

# 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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## Research Article

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# Abstract

**Background:** 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 of Ethiopia.

**Objective:** This study aims to investigate students' priority guidance and counselling needs and barriers and opportunities of meeting such guidance and counselling needs.

**Methods:** A 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 in-depth interview and FGD with school counsellors and school principals to investigate: (1) barriers and opportunities of providing guidance and counselling services.

**Thematic analysis** was used to analyse the qualitative data. **Results:** Student participants were most 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 increased score in guidance and counselling needs. Themes were identified as challenges related to meet prioritized student guidance and counselling needs were: (1) administrative challenges (2) counsellor competencies and motivation (3) resource constraints (4) beliefs (staff perceptions, cultural beliefs). **Conclusion :** Priority areas of guidance and counselling have been identified and barriers to meet such needs have been explored.

## Background Of The Study

School guidance and counselling is the integral part of quality education in most western countries just as curricula and teaching staff (Carey 2012, Nkechi 2016, Salgong, Owen Ngumi 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 2012, Nkechi 2016, Salgong, Owen Ngumi et al. 2016). It stimulates student learning, increases personal and intellectual development (Theresa 2016), improves students' preparation for career choice (Eliamani, Richard et al. 2015), increases academic success (Carrey and Dimmitt 2012, Lapan, Gysbers et al. 2012, Eliamani, Richard et al. 2015) and reduces emotional and common mental health problems (Erikson and Abel 2013) and enhances personal and social development of the students (Nkechi 2016).

The success of guidance and counselling service depends on the skills, personal and professional qualities of counsellors (Carrey and Dimmitt 2012, Lapan, Gysbers et al. 2012). For effective outcomes of guidance and counselling services, professional competency of the counsellors is essential, with a minimum educational attainment of Master's degree in counselling (2001). In observational studies, time management skill of counsellors and low student-counsellor ratio improved students' attendance and discipline (Carrey and Dimmitt 2012, Lapan, Gysbers 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 (Farisayi 1998).

The Ethiopian 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 wellbeing 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: a) lack of clear job description and performance indicators, b) lack of competent counsellors, c) lack of coordinated work among school community with the counsellors (Deneke 2014, Wako 2016), and d) lack of private counselling rooms (Kassu , Alemu 2013) for current poor guidance and counselling service.

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 paucity evidence about areas of problems to prioritize intervention (Villar 2007). 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.

In this study, we aimed to: (1) to 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 variation in guidance and counselling needs scores across students' level of anxiety and depressive symptoms after controlling for gender, family size, residence, grade level, first semester academic result (GPA), having chronic illness and having common mental disorders. The results of the study are important to the counsellors, school principals, students' them-selves and to the parents.

## Methods

Sequential 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). The qualitative method was employed to investigate explanations for quantitative findings. The qualitative data was aimed to investigate barriers and opportunities of providing guidance and counselling services.

## Cross-sectional survey

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

## Participants

Preparatory school students, both Grade 11 and 12, in Eastern Gojjam Administrative Zone were main participants of the cross-sectional quantitative survey. There were more than thirty thousand students in the zone during 2017.

## Sample size and Sampling

Cluster sampling was used to select participants where sections were considered as units of clusters. 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.

## Data collection procedures

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

## Study variables

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

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" "1". 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 from 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 for 30 items. Factor analysis of the items in our data loaded into five dimensions confirming 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 mainly in academic's areas. In this study, we focused on depression and anxiety. We used a locally validated Amharic, national language of Ethiopia, version of Patient Health Questionnaire-9 (PHQ-9) (Gelaye, Williams et al. 2013) to assess depressive symptoms. PHQ-9 is a DSM IV based screening tool for depression (Kroenke, Spitzer et al. 2001). The nine items in PHQ-9 ask respondents whether participants 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.

Generalized Anxiety Disorders was assessed using Generalized Anxiety Disorder (GAD-7) (Spitzer, Kroenke 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 unidimensional 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, Kroenke 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

Data was 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 to utilize 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 zonal expert.

## Sampling

Four counsellors (one female and three males), four principals (all males) and a zonal expert (male) were purposively selected for 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. Interview was conducted in their private offices. The age of participants was more than 35 years except a female counsellor aged 28 years. The principle of saturation was used.

## **Assessment**

In the qualitative component, we conducted in-depth interview with counsellors, school principals and zonal expert to collect data about the challenges and opportunities of guidance and counselling services in preparatory schools. Interview protocols for school principals and zonal expert focused on 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 students' responses to 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. Generally, the qualitative data was used to triangulate the quantitative findings.

## **Results**

### **Characteristics of participants**

A total of 605 participants returned completed questionnaires out of 618 questionnaires distributed to the respondents (response rate of 97.9%). The characteristic of participants is 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 experience of counsellor visits in the last one or two years.

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, participants responded that 63%, 59%, 60%, 62% and 57% of them experienced 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,  $p>0.5$ ).

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 has no attention and got weak and fades up to study. She tells that she cannot wake up once she sleeps. The other girl tells that she was not allocating fair time for subjects with tendency of reading easier subjects”, counsellor 02.*

The solution that counsellors often used during counselling was training or teaching 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 trainings. 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.

## Associates 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 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 ( $\beta=0.147$ ,  $p<0.001$ ).

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 did endorse lower scores on the counselling needs scale.

## 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 motivation to expand the services and the presence of need 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 service and to meet students' needs for guidance and counselling service:

*"...the profession is forgotten at the top level. Now it is very apart, no one who needs counselling and no one who gives it. There is wide gap. No educational opportunity for us and that is also one of the reasons for it [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 officer agree that lack of delegation of relevant job description to counsellors, supervision, motivation, and evaluation guidelines and lack of refresher training to counsellors as main administrative challenges.

All groups of 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 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 provide additional responsibility for the counsellors. They are considered as extra items. This is because, .... there is no job description, principal.*

On the other hand, some principals agree 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 on 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 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 there is no female counsellor for females, it is female counsellor who can solve and understand female's problems". "If the counsellor is male, it is difficult to get counselling and vice versa", students.*

## **Counsellor competency and motivation**

All participants (students, counsellors and principals) agree that guidance and counsellors in the study area are not providing satisfactory services suggesting further training for them. Students have uncertainty on 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 participants linked this poor counsellors' competency to lack of further educational opportunity. For example, counsellors, principals and district officer asserted that bachelor degree as the maximum educational requirement for the guidance and counselling position as stipulated by the ministry of education. 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 degree in the policy", Zonal education department expert.*

Besides, counsellors and schools administrators agree that counsellors had limited access to short skill trainings after employment and for further education. They are either general psychologists or civics and ethical education teachers without practical training of counselling skills in work settings.

*"There are short trainings [given] by the district educational bureau for other subjects like laboratory work, for English teachers, etc. But, there was nothing for them [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 for masters degree but, there is no option for them at all”, principal 02.*

Besides, students complain that they could not access counsellors because, there is no office or the counsellor or both (*“First I cannot easily access the counsellors, 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' complain that there is 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 types of qualitative participants agree that the second reason for poor guidance and counselling service was material resource constraints such as availability and appropriateness of offices, furniture, equipment and stationery and assessment tools. Some school counsellors have no office at all while for others; the office location was not private and not equipped with necessary materials such as audio recorders, file cabinets and assessment tools. There was no counselling manual to guide them what to do and how to provide counselling services.

*“There is also problem of office which is comfortable to the counselling service, zonal educ 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**

Several students in their responses to open ended questions reported that they are not aware of about the availability of counselling service in their respective schools. Several students and counsellors agreed that the role given to school counsellors is 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; 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 the parents are not strangers in the 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 perceive as if we are 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 about their poor cooperation with the teachers:

*Everybody tend to say that the counsellor is the sole authority to resolve student problems. There is no collaboration among the teachers. There is problem of perception, counsellor 01.*

*Even our perception has problem and the teachers' support on them and helping their work has problems. The tradition of refereeing students to counsellors among teachers in their respective subject areas is problematic, Zonal Educ dept*

## **Discussion**

There was high prevalence of depressive symptoms among the study samples. Increment in both depressive symptoms and anxiety scores was associated with increased scores in counselling needs. Students were worried most about their problems related to education and career than their personal challenges. The guidance and counselling 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 problems 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 R, Lepper H et al. 2000, Mogga, Prince et al. 2006).

Counselling for adolescents helps the adolescents resolve this turmoil related to their question of identity, reduces their maladjustment (Erikson and 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 to provide 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; (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 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 Association of Psychologists (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 (Diane Allensworth 1997). This contradicts with the practice in Ethiopia, where new bachelor graduates are assigned as counsellors without any opportunity for short trainings nor for 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, one counsellor for every 250 students (Diane Allensworth 1997), and it impacts effectiveness of school counselling (Carrey and Dimmitt 2012, Lapan, Gysbers 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.

## **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**

### **Funding**

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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.

## **Code availability**

Not applicable

### **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**

Ethical approval was obtained from Debre Markos University, Institute of Educational and Behavioural Sciences. Informed consent was obtained from all participants and school principals.

### **Consent to participate**

Not applicable.

### **Consent for publication**

Not applicable.

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## Tables

*Table 1. Characteristics of participants*

Characteristics		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
Status of depressive symptoms	None	122	19.7
	Mild level	115	18.6
	Major depression	134	21.7
	Moderate to severe	95	15.4
	Severe level	152	24.6

Table 2. *Mean score of the five dimensions of areas of counselling needs*

	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

Table 3. *Multivariate regression to determine associates of high counselling needs*

	Beta Standardized					
associates	<b>Total needs</b>	<b>educational</b>	<b>Vocational</b>	<b>Social</b>	<b>Emotional</b>	<b>Behavioural</b>
PHQ9 Total score	<b>0.266**</b>	<b>0.149*</b>	<b>0.223**</b>	<b>0.253**</b>	<b>0.291**</b>	<b>0.291**</b>
Anxiety Total score	<b>0.154*</b>	0.089	0.077	<b>0.043</b>	<b>0.147**</b>	<b>0.147**</b>
Number of counsellor visits last year	-0.088	0.212	<b>-0.27*</b>	-0.050	<b>0.047**</b>	<b>0.047**</b>
Family size	0.032	0.028	0.097	-0.019	0.032	0.032
Not having chronic illness	-0.084	<b>-0.142**</b>	-0.040	-0.016	-0.008	-0.008
First semester Average GPA	0.082	<b>-0.176*</b>	0.001	-0.020	-0.060	-0.060
Residence rural or urban	0.107	<b>0.113*</b>	-0.019	0.107	0.036	0.036
Grade	<b>-0.150*</b>	-0.110	-0.119	-0.011	-0.091	-0.091
Gender: male	-0.085	<b>0.048*</b>	-0.039	-0.014	-0.099	-0.099
*P<0.05; **p<0.001						

## Figures

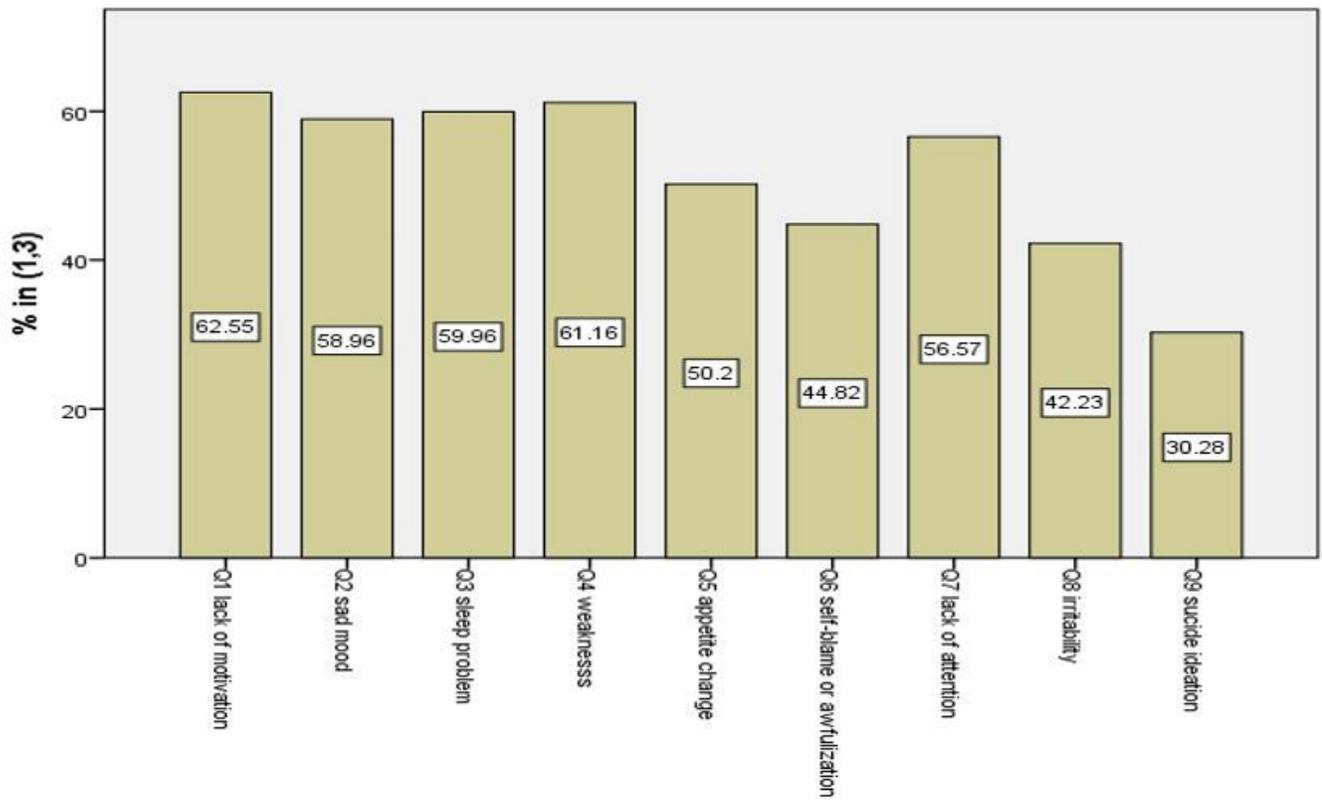


Figure 1

Frequency response of the participants for each PHQ 9 items

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [supplementaryfigure.docx](#)