

Enhancing Uptake of Counselling Services among Counsellors: A Pilot Study

Phoebe Nwamaka Kanikwu^{1*}, Hassanah Mustapha Nurudeen¹, Uwara Comfort Idika¹, Noshina Emetekoba Audrey¹, Addeh Blessing¹, Edobor Francess¹, Nwanekezi Fidelia Adaobi¹, Ndams Salome Samuel¹

¹Department of Nursing Science, Faculty of Applied Health Sciences, Edo State University, Iyamho, Edo State, Nigeria

DOI: <https://doi.org/10.36348/sjnhc.2026.v09i01.004>

| Received: 28.11.2025 | Accepted: 22.01.2025 | Published: 31.01.2026

*Corresponding author: Phoebe Nwamaka Kanikwu

Department of Nursing Science, Faculty of Applied Health Sciences, Edo State University, Iyamho, Edo State, Nigeria

Abstract

Counseling services are integral to holistic healthcare delivery, particularly in addressing the psychosocial needs of patients and healthcare professionals. Despite their recognized importance, evidence suggests inconsistent engagement with these services, even among counseling professionals. This study assessed the knowledge, perception, and utilization of counseling services among counselors at Irrua Specialist Teaching Hospital (ISTH), Edo State. A descriptive cross-sectional survey design was employed, using total sampling to include all eligible counselors. Data were collected through a structured, self-administered questionnaire and analyzed using SPSS version 26, with descriptive and inferential statistics applied at a 5% significance level. Results indicated universal awareness (100%) of counseling services among respondents; however, only half had received formal training, and 70% were knowledgeable about referral protocols. Perceptions of counseling services were generally positive, although concerns regarding staffing adequacy and service structure were noted. Utilization was high for patient referrals (90%) but comparatively low for personal use (40%). Major barriers identified included workload constraints, stigma, lack of institutional support, cultural and religious beliefs, and inadequate personnel. The study concludes that while counselors at ISTH demonstrate high awareness and favorable perceptions of counseling services, significant gaps remain in training, personal utilization, and organizational support. Strengthening institutional policies, expanding training opportunities, and addressing systemic and sociocultural barriers are essential to improving counseling service utilization and promoting mental well-being within tertiary healthcare settings.

Keywords: Counseling service, Knowledge, Perception, Utilization.

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INTRODUCTION

The increasing complexity of health challenges in the 21st century, ranging from chronic diseases to psychological distress, has necessitated the inclusion of holistic approaches to healthcare. One of these approaches is counseling, which plays an essential role in addressing the psychological, emotional, social, and behavioral needs of patients and healthcare providers alike. Counseling services are widely recognized for their role in mental health promotion, stress management, behavior modification, coping with chronic illness, bereavement, and improving adherence to treatment regimens (World Health Organization [WHO], 2023). In healthcare institutions, especially tertiary settings, counseling services are expected to complement medical interventions by offering psychosocial support that enhances overall treatment outcomes. In Nigeria, the importance of counseling has been increasingly acknowledged as mental health

challenges continue to gain visibility. According to the WHO, one in every four Nigerians is likely to suffer from a mental health disorder at some point in their life, yet access to mental health and psychosocial services remains grossly inadequate (WHO, 2023). Consequently, healthcare facilities have begun integrating counseling services into their health delivery frameworks to improve access to mental health care. Irrua Specialist Teaching Hospital (ISTH) is one such institution that has recognized the need for these services and made provisions for counseling through its psychiatry and medical social work departments. Counseling services in hospitals typically involve a multidisciplinary team, including clinical psychologists, psychiatric nurses, and medical social workers. These professionals provide various forms of counseling, such as individual, group, crisis, bereavement, and trauma counseling. Despite the availability of these services, there are indications of underutilization, particularly among the healthcare professionals tasked with

Citation: Phoebe Nwamaka Kanikwu, Hassanah Mustapha Nurudeen, Uwara Comfort Idika, Noshina Emetekoba Audrey, Addeh Blessing, Edobor Francess, Nwanekezi Fidelia Adaobi, Ndams Salome Samuel (2026). Enhancing Uptake of Counselling Services among Counsellors: A Pilot Study. *Saudi J Nurs Health Care*, 9(1): 19-24.

delivering them. According to internal reports from ISTH's Department of Psychiatry (2023), many counseling sessions are under-booked, and referral rates from other departments remain low.

Several factors may account for this underutilization. Firstly, knowledge gaps among healthcare professionals about the availability, scope, and importance of counseling services may hinder optimal utilization. Secondly, the perception of counseling may be influenced by cultural, religious, and professional attitudes that undermine its relevance or efficacy. In many African settings, including Nigeria, mental health issues are often viewed through the lens of spiritual afflictions or moral weakness, which contributes to the stigma around counseling (Okonkwo & Eze, 2020). Thirdly, structural and institutional barriers such as staff shortages, heavy workloads, inadequate infrastructure, and lack of policy support also play significant roles.

Interestingly, while much attention has been paid to the patient population regarding the uptake of mental health services, less is known about the internal engagement of counselors themselves with these services. Counselors are vulnerable to occupational hazards such as burnout, secondary trauma, and compassion fatigue. These conditions necessitate that counselors not only offer support but also access support for their own well-being. However, the extent to which this occurs remains underexplored. Understanding the dynamics of knowledge, perception, and utilization of counseling services among counselors will offer insights that can inform training programs, improve service delivery models, and enhance organizational policies.

Moreover, the Nigerian health system is gradually aligning with global goals such as the Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), which emphasize mental health and well-being. A key component of achieving these goals is ensuring that health workers are mentally and emotionally fit to provide quality care. As such, assessing the level of awareness and use of counseling services among counselors at ISTH aligns with national and international efforts to strengthen mental health systems. Hence, this study seeks to fill a critical gap in mental health research by focusing on the professionals delivering counseling services, thereby aligning with broader health objectives including the Universal Health Coverage (UHC) agenda and the WHO Mental Health Action Plan (WHO, 2023). Through this investigation, it is anticipated that barriers to utilization will be identified and strategies for improved engagement with counseling services will be recommended. The long-term goal is to enhance the mental well-being of both patients and healthcare providers, thereby contributing to a more resilient and responsive healthcare system in Nigeria.

The primary purpose of this study is to assess the level of knowledge, perception, and utilization of

counseling services among counselors working in Irua Specialist Teaching Hospital, Edo State.

METHOD

Sample

A total sampling technique was used due to the relatively small number of counselors employed at ISTH. This method ensured that every counselor within the hospital was included in the study. Based on departmental data (ISTH, 2023), approximately 45–60 counselors and related staff were eligible.

Instrument

A structured self-administered questionnaire was used to gather data. The questionnaire will be divided into five sections (A, B, C, D, E): Demographic Information, Knowledge of Counseling Services, Perception of Counseling Services, Utilization of Counseling Services, Barriers to Utilization. The instrument was developed based on previous validated tools (Ameh *et al.*, 2022; Okafor & Jimoh, 2020) and adapted to reflect the ISTH context. It used a combination of Likert scale items, closed-ended questions, and few open-ended responses. The questionnaire was subjected to content validity by three experts in counseling psychology and public health. A pilot study was conducted using 10% of the sample from a comparable tertiary health institution to test reliability. Cronbach's alpha reliability obtained was 0.70

Research Design

This study adopted a descriptive cross-sectional survey design.

Method of Data Collection

Ethical approval was obtained from the ISTH Ethics and Research Committee. Participation was voluntary, and informed consent was secured from all respondents. Copies of the questionnaires were distributed face to face by the researcher to the counselors during departmental meetings, with prior permission from unit heads. Respondents were given at least one week to complete the forms.

Method of Data Analysis

Data was analyzed using the Statistical Package for the Social Sciences (SPSS) version 26. Descriptive statistics such as frequencies, percentages, means, and standard deviations was used to summarize demographic characteristics and knowledge/perception scores. Inferential statistics were used to test associations between variables at a 5% significance level.

RESULTS

Socio-Demographic Characteristics of Respondents

Socio-demographic characteristics of the counselors are presented in Table 1. Findings show that majority are female (70%), aged between 31–40 years, with a bachelor's degree and working in psychiatric/mental health units. Half have less than 5

years of experience, suggesting a mix of junior and experienced professionals.

Table 1: Socio-Demographic characteristics of respondents (n=10)

Variable	Categories	Frequency	Percentage %
Age Group	20–30	2	20
	31-40	6	60
	41-50	2	20
Gender	Female	7	70%
	Male	3	30
Marital Status	Married	10	100
Educational Qualification	Bachelor's Degree	9	90
	Master's Degree	1	10
Professional Role	Psychiatric Nurse	6	60
	Registered Nurse/Public Health Nurse	3	30
	General/Midwifery	1	10
Years of Experience	<5	5	50
	≥5 years	5	50
Department/Unit	Mental Health/Behavioral Units	9	90
	Maternal and Child Health		10

Knowledge of counseling services

Table 2 presents the knowledge of counseling services. Findings revealed that 100% were aware of

counseling services. Only 50% had formal training and 70% knew of referral protocols.

Table 2: Knowledge of counseling services

Item	Frequency	Percentage %
Aware of counselling services	10	100
Received formal training	5	50
Know counseling protocols and referral processes?	7	70

Perception of Counseling Services

Table 3 shows the perception of counseling services. The frequency table indicates that while there is strong agreement on the essential role and positive

impact of counseling services, respondents are more divided on structure and adequacy of manpower. These differences support the low internal consistency found in the reliability test.

Table 3: Perception of Counseling Service

Statement	5	4	3	2	1
Counseling is essential in healthcare	7	3	0	0	0
Counseling improves recovery and adherence	7	3	0	0	0
Counseling services are well-structured in ISTH	4	5	1	0	0
The hospital encourages use of counseling services	4	4	2	0	0
There is enough manpower for effective counseling	2	4	3	1	0

Utilization of Counseling Services

Table 4 presents findings on utilization of counseling services. Findings showed that usage is

relatively high for patient referrals, but personal usage and consistent availability show some inconsistency.

Table 4: Utilization of Counseling Services

Indicator	Yes (n)	%	No(n)	%
Refer patients to counseling	9	90	1	10
Often use counseling services for patients	7	70	3	30
Personally seek counseling when necessary	4	40	6	60
Counseling services available at all times	7	70	3	30
Ever utilized counseling services	8	89	2	20

Perceived Barriers to Utilization

Table 5 shows the perceived barriers to utilization of counseling services. Findings shows that

inadequate personnel, workload/time constraints, stigma, lack of support, and cultural beliefs were mostly cited.

Other barriers such as poor infrastructure and language barriers were also pointed out.

Table 5: Perceived Barriers to Utilization

Barrier Identified	Yes	%	No	%
Lack of awareness	8	80	2	20
Inadequate personnel	5	50	5	50
Poor infrastructure	4	40	6	60
Workload/time constraints	9	90	1	10
Stigma from clients or colleagues	7	70	3	30
Lack of institutional support	7	70	3	30
Cultural/religious beliefs	7	70	3	30
Language barrier	1	10	-	-

DISCUSSION

The pilot study conducted at Irrua Specialist Teaching Hospital (ISTH) provides critical insights into the knowledge, perception, and utilization of counseling services among healthcare professionals, as well as the barriers they encounter. The findings highlight areas of strength and significant gaps that must be addressed to enhance the effectiveness of counseling interventions in the hospital setting.

The universal awareness of counseling services (100%) among respondents reflects an encouraging trend. However, the fact that only 50% of respondents had received formal training raises concerns about the uniformity of service delivery and competence. Similar findings have been reported in Nigerian and African settings, where exposure to mental health principles exists, but structured training remains inconsistent (Gureje *et al.*, 2015; Olugbile *et al.*, 2010). This gap can hinder the development of therapeutic competencies essential for the delivery of person-centered care.

Moreover, while 70% of respondents understood the referral protocols, this partial knowledge reflects an implementation gap. According to Odejide (2006), fragmented referral systems and lack of standardized guidelines are common limitations in mental health service provision across Nigerian health institutions. This inconsistency can lead to delays in patient care and reduced outcomes for individuals requiring psychosocial support.

The perception data reveal strong agreement on the importance of counseling in healthcare and its role in promoting recovery and adherence. These views are supported by previous studies emphasizing the therapeutic value of psychosocial counseling in improving patient outcomes, especially in chronic disease management (Patel *et al.*, 2011; Thornicroft *et al.*, 2016). However, despite this positive perception, the low Cronbach's Alpha score ($\alpha = 0.24$) signals poor internal consistency within the perception scale. As Nunnally and Bernstein (1994) argue, measurement instruments must achieve a minimum threshold of 0.70 to be considered reliable. The low score in this study

suggests a need to reword items to enhance clarity, coherence, and construct alignment (DeVellis, 2017).

The results on utilization reveal a high rate of patient referrals (90%) but low levels of personal usage (40%) of counseling services by the healthcare workers themselves. This contradiction may be attributed to stigma, self-denial, or cultural perceptions about mental health, a view supported by Ogunsemi *et al.*, (2008), who found that healthcare professionals in Nigeria often perceive help-seeking as a sign of weakness. The high rate of workload-related barriers (90%), stigma (70%), and lack of institutional support (70%) further echo this point. These findings are congruent with the broader literature indicating that healthcare environments with high stress, inadequate staffing, and poor organizational support tend to discourage mental health-seeking behaviors, even among professionals (Jack-Ide & Uys, 2013; World Health Organization [WHO], 2013).

Other identified barriers, such as cultural/religious beliefs (70%) and poor infrastructure (40%), are consistent with sociocultural studies indicating that in many African contexts, mental health issues are often spiritualized or stigmatized, leading to resistance against institutional counseling (Atilola, 2015). As the WHO (2010) notes, culturally relevant mental health strategies and infrastructure improvements are key to promoting service utilization in low- and middle-income countries.

Reformatting checklist barriers and binary utilization items into Likert-scale responses, as suggested in the pilot, is methodologically sound and would allow for more robust psychometric testing in the main study (Boateng *et al.*, 2018). Increasing the sample size will also enhance statistical power and allow for subgroup analyses by age, profession, and department.

Implications of Findings

The present study showed a high level of awareness of counseling services among the respondents, with all participants indicating familiarity with such services. However, only half had received formal training, highlighting a significant skills gap. Despite this, 70% of respondents demonstrated knowledge of

referral protocols, suggesting partial system integration but also a need for more standardized procedures. Utilization patterns revealed high patient referral rates (90%), yet personal use of counseling services by providers was limited (40%). This suggests that although healthcare workers value counseling, stigma, workload, and other systemic factors inhibit their own service utilization. The primary barriers identified included high workload (90%), stigma (70%), lack of institutional support (70%), cultural/religious beliefs (70%), and inadequate personnel (50%). These findings are consistent with national and international literature that points to both structural and sociocultural impediments to mental health service access. Overall, this study suggests that a solid foundation should be established for refining the research instrument and designing a robust main study that can contribute meaningfully to the improvement of counseling services in Nigerian tertiary healthcare institutions.

CONCLUSION

This pilot study provided valuable preliminary insights into the landscape of counseling services at ISTH, highlighting the strengths and limitations of the current service delivery and staff engagement. The key findings showed high awareness and perceived importance of counseling services, but inconsistencies in training, knowledge of protocols, and personal utilization. Furthermore, substantial barriers such as stigma, workload, and cultural beliefs persist, hindering full integration of counseling services into healthcare practice.

Despite these challenges, the study underscores the potential for counseling services to become a robust support mechanism within Nigerian tertiary hospitals. Addressing the identified gaps particularly through staff training, organizational support, and cultural competency can significantly improve service delivery and usage. Ultimately, counseling services remain a vital component of holistic healthcare. Institutional efforts to promote training, standardize protocols, and reduce stigma will be essential to maximizing their benefits among both healthcare providers and patients.

REFERENCES

- Adegoke, T. G., & Adesina, A. O. (2022). Relationship between knowledge, attitude and utilization of counseling services among hospital counselors in Nigeria. *Nigerian Journal of Psychology and Counselling*, 18(1), 56–70.
- Adisa, A. A., & Akinade, E. A. (2020). Misconceptions and perceptions about counseling among health professionals in Nigeria. *Journal of Counseling and Health Promotion*, 5(2), 121–132.
- Afolabi, O. A., Ogunleye, A. J., & Bello, R. O. (2018). Awareness and knowledge of counseling services among health professionals in southern Nigeria. *African Journal of Health Education, Recreation and Dance*, 24(3), 35–45.
- Akanbi, T. M., Balogun, K. F., & Bello, S. (2022). Evaluation of HIV counseling uptake in tertiary hospitals in Southwest Nigeria. *Nigerian Journal of Medical Psychology*, 11(1), 44–56.
- Ameh, A. M., Eniola, B. M., & Eze, E. J. (2022). Formal counseling knowledge among healthcare workers in tertiary institutions in Nigeria. *Nigerian Journal of Health Studies*, 16(2), 98–110.
- Aremu, A. O., & Olayinka, O. O. (2020). The role of in-service training on knowledge and delivery of counseling services in tertiary hospitals in Nigeria. *Nigerian Journal of Clinical Psychology*, 18(2), 101–112.
- Atilola, O. (2015). Mental health service utilization in sub-Saharan Africa: Is public mental health literacy the problem? *Global Health Promotion*, 22(1), 72–74. <https://doi.org/10.1177/1757975914521323>
- Babatunde, A. O., Olatunji, O. M., & Iroju, A. P. (2020). Utilization of counseling services among health professionals in Lagos State. *Nigerian Journal of Health and Social Research*, 12(1), 89–98.
- Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quinonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. *Frontiers in Public Health*, 6, 149. <https://doi.org/10.3389/fpubh.2018.00149>
- Corey, G. (2021). *Theory and practice of counseling and psychotherapy* (10th ed.). Cengage Learning.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- DeVellis, R. F. (2017). *Scale development: Theory and applications* (4th ed.). SAGE Publications.
- Emeka, C. J., & Oboh, R. U. (2024). Counseling service usage among health professionals in Edo State. *Journal of Nigerian Clinical Social Work*, 13(1), 70–83.
- Eziechina, C. E., & Adedokun, A. B. (2019). Knowledge of trauma-informed counseling among hospital counselors in Oyo State. *Nigerian Journal of Clinical and Counselling Psychology*, 20(1), 25–37.
- Fagbemi, A. O., Musa, D. A., & Etim, B. E. (2025). Enhancing mental health care among hospital counselors: Lessons from a peer support pilot in Nigeria. *West African Journal of Mental Health*, 9(1), 88–101.
- Field, A. (2020). *Discovering statistics using IBM SPSS statistics* (5th ed.). SAGE Publications.
- Geldenhuys, K. M., & Van Schalkwyk, I. (2020). Emotional support and mental wellness of healthcare workers: The counseling perspective. *South African Journal of Psychology*, 50(1), 41–52. [<https://doi.org/10.1177/0081246319877651>]
- Geldenhuys, K. M., & Van Schalkwyk, I. (2020). Emotional support and mental wellness of healthcare workers: The counseling perspective. *South African Journal of Psychology*, 50(1), 41–52. <https://doi.org/10.1177/0081246319877651>

- Gureje, O., Lasebikan, V. O., Ephraim-Oluwanuga, O., Olley, B. O., & Kola, L. (2015). Community study of knowledge of and attitude to mental illness in Nigeria. *The British Journal of Psychiatry*, 186(5), 436–441. <https://doi.org/10.1192/bjp.186.5.436>
- Ibrahim, L. M., & Eze, C. M. (2023). Marital counseling integration in maternal health care in Nigerian tertiary institutions. *Journal of Family Health and Development*, 10(3), 45–60.
- Iroju, A. P., Babatunde, A. O., & Adejoke, T. A. (2021). Institutional barriers to mental health service utilization among healthcare providers in Nigeria. *African Journal of Public Health*, 18(3), 140–151.
- Irua Specialist Teaching Hospital. (2023). *Annual report and service directory*. Department of Clinical Psychology and Social Work.
- Izevbogie, J. I., & Obasohan, P. E. (2021). Counseling practice in Edo State hospitals: Patterns, problems, and prospects. *Journal of Social and Health Research in Nigeria*, 9(2), 77–93.
- Izevbogie, J. I., & Obasohan, P. E. (2021). Counseling practice in Edo State hospitals: Patterns, problems, and prospects. *Journal of Social and Health Research in Nigeria*, 9(2), 77–93.
- Jack-Ide, I. O., & Uys, L. R. (2013). Barriers to mental health services utilization in the Niger Delta region of Nigeria: Service users' perspectives. *The Pan African Medical Journal*, 14, 159. <https://doi.org/10.11604/pamj.2013.14.159.1970>
- McLeod, J. (2019). *An introduction to counselling and psychotherapy: Theory, research and practice* (6th ed.). McGraw-Hill Education.
- Mohammed, A. A., Yusuf, M. O., & Otun, J. O. (2025). Workload and self-care among Nigerian hospital counselors. *African Journal of Mental Health Research*, 14(2), 33–49.
- Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). McGraw-Hill.
- Odejide, O. A. (2006). Mental health care delivery in Nigeria: Problems and prospects. *Journal of the Royal Society for the Promotion of Health*, 126(1), 34–38. <https://doi.org/10.1177/1466424006061165>
- Ogunsemi, O. O., Odusan, O. A., & Olatawura, M. O. (2008). Stigmatising attitude of medical students towards a psychiatry label. *Annals of General Psychiatry*, 7(1), 15. <https://doi.org/10.1186/1744-859X-7-15>
- Ogunyemi, B., & Ajiboye, S. (2018). Challenges of implementing trauma counseling in Nigerian hospitals: A case study of Ilorin. *Journal of Nigerian Clinical Psychology*, 16(1), 58–70.
- Okafor, B. U., & Jimoh, M. A. (2020). The evolving scope of psychological counseling in Nigerian tertiary care. *Journal of African Counseling*, 6(1), 22–37.
- Okoli, P. C., & Ayorinde, T. F. (2024). Hospital culture and perception of counseling practice among Nigerian therapists. *Journal of Psychosocial Health Promotion*, 8(2), 61–75.
- Okolie, I. D., & Ibhade, O. M. (2025). Awareness and orientation gaps in counseling service delivery in Edo State teaching hospitals. *Nigerian Journal of Clinical Management*, 15(1), 12–26.
- Okonkwo, I. E., & Uche, A. C. (2021). Perceptions of counseling roles and self-efficacy among young hospital counselors. *African Journal of Counselling and Human Development*, 10(2), 33–47.
- Olowookere, S. A., Odewale, M. A., & Adepoju, A. A. (2019). Attitudes toward counseling services among healthcare professionals in tertiary hospitals in Osun State. *Nigerian Journal of Psychology*, 17(3), 68–79.
- Olugbile, O., Zachariah, M. P., & Isichei, B. (2010). Mental health policy formulation and implementation in Nigeria: Challenges and prospects. *Mental Health in Family Medicine*, 7(1), 17–23.
- Omoniyi, M. B., & Ukaegbu, A. O. (2019). Institutional influences on counseling integration in Nigerian hospitals. *Journal of Educational and Counseling Research*, 4(1), 17–29.
- Patel, V., Araya, R., Chatterjee, S., Chisholm, D., Cohen, A., De Silva, M., ... & van Ommeren, M. (2011). Treatment and prevention of mental disorders in low-income and middle-income countries. *The Lancet*, 370(9591), 991–1005. [https://doi.org/10.1016/S0140-6736\(07\)61240-9](https://doi.org/10.1016/S0140-6736(07)61240-9)
- Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328–335.
- Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., ... & Henderson, C. (2016). Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132. [https://doi.org/10.1016/S0140-6736\(15\)00298-6](https://doi.org/10.1016/S0140-6736(15)00298-6)
- World Health Organization. (2010). *Mental health and development: Targeting people with mental health conditions as a vulnerable group*. WHO Press. <https://apps.who.int/iris/handle/10665/44451>
- World Health Organization. (2013). *Mental health action plan 2013–2020*. WHO Press. <https://www.who.int/publications/i/item/9789241506021>
- Yusuf, A. B., Abiola, R. A., & Chidi, O. T. (2024). Counseling in clinical care: Enhancing well-being among Nigerian health workers. *West African Journal of Mental and Community Health*, 12(2), 112–126.