



COUNSELLING AS AN INSTRUMENT FOR THE REHABILITATION OF PEOPLE WITH MENTAL HEALTH CHALLENGES AS EXPRESSED BY PROFESSIONAL COUNSELLORS IN AKURE METROPOLIS

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Abstract

This study investigated counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis. The study was conducted using a descriptive research design and a sample of one hundred (100) professional counsellors in Akure metropolis were selected using a simple random sampling technique. The sample consisted of sixty (60) males and forty (40) females based on gender, age, religion, and educational qualification. The research instrument used to gather data was a questionnaire titled "Counselling as an Instrument for the Rehabilitation of People with Mental Health Challenges" (CAIRPWMHCQ). The data obtained were analyzed using t-test, Analysis of Variance (ANOVA), and Duncan Multiple Range Test (DMRT). The study tested four null hypotheses at a 0.05 level of significance. The study found that cognitive behavioural therapy (CBT) and rational emotive therapy (RET) were ranked highest among the respondents as effective tools for rehabilitation, with a mean score of 2.93. The study also revealed that there was no significant difference in the responses of the respondents based on their religion, but there were significant differences based on age, gender, and educational qualification. Based on the findings, the study recommended that professional counsellors should organize public seminars to educate people on the challenges and solutions of mental health issues, regardless of their age, gender, or educational qualification.

Keywords: counselling, counsellor, instrument, mental health, rehabilitation

Introduction

The pursuit of survival and the desire to attain a state of socio-economic excellence can negatively impact the mental health of many Nigerians. Therefore, effective counselling is necessary to positively impact people's lives. Counselling psychologists require a wide range of competencies to facilitate a good quality of life, given the diverse problems and intensities of the world we live in. Counselling is an important tool that can help achieve positive mental well-being and quality of life for patients in various hospitals. The increasing complexity of human society and the global economy in this millennium has resulted in psychological strain and stress for people in different countries worldwide, including Nigeria. This development has significant implications for the mental well-being and quality of life of most Nigerians. Mental health practitioners are challenged more than ever to develop new strategies for preventing and treating psycho-socio-emotional problems, as noted by Adebisi (2013).

Ryan and Eric (2005) suggested that counselling is a valuable tool for rehabilitating human perception and promoting healthy living, leading to positive mental health and an improved quality of life. Counselling can help individuals gain a clear perspective on their lives, develop the ability to redefine their position in life and overcome life's challenges. Counselling for rehabilitation is a psychotherapeutic

process that involves helping individuals identify and challenge irrational or maladaptive thoughts that are commonly associated with mental health disorders, such as all-or-nothing thinking, magical thinking, and emotional distortion. Harvey, Inglis, and Espie (2002) claim that counselling for rehabilitation employs numerous strategies, including Socratic questioning, thought recording, and guided imagery, which are used in various types of therapies, including Cognitive Behavioural Therapy (CBT) and Rational Emotive Therapy (RET).

Thus, counselling for rehabilitation has been used to help individuals with various health conditions, such as depression (Kanter, Schildcrout & Kohlenberg, 2005), anxiety disorders, social phobia, borderline personality disorder, attention deficit hyperactivity disorder (ADHD), and gambling addiction, among others (Chronis, Gamble, Roberts & Palham, 2006; Cooper, Todd, Turner & Wells, 2007; Pull, 2007).

Statement of the Problem

The pursuit of survival and socio-economic stability often has negative effects on the mental health of many Nigerians. This highlights the need for effective counselling to have a positive impact on people's lives (Adebisi, 2013). Counselling is an important tool that can be used to promote positive mental well-being and improve the quality of life for patients in various hospitals, given the different types and levels of problems that exist in our world (Von-Tiling, 2008). The complexity of society and the global economy in the present age often results in psychological strain and stress for people across the world, including Nigeria. Therefore, rehabilitation counselling for individuals with mental health issues needs to be implemented.

Research Question

The following research question was raised and answered in this study

1. What are the ways to use counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis?

Research Hypotheses

The following research hypotheses were raised to guide the study:

1. There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on gender.
2. There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on age.
3. There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on religion.
4. There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on educational qualification.

Methodology

The research design adopted for this study was the descriptive survey method. The target population are professional counsellors in Akure metropolis. A simple random sampling technique was employed to

select one hundred (100) respondents, consisting of 60 males and 40 females, who were grouped by gender, age, religion, and qualification. The instrument for collecting data is the Counselling as an Instrument for the Rehabilitation of People with Mental Health Challenges Questionnaire (CAIRPWHCQ). The instrument has two sections A and B. Section A contains the personal information of the respondents, while section B contains items that focus on the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis. A 4-point Likert scale was used for responses namely Strongly Agree (4), Agree (3), Disagree (2), and Strongly Disagree (1). Both the face and content validity of the instrument were ensured by the experts in the Department of Educational Psychology and Counselling at Adeyemi Federal University of Education, Ondo. The instrument's reliability was established through the test-retest method within four weeks. Data generated from this method was computed using the Pearson Product Moment Correlation Coefficient, and a coefficient of 0.78 was obtained, indicating that the instrument was reliable for usage. The researchers utilized inferential statistics for data analysis, employing the t-test, Analysis of Variance (ANOVA), and Duncan Multiple Range Test (DMRT) statistical tools to test the null hypotheses. All null hypotheses were tested at a 0.05 alpha level of significance.

Results

Demographic Characteristics of the Respondents

Table 1: Demographic Characteristics of Respondents

S/N	Items	Variable	Frequency	Percentage (%)
1.	Gender	Male	60	60.0
		Female	40	40.0
		Total	100	100.0
2.	Age	21-25 years	10	10.0
		26-30 years	60	60.0
		31 years and above	30	30.0
		Total	100	100.0
3.	Religion Affiliation	Christianity	56	56.0
		Islam	39	39.0
		African Trad. Rel (ATR)	5	5.0
		Total	100	100.0
4.	Qualification	First Degree	60	60.0
		Master Degree	30	30.0
		Ph.D	10	10.0
		Total	100	100.0

Table 1 shows that out of the total respondents, 60 (60.0%) were males while 40 (40.0%) were females. The age distribution was as follows: 10 (10.0%) respondents were between the ages of 21-25 years, 60 (60.0%) respondents were between the ages of 26-30 years, and 30 (30.0%) respondents were 31 years and above. In terms of religious affiliation, 56 (56.0%) of the respondents were Christians, 39 (39.0%) were Muslims, and 5 (5.0%) were affiliated with African Traditional Religion (ATR). As for educational

qualifications, 60 (60.0%) of the respondents had an HND/First Degree, 30 (30.0%) had a Master's Degree, and 10 (10.0%) had a Ph.D.

Research Question 1: What are the ways to use counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis?

Table 2: Mean and Rank order analysis of the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis

S/N	Item	Mean	Rank
1	Socratic questioning	2.76	6 th
2	Usage of cognitive behavioural therapy (CBT) and rotational emotive therapy (RET)	2.93	1 st
3	Psycho-education, monitoring behavioural activation and homework assignments to achieve remission.	2.73	8 th
4	Imaginal exposure	2.63	10 th
5	A collaborative process in which a client is assisted in taking the lead as much as possible.	2.85	3 rd
6	The therapist refrains from assuming that the client's thoughts are distorted and attempts to guide the client on questions that will encourage the client to make their discoveries.	2.68	9 th
7	Strengthening the client's belief that self-talk can influence performance, and in particular self-defending thoughts or negative statements can cause emotional distress and interviewer on performance.	2.75	7 th
8	The therapist should guide the client through the process of becoming more aware of what they are telling themselves, especially in hospital communities.	2.80	5 th
9	Counsellors should help the client to evaluate, and when appropriate modify their thinking.	2.90	2 nd
10	The counsellor/therapist should teach the client the process that will help them distinguish distorted thinking from more accurate and useful thinking.	2.84	4 th

Table 2 shows that Usage of Cognitive Behavioural Therapy (CBT) and Rotational Emotive Therapy (RET) with a mean score of 2.93 ranked 1st, while Imaginal exposure with a mean score of 2.63 ranked 10th.

Hypotheses Testing

Hypothesis 1: There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on gender.

Table 3: Mean, Standard Deviation and t-value of respondents' views based on gender

Gender	No	Mean	SD	df	Cal. t-value	Crit. t-value	Decision
Male	60	54.12	5.39	98	4.53	1.96	Rejected
Female	40	54.58	3.80				

*Significant; $p < 0.05$ alpha level

Table 3 shows the mean, standard deviation, and t-value of respondents based on gender. The result reveals that the calculated t-value of 3.53 is greater than the critical t-value of 1.96 with 98 degrees of freedom at a 0.05 level of significance. Therefore, the null hypothesis is rejected, indicating that there is a significant difference in the usage of counseling as a tool for rehabilitating individuals with mental health challenges based on gender, as expressed by professional counselors in Akure metropolis.

Hypothesis 2: *There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on age.*

Table 4: *Analysis of Variance (ANOVA) comparing respondents on significant differences in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on age*

Source	df	SS	MS	Cal. F-value	Crit. F-value	Decision
Between Group	2	128.800	64.400			
Within Group	97	2156.200	22.229	3.89	3.00	Rejected
Total	99	2285.000				

*Significant; $p < 0.05$ alpha level

Table 4 presents the calculated F-value of 3.89, which is greater than the critical F-value of 3.00 at a 0.05 alpha level. Therefore, the hypothesis is rejected, implying that there is a significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on age. The Duncan Multiple Range Test (DMRT) was used as a post-hoc test to determine the mean values that led to the significant difference observed in Table 4, and the results are displayed in Table 5.

Table 5: *Duncan Multiple Range Test (DMRT) showing differences in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on age*

Age	Duncan's Grouping	Mean	N	Group
31 years and above	A	56.23	30	1
26-30 years	B	54.37	60	2
21-25 years	C	51.10	10	3

Table 5 shows the Duncan Multiple Range Test (DMRT) results, indicating the group means that led to the significant difference observed in Table 4. The DMRT results indicated that group 1 with a mean score of 56.23 differed significantly from group 2, with a mean score of 54.37 and also differed from group 3 with a mean score of 51.10, respectively. Hence, the significant difference noted in the DMRT result was because groups 1 and 2 differed from each other and differed significantly from group 3.

Hypothesis 3: *There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on religion.*

Table 6: Analysis of Variance (ANOVA) comparing respondents on significant differences in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on religion

Source	df	SS	MS	Cal. F-value	Crit. F-value	Decision
Between Group	2	19.986	9.993			
Within Group	97	2265.014	23.351	0.43	3.00	Accepted
Total	99	2285.000				

*Significant; $p < 0.05$ alpha level

Table 6 shows the calculated F-value of 0.43, which is less than the critical F-value of 3.00 at a 0.05 alpha level. Therefore, the hypothesis is accepted, implying that there is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on religion

Hypothesis 4: There is no significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on educational qualification.

Table 7: Analysis of Variance (ANOVA) comparing respondents on significant differences in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on educational qualification

Source	df	SS	MS	Cal. F-value	Crit. F-value	Decision
Between Group	2	16.450	8.225			
Within Group	97	2268.550	23.387	3.63	3.00	Rejected
Total	99	2285.000				

*Significant; $p < 0.05$ alpha level

Table 7 shows the calculated F-value of 3.63, which is greater than the critical F-value of 3.00 at a 0.05 alpha level. Therefore, the hypothesis is rejected, indicating that there is a significant difference in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on educational qualification. The Duncan Multiple Range Test (DMRT) was used as a post-hoc test to determine the mean values that led to the significant difference observed in Table 7, and the results are displayed in Table 8.

Table 8: Duncan Multiple Range Test (DMRT) showing differences in the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis based on educational qualification

Qualification	Duncan's Grouping	Mean	N	Group
Ph.D	A	55.50	10	1
Master Degree	B	54.27	30	2
HND/First Degree	C	54.12	60	3

Table 8 shows the Duncan Multiple Range Test (DMRT) result, indicating the group means that led to the significant difference observed in Table 7. The DMRT results indicated that group 1 with a mean score of



55.50 differed significantly from group 2, with a mean score of 54.27 and also differed from group 3 with a mean score of 54.12, respectively. Hence, the significant difference noted in the DMRT result was because groups 1 and 2 differed from each other and differed significantly from group 3.

Discussion of Findings

The findings revealed that the professional counsellors in Akure metropolis expressed varying views based on gender, age, and educational qualification, but had similar views based on religion. Hypothesis 1 suggested that there was no significant difference in the use of counselling as a tool for rehabilitating people with mental health challenges, as reported by professional counsellors in Akure metropolis, based on gender. This means that both male and female respondents shared similar views on the matter. This outcome is consistent with the study conducted by Chronis, Gamble, Roberts, and Relham (2006), which found that respondents had different opinions on the use of counselling as a tool for rehabilitating individuals with mental health issues, regardless of gender. Hypothesis 2 suggested that there was a significant difference in the use of counselling as a tool for rehabilitating individuals with mental health challenges, as reported by professional counsellors in Akure metropolis, based on age. This result contradicts the study conducted by Ryan and Eric (2005), which found no significant difference in the use of counselling as a tool for rehabilitating individuals with mental health challenges based on age.

Hypothesis 3 indicated that the respondents had similar views on the use of counselling as a tool for rehabilitating individuals with mental health challenges, regardless of their religion. This result is consistent with the study conducted by Von-Tiling (2008), which found that respondents had similar views on the use of counselling as a tool for rehabilitating individuals with mental health challenges, regardless of their religion. Hypothesis 4 suggested that there was a significant difference in the responses of the respondents regarding the use of counselling as a tool for rehabilitating individuals with mental health challenges, as reported by professional counsellors in Akure metropolis, based on educational qualification. This outcome supports the study conducted by Adebisi (2013), which found no significant difference in the use of counselling as a tool for rehabilitating individuals with mental health challenges, regardless of their educational qualifications.

Conclusion

The findings of the study revealed that out of the four null hypotheses on the usage of counselling as an instrument for the rehabilitation of people with mental health challenges as expressed by professional counsellors in Akure metropolis, two null hypotheses were accepted while two were rejected.

Recommendations/Counselling Implications

Based on the findings of the study, the following recommendations were made:

- Professional counsellors should organize seminars for the public irrespective of their age, gender and educational qualification on the challenges and solutions for mental health issues.
- Policymakers should make laws in favour of those having mental health challenges to see themselves as equal to those not having the challenge in society.
- Medical practitioners should educate the public on the causes and solutions for mental health issues.



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