Open-ended questions were used to collect data about students' experience of seeking counselling services, the types of problems they sought counselling and the challenges to obtain the services.

Data analysis

Quantitative data were analysed using SPSS version 20. Participant characteristics were presented in frequency tables for quantitative data. Mean comparison of the five dimensions of student needs was made to identify the most important dimensions of counselling needs. Linear regression was used to investigate the association of the participant health measures with their counselling needs.

Qualitative study

Qualitative study was used to explore the barriers that hinder students from utilizing the guidance and counselling services and opportunities of providing guidance and counselling services to the students.

Study participants

The study participants of the qualitative study were school counsellors, principals and one zonal expert.

Sampling

Four counsellors (one female and three males), four principals (all males) and a zonal expert (male) were purposively selected for a detailed interview about the commonest problem areas presented by the students, challenges of counselling and the theories and techniques used to solve these commonest problems. The interview was conducted in

the respondents 'private offices. The male participants were 35 years and above old, while the female counsellor was 28. The principle of saturation was used.

Assessment

In the qualitative component, we conducted an in-depth interview with counsellors, school principals, and the zonal expert to collect data about the challenges and opportunities of guidance and counselling services in secondary schools. Interview protocols for school principals and the zonal expert focused on the challenges of establishing successful guidance and counselling programs, the current duties of counsellors in their schools, suggestions to improve the guidance and counselling services and the perceived importance of guidance and counselling to students. The interview protocol for counsellors focused on description of their most usual duties and responsibilities in their respective schools, the challenges of providing counselling service, types of problems presented by students, ways used to solve the problems and future suggestions to improve the service. All in-depth interviews were conducted by experienced researchers with PhD degree and an assistant with MA degree (TA).

Data analysis

The in-depth audio data was tape-recorded and transcribed verbatim. Transcripts were carefully read and coded using open-code qualitative software. All of the students' responses to the open-ended items were copied into Microsoft Word, making it ready for coding in the qualitative software. Thematic analysis was used to analyse the data.

Results

Characteristics of the participants

605 participants returned the completed copies of the questionnaire out of the 618 copies distributed to the respondents (response rate of 97.9%). The characteristics of the participants are given in Table 1. Most of the participants were males (60%); 70.5%

were rural residents; 6% of the participants had chronic illnesses and 29% of them had experienced counsellor visits during the last one or two years.

Table 1
Characteristics of participants

Variable	Level	N	%
Gender	Male	353	60.0
	Female	235	40.0
Residence	Urban	404	32.9
	Rural	198	67.1
Having chronic illness	Yes	38	6.1
	No	567	91.7
Number of counsellor visits last year	Never	429	71.0
	Once	98	16.2
	Twice	46	7.6
	Three times or more	31	5.1
	None	122	19.7
Status of depressive symptoms	Mild level	115	18.6
	Major depression	134	21.7
	Moderate to severe	95	15.4
	Severe level	152	24.6

At a cut off 10 points of PHQ-9 score, more than half of the participants had depressive symptoms. Among nine items in the PHQ-9, 63%, 59%, 60%, 62% and 57% of the participants responded that they experienced a lack of motivation, sad mood, sleep problem, fatigue and lack of attention respectively (supplementary graph). Thirty percent of them endorsed for having suicidal ideation.

Counselling needs of the participants

The assessment score of counselling needs scale indicated that students endorsed higher scores for problems related to their education (mean=15.17) followed by vocational problems (mean=14.34). The mean score of the remaining dimensions of counselling needs was nearly similar (mean difference = 0.0458, $p>0.5$).

Table 2

Mean score of the five dimensions of areas of counselling needs

Dimension	Mean	Std. Deviation	Mean difference	p-value
Educational Total score	15.1721	3.36650	0.8321	$P<0.001$
Vocational Total score	14.3400	3.91844	1.1752	$P<0.001$
Social Total score	13.1648	3.57321	0.0458	$P>0.05$
Emotional Total score	13.1190	3.91989	0.0000	$P>0.05$
Behavioural Total score	13.1190	3.91989	0.0000	$P>0.05$

Interviewed participants also confirmed that students commonly presented academic issues such as study techniques during counselling sessions.

Most of the students come to ask about study skills. One of the students told me that she had no attention, was weak, and fed up with studying. She said that she could not wake up once she slept. The other girl said she was not allocating fair time for the subjects and tended to read easier subjects. (Counsellor 02)

Counsellors reported that they often trained or taught students about some psychological topics such as life skills, study skills and how to prepare for exams. However, counsellors agree that they were not assigned with time schedules to provide such training. Counsellors also reported that they are also engaged in supporting students with special needs despite lack of strong support system in the schools. According to counsellors' reports, support systems to these students with special needs

included letting them have front chairs and assisting them have access to educational materials.

Correlates of counselling needs

In multivariable linear regression (Table 3), each increment in PHQ-9 score ($\beta=0.266$, $p<0.001$) and anxiety score ($\beta=0.154$, $p<0.001$) were positively associated with an increased score in total counselling needs. Each increment in the PHQ-9 scores was also independently associated with increased scores of each of the dimensions in counselling needs scores: educational ($\beta=0.1149$, $p<0.05$), vocational ($\beta=0.223$, $p<0.001$), social ($\beta=0.253$, $p<0.001$), emotional ($\beta=0.291$, $p<0.001$) and behavioural ($\beta=0.291$, $p<0.001$). Similarly, each increment in the total anxiety score was also independently associated with increased scores of each of the dimensions in counselling needs scores: social ($\beta=0.043$, $p<0.001$), emotional ($\beta=0.147$, $p<0.001$) and behavioural ($\beta=0.147$, $p<0.001$).

Table 3

Multivariate regression to determine associates of high counselling needs

Variable	Beta Standardized					
	Total needs	educational	Vocational	Social	Emotional	Behavioural
PHQ9 Total score	0.266**	0.149*	0.223**	0.253**	0.291**	0.291**
Anxiety Total score	0.154*	0.089	0.077	0.043	0.147**	0.147**
Number of counsellor visits last year	-0.088	0.212	-0.27*	-0.050	0.047**	0.047**
Family size	0.032	0.028	0.097	-0.019	0.032	0.032
Not having chronic illness	-0.084	-0.142**	-0.040	-0.016	-0.008	-0.008
First semester Average GPA	0.082	-0.176*	0.001	-0.020	-0.060	-0.060
Residence rural or urban	0.107	0.113*	-0.019	0.107	0.036	0.036
Grade	-0.150*	-0.110	-0.119	-0.011	-0.091	-0.091
Gender: male	-0.085	0.048*	-0.039	-0.014	-0.099	-0.099

* $P<0.05$; ** $p<0.001$

The negative association between chronic illness and total score on overall dimensions of counselling needs ($\beta = -0.128$) and with counselling needs in educational areas ($\beta = -0.141$) indicates that students without chronic illness endorsed lower scores on the scale of the counselling needs.

Challenges and facilitators of guidance and counselling service

A good opportunity in relation to guidance and counselling in the study area was presence of potential counsellors, unutilized task force. The government's motivation to expand the services and the presence of needs for the services from potential users are also additional facilitators to improve the service quality and to expand its access to the users. There is also a potential to scale up the service into clinical practice for people with psychological problems. Nevertheless, there is a huge gap in the provision of quality guidance and counselling services to meet students' needs for guidance and counselling service:

...The profession is forgotten at the top level. Now it is very apart, no one needs counselling or gives it. There is wide gap. There is no educational opportunity for us, which is also one reason for the profession to be hated. (Counsellor 02)

"There are students who have become hopeless. Good to provide advice and support for those students so that they will be productive citizens." (Students)

The following themes have been identified as challenges related to poor counselling service: (1) administrative challenges (2) counsellor competencies and motivation (3) resource constraints (4) beliefs (staff perceptions, cultural beliefs).

Administrative challenges

Principals, counsellors and district officers reported lack of delegation of the relevant job description to counsellors, supervision, motivation, and evaluation guidelines and lack of refresher training to counsellors as main administrative challenges.

All of the participants agreed that counsellors are mainly engaged in disciplining misbehaving students (*“They [counsellors] have stick and control students to come to school on time”, student 05*) who are: “jumping over fence, unpunctual, and having unfamiliar hair style, having conflict within family and substance users”. They are also engaged in reproducing exam papers and manage exams and coordinating during exams and get engaged in other administrative activities:

“There is a tendency to assign additional responsibility to the counsellors. They are considered as redundant. This is because ...there is no job description.”
(Principal)

In addition, some principals agreed that there was problem of assigning specific duties to the counsellors. The evaluation of counsellors was based on subjective personal plans of the counsellors. As a result, the work they do differed from one school to another depending on principal personal and administrative experiences.

Even in our level, we have no evaluation criteria to judge what the psychology professionals are doing. If we think that there is problem of behaviours among students, we attach responsibility to civics and ethical education teachers and the principals and administrative bodies. We tend to forget the psychologists in respect to this responsibility. (Principal)

“Since there is no specified job description, most of the guidance and counselling staff do not know their roles. There are no distinct guidelines about the roles and responsibilities” (Principal)

Since there is only one counsellor per school, there is no chance to match counsellors with the client's personality, though students wanted to consult counsellors of the same gender. Female students reported gender difference as a barrier to seek help from the counsellors.

“Why is there no female counsellor for females? It is female counsellor who can solve and understand females' problems. If the counsellor is male, it is difficult to get counselling and vice versa.” (Students)

Counsellor competency and motivation

All of the participants (students, counsellors and principals) agreed that guidance and counsellors in the study area were not providing satisfactory services. Students have doubts of the professional skills (*“counsellor fears to discuss”, “Counsellors talk their guess”, “The skill of the counsellors is very poor”, “... they should not talk much, it is boring”, students' comments*). All types of the participants linked this poor counsellors' competency to lack of further educational opportunity. For example, counsellors, principals and a district officer asserted that bachelor degree is the maximum educational requirement for the guidance and counselling position as stipulated by the Ministry of Education for school counsellors. Accordingly, the maximum educational level attained by all the counsellors in the study area was Bachelor Degree.

“... The standard is [bachelor] degree in both preparatory and secondary schools. Because, the standard is bachelor degree in the policy.”(Zonal education department expert)

Besides, counsellors and school administrators agreed that counsellors had limited a opportunities for short skill trainings and further education after employment and. They

are either general psychologists or civics and ethical education teachers without practical training of counselling skills in work settings.

“There are short training [given] by the district educational bureau for teachers of other subjects like laboratory work, English teachers, etc., But there was nothing for counsellors.” (Principal 03)

“... They have no option to compete for further education just as other subject teachers. For example, there is quota for every field to study master’s degree programs but there is no option for them at all.” (Principal 02)

Besides, students complained that they could not access counsellors because there was no office or there is no counsellor or both [*“First, I cannot easily access the counsellor; second, there is no school counsellor.” (Student 04)*]

“We only have theoretical background [of guidance and counselling] in the university; we need training. We have no materials.” (Counsellor 03)

Students’ complained that there was much punishment for their misbehaviours than providing counselling services. For example, when the students were asked to suggest solutions, they even joked by recommending, *“having more sticks.”* Besides, both counsellors and principals agree about lack of motivational schemes for the counsellors and resultant work related stigma at work.

“I expect that he would be psychological hurt for not having something to do. I don’t know since am not psychology professional.” (Principal 04)

“... People say where did you [counsellors] learn such profession which is all about sitting?” (Counsellor04)

“They [counsellors] are now thinking to learn another area like accounting or management or else want to be engaged in other private businesses.” (Principal 03)

Resource constraints

All of the qualitative participants agreed that the second reason for poor guidance and counselling service was constraints of material resources such as offices, furniture, equipment and stationery and assessment tools. Some school counsellors have no office at all, while others do not have private offices that are equipped with the necessary materials such as audio recorders, file cabinets and assessment tools. There was no counselling manual to guide them about what to do and how to provide counselling services.

“There is also problem of office which is suitable for the counselling service.”

(Zonal education department)

“There is no clear and separate guidance counselling office for the counsellor and no information is given about it.” (Students)

“I don’t think the office is appropriate. It is open to everybody.” [Office seen with many other teachers which looks staff office] (Counsellor 01)

Beliefs and Expectation

In their responses to open-ended questions, several students reported that they were not aware of the availability of counselling services in their respective schools. Several students and counsellors agreed that the role given to school counsellors was to discipline student misbehaviours through punishment (*“Sometimes students were considered as ignorant and that is embracing...No freedom in the school”, student*). Participants assumed that this role was reason for students’ unrealistic beliefs and expectations, such as students’ fear of being stigmatized and beliefs about the nature of service seekers [*“Psychological problem means a problem that an individual has since her/his birth.” (Student)*]. Besides, additional belief-related barriers of counselling service were students perceived inability to express inner emotions [*“I cannot explain*

things clearly; I do not expect that I can get the solution there.” (Student)], fear of gender-based violence from the professionals and lack of information about the nature of service.

“I don't know what the counsellor does when you consult him/her. I also fear to talk from the very beginning, I am the one who is weaker in academics, so I fear to consult and discuss with them.” (Student)

“There is fear to disclose their problems to counsellors..... There is fear among most of the students. There is problem of disclosing self. The area where they are from disables them to disclose their identity and hiding their problems, making the problem unknown to others.” (Principal 02)

Fear of confidentiality was especially linked to the open location of offices. It was also linked to the familiarity of the counsellors and the teachers with the parents of the students since teachers and parents are not strangers in rural schools. Thus, students fear whether their secrets would be disclosed to parents since teachers also usually call parents in some cases of misbehaviours.

“There are many customers and people around the counsellor's office. When we go to the counsellor's office, they perceives as if we were consulting about love and nothing else. Thus, I fear about my fate of being stigmatized.” (Student)

Teachers are theoretically supposed to cooperate with the counsellors for effective school counselling services. Nevertheless, counsellors reported that there was poor cooperation from the teachers as follows.

Everybody tends to say that the counsellor is the sole authority to resolve student problems. There is no collaboration from the teachers. There is problem of perception. (Counsellor 01)

Even our perception has problem and the teachers' support is very low. The tradition of referring students to counsellors among teachers in their respective subject areas is problematic. (ZonalEduc.dept.)

Discussion

There was high prevalence of depressive symptoms among the study samples. An increment in both depressive symptoms and anxiety scores was associated with increased scores in counselling needs. Students were worried more about their problems related to education and career than their personal challenges. The guidance and counselling staff in the schools were not delegated with clear duties and responsibilities. They were perceived as idle staff without their own tasks. They acted in schools as disciplinary persons along with guards and unit leaders. They sometimes used punishment and called parents for students' misbehaviours which made the students fear the counsellors.

It is important to note that adolescence is a period of emotional turmoil related to their frequent developmental questioning of identity, which may explain the high prevalence of depressive symptoms and increased worries of their academics as observed in our study. Academic issues were highly endorsed as major problem areas than personal and social issues. This may not mean that such adolescents have no personal and social problems, however. It might be an implication for the adolescents' worries about future career issues in a context of prevalent poverty. Our finding about the association between student emotional problems and guidance and counselling needs supported our

hypothesis. The increased need for counselling service for every increment in anxiety and depressive symptom scores supports the increased treatment seeking behaviours and treatment costs among people with depressive symptoms (DiMatteo et al., 2000; Mogga et al., 2006). Counselling for adolescents helps the adolescents resolve this turmoil related to their question of identity, reduces their maladjustment (Erikson & Abel 2013) and may reduce their worries of academic outcomes.

The presence of counsellors in the schools is an opportunity. But, there were so many challenges that prevent them from providing guidance and counselling service in the schools. The challenges were themed into four categories: (1) Administrative challenges, (2) counsellor competency and motivation, (3) resource constraints such as offices and counselling manuals, and (4) perceptions and expectations. All these challenges of providing school counselling service ultimately affect professional behaviours of the counsellors such as their motivation, networking and their professional development and so the quality of the service. Indeed, these challenges explain potential areas of intervention to improve the quality of school guidance and counselling services in Ethiopia.

Our finding about lack of clear roles and responsibilities assigned to counsellors is common among many studies. The American Psychological Association (APA) has developed a comprehensive guidance and counselling model which could be used as a baseline. In this model, the minimum educational requirement of counsellors is MA degree and above in psychology (Allensworth et al., 1997). This contradicts with the practice in Ethiopia, where new bachelor graduates are assigned as counsellors without any opportunity for short training or further education. Besides, there was only one counsellor for one school which contains up to 2000 students. This also is unimaginably above the APA recommendation of one counsellor for every 250 students (Allensworth

et al., 1997), and it impacts effectiveness of school counselling (Carey & Dimmitt, 2012; Lapan et al., 2012).

Our finding about the status of counselling, common duties of counsellors and challenges of counselling supported previous findings that reported similar challenges of providing counselling in other settings of Ethiopia. But our finding was unique in that we triangulated the exploration of the challenges of providing counselling service from counsellors, students and principals. We could also identify priority areas of student concern that require counselling intervention.

Our study was limited in that we collected the data about a couple of weeks before the final exam for some of the participants. This might have also increased their anxiety scores and some of their symptoms of depression. However, the study still highlights high prevalence of common mental disorders among the study participants using a locally validated tool.

Conclusion

Students prioritized school related issues like vocation and education as urgent area of guidance and counselling compared to personal, emotional and behavioural problems. Anxiety and depressive symptom scores predicted high scores in guidance and counselling implying the need for further follow up and intervention studies on this area. Service quality like presence of furnished facilities and lack of competent counsellors was a challenge for current guidance and counselling service in the study setting.

Declarations

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Conflict of Interests

The authors declare that they have no competing interests.

Availability of data and materials

The datasets generated and analysed during the current study are not publicized at present. We have not received consent from participants to share the data on the web but, will be available from the corresponding author on reasonable request.

Author Contributions

TB developed the proposal; both TB and TA involved in data collection; analysis; preparing the draft; revising the drafts of the paper and both authors approved the final manuscript.

Ethical considerations

Approval to conduct the study was obtained from Debre Markos University, Institute of Educational and Behavioural Sciences. Informed consent was obtained from all participants and school principals.

Consent for publication

Not applicable.

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