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Psychosocial and Demographic Predictors of Counselling Help-Seeking among Adolescents in Ijebu-Ode, Ogun State

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ABSTRACT

Globally, adolescence is considered a critical developmental stage, with recent concerns highlighting a decline in adolescents' mental well-being, largely due to social media's influence, leading to increased mental health issues and psychosocial problems requiring professional intervention. Despite these, many adolescents do not seek help, and those who do often face barriers. This study investigated the psychosocio-demographic predictors of counselling help-seeking behaviour among Senior Secondary School students in Ijebu-Ode.

Using a correlational survey design, 247 randomly sampled students completed validated measures assessing help-seeking behaviour, belief in counselling, counsellor's disposition, fear of stigma, and self-disclosure risk. Three null hypotheses were tested at the .05 level of significance, and results revealed significant negative correlations between birth order, being a day or boarder student, belief in counselling effectiveness, and help-seeking behaviour (r = -.23, -.15, -.22), respectively. Conversely, birth order correlated positively with self-disclosure risk (r = .14). No significant relationships were found with age, fear of stigma, counsellor's disposition, or school type. Psychosocio-demographic variables jointly predicted 63.8% of the variance in help-seeking behaviour (R^2 = .638, p < .001). Psychological factors also independently influenced help-seeking, whereas socio-demographic variables did not.

The study concluded that psychological variables significantly predicted students' help-seeking behaviour and to enhance help-seeking, schools should promote awareness, improve counselling services, and collaborate with stakeholders to reduce stigma.

Keywords: Counselling; Help-Seeking Behaviour; Senior Secondary School; Adolescents; Psycho-Socio-Demography

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Introduction

Adolescence is a critical developmental period marked by unique psychological, social, and emotional challenges, with the most recent years showing an observable and alarming rise in mental health issues within this demographic, due largely to evolving family dynamics, globalisation, and the pervasive influence of social media (Shin, Zakaria, & Subarimaniam, 2021). Despite the increasing need for support, adolescents often exhibit reluctance to seek professional help, highlighting a significant gap between mental health needs and help-seeking behaviours. This reluctance raises important questions about the barriers faced by youth and the factors influencing their engagement with counselling services.

Help-seeking behaviour refers to the proactive steps individuals take to access psychological support. Although complex psychological, social, and demographic factors shape this process, research indicates that variables such as race, gender, socioeconomic status, and cultural attitudes significantly impact adolescents' willingness to seek help (Jorm, 2000; WHO, 2011). Despite the availability of counselling resources, which have been mandated in many educational policies, utilisation seems low due to stigma, misinformation, and fear of judgement. This underutilisation is especially problematic in school settings

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where mental health support is crucial, particularly for students living away from their families or facing acute distress.

The discrepancy between the need for help and help-seeking behaviour underscores systemic shortcomings within educational institutions. Although policies advocate for qualified school counsellors, many students remain disengaged from these services, as observational data from practitioners show that many adolescents conceal their struggles (including anxiety, depression, and academic stress), which can potentially lead to maladaptive coping and worsen their mental health outcomes. Despite a growing body of literature on adolescent help-seeking, there remains a significant gap in understanding the specific psycho-social and demographic predictors of counselling engagement, particularly in the context of Ijebu-Ode. In light of the aforementioned, this study aimed to address this gap by examining the influence of psychological factors, fear of stigma and beliefs about counselling efficacy; social variables, family background, socioeconomic status; and demographic characteristics, age, gender, and school type, on adolescents' help-seeking behaviour. Insights from this research are intended to inform targeted interventions and policy initiatives that make counselling more accessible and appealing to youth.

The main objective of this study was to investigate the determinants of help-seeking among adolescents, offering evidence-based recommendations for parents, educators, and policymakers committed to fostering supportive environments where young people can thrive. Understanding these predictors is a vital step toward mitigating the adolescent mental health crisis and ensuring timely, effective support for this vulnerable population.

Review of Related Literature

Counselling aims to support individuals in overcoming life challenges, fostering emotional maturity, and enhancing well-being (American Psychological Association, 2019). Help-seeking behaviour refers to deliberate actions individuals take to obtain assistance for personal issues and distress (Seyi-Oderinde, 2020). It encompasses various practices, including advice, information, and feedback-seeking, depending on context (Guclu, 2018), and involves recognising problems and actively pursuing support from professionals such as counsellors. The significance of help-seeking among students is well-established; students face numerous stressors (such as academic, social, and emotional), and effective counselling can improve their mental health and academic outcomes (Molla, 2022). However, factors such as prior knowledge, attitudes toward counselling, and personal commitment, which is characterised by desire, belief, courage, and patience, can shape their willingness to seek help (Latalova et al., 2014; MacDonald, 2016). Barriers like social stigma, negative past experiences, and perceptions of counselling efficacy also impede help-seeking (Oliver et al., 2019; Kim et al., 2005).

The development of professional therapeutic relationships emerged in response to societal shifts during the 20th century, notably the increased demand for counselling in the U.S. during the 1960s and 1970s, driven by legislative initiatives and the feminist movement, which highlighted women's specific emotional needs (Seyi-Oderinde, 2020). Talking about the help-seeking process, Butcher and Crosbie (1977) identified four stages in help-seeking, including problem perception and motivation to act. More comprehensive models (Rickwood & Thomas, 2012; Karabenick & Dumbo, 2011) emphasise problem awareness, social support, and sequential steps towards help. Recognising the need for assistance and understanding available options are vital. Client attributes such as desire, belief, courage, and patience are essential for successful engagement, fostering trust and persistence throughout therapy (Latalova et al., 2014).

Individuals seek help through various channels: religious institutions, formal medical services, traditional healing, and online resources. In Africa, religious sources often predominate (Simpson, 2017), while traditional medicine remains influential despite Western medical dominance (WHO, 2017). Digital platforms have also become prominent, especially among youth (Christensen & Griffiths, 2000). Psychological factors, including fear of stigma, self-disclosure risks, and beliefs in counselling efficacy significantly influence help-seeking. Fear of stigma and self-concealment deter individuals from seeking help, whereas positive counsellor attributes and perceived supportiveness foster engagement (Vogel et al., 2008; Topkaya, 2015; Okopi & Amini, 2018). Social factors such as family background and socioeconomic

status also play critical roles; students from supportive, financially stable families are more likely to seek help, reflecting access and attitudes toward counselling (Owen, 2022). Demographic variables including age, gender, birth order, student status, and school type further influence help-seeking behaviours. For instance, females generally demonstrate more positive attitudes than males, and younger or first-year students tend to be less inclined to seek help (Fischer & Farina, 2015; Arthur et al., 2015).

While existing literature illuminates these associations, understanding the complex interplay of individual and contextual factors remains incomplete. This study aims to explore the psycho-social-demographic predictors of counselling help-seeking among adolescents in Ijebu-Ode, Ogun State, addressing these gaps.

Methods

This study adopted a survey research design of a correlational type, with the population of the study comprising all Senior Secondary School students in Ijebu-Ode, Ogun State. Currently, according to the Ogun State Education Revitalisation Agenda (OGSERA) (2024), there are eleven (11) public senior schools and four (4 public combined schools in Ijebu-Ode, and there are sixty-one (61) private combined schools. Total Senior Secondary School students' enrolment for the 2023/2024 second term across all the schools is male = 6968 and female = 7285, giving a total of 14,253.

The study employed a multi-stage sampling procedure. At the first stage, 6 schools were systematically randomly selected (three schools each to represent public and private schools); a simple random sampling technique was used to draw a sample of fifty (50) participants from each of the selected schools, thereby making a total of three hundred (300) participants in all. The inclusion criteria for selection of participants are that they must be adolescents, currently in senior secondary school in Ijebu-Ode, and must consent to and be willing to participate in the study.

The instrument of data collection was developed by the researcher, titled 'Counselling Help-seeking Behaviour Inventory', and divided into three sections (A, B, and C). Section A was concerned with the demographic and social data of participants. Section B was for the psychological variables - The Risk of Self-disclosure is a 10-item, 4-point Likert scale ranging from "1 = strongly agree" to "4 = strongly disagree". The scale has 5 positive and 5 negative items, and it was meant to elicit participants' responses on their perception of the risk of disclosure. A mean score of 20.5 and above is interpreted as an individual perceiving that they are at risk of disclosing their secrets if they seek help from counsellors, while scores below the mean are interpreted as an individual not perceiving that they are at risk of exposing their secrets if they seek help from counsellors.

The Fear of Stigmatisation Scale is a 10-item, 4-point Likert response format scale with responses ranging from "1 = strongly agree" to "4 = strongly disagree". The scale has positive and negative items, with the negative items scored in the reverse order. It is meant to elicit participants' responses to their fear of stigmatisation. A mean score and above is interpreted to mean that the individual has the fear of stigmatisation, and scores below the mean are interpreted to mean that the participant does not experience the fear of being stigmatised.

Counsellor's Disposition Scale is a 6-item, 4-point Likert response format scale with responses ranging from "1 = strongly agree" to "4 = strongly disagree". It was meant to measure participants' responses on their perception of how a counsellor's disposition would affect whether students would approach them for help or not. A mean score and above on the scale is interpreted as a counsellor having a favourable disposition toward the counsellees, while scores below the mean are interpreted as a counsellor not having a favourable disposition toward the counsellees.

Belief in Counselling Effectiveness Scale is a 6-item, 4-point Likert response format scale with responses ranging from "1 = strongly agree" to "4 = strongly disagree", the scale has positive and negative items, with the negative items scored in reverse order. A score above the mean is interpreted as the belief that counselling is effective, while a score below the mean is interpreted as the belief that counselling is ineffective.

Section C is also a self-developed sub-scale by the researcher to measure counselling help-seeking behaviour among adolescents in secondary schools. It is an 18-item, 4-point Likert response format scale with responses ranging from "1 = strongly agree" to "4 = strongly disagree". Developed by the researcher. The scale has positive and negative items, with the negative items scored in reverse order. A mean score above the mean is interpreted as positive counselling help-seeking behaviour, i.e. the respondent is more favourably disposed to seeking counselling help, while scores below the mean are interpreted as negative counselling help-seeking behaviour, i.e. the respondent is not favourably disposed to seeking counselling help.

The research instruments were subjected to a reliability test, and the following results were obtained: counselling help-seeking behaviour measure, .87; belief in counselling effectiveness, .61; counsellor's disposition, .75; fear of stigmatisation, .69; and risk of self-disclosure, .68. These results suggest that the research instruments are reliable enough for data collection.

Data Collection

Contact was made with the school principals, from whom samples were drawn; they were briefed about the research to be carried out, and their permission was sought to draw samples from their schools and administer the research instruments to them. Once permission was obtained from the school principals, the assistance of some classroom teachers was sought based on the recommendation of the school principals. Such recommended class teachers assisted in the administration of the research instruments.

Participants' consent was obtained through the consent form, and those who did not sign the consent form gave verbal consent. They were encouraged to participate in the study with the assurance of confidentiality, as all responses would be treated with utmost confidentiality and used for research purposes only. Instruments were retrieved immediately after the participants had completed them.

Data Analysis

The data collected were analysed using SPSS software. Hypothesis 1 was analysed using the Pearson Product-Moment Correlation, while hypotheses 2 - 3 were analysed using Multiple Regression Analysis (MRA). The results are presented as follows.

Descriptive Data

The demographic variables of interest in the study include gender, class, age, birth order, and students' residence. Table 1 presents the data.

Table 1. Descriptive analysis of participants' demographics

Ns	Demographics		n	%
1	Gender	Male	112	45.3
		Female	135	54.7
2	Class level	SS1	34	13.8
		SS2	211	85.4
		SS3	2	8
3	Age	13 years	3	1.2
		14 years	45	18.2
		15years	103	41.7
		16years	69	27.9
		17years	23	9.3
		18years	4	1.6
4		1st	76	30.8
		2nd	84	34.0

Ns	Demographics		n	%
	Birth order	3rd	3	1.2
		Last born	37	15.0
		Others	47	19.0
5	Status	Day Students	168	68
		Boarder	79	32
6	Family status	Monogamy	200	81
		polygamy	47	19

Hypotheses Testing

The first hypothesis stated that there is no significant relationship among the psychological, social, and demographic variables and counselling help-seeking behaviour of adolescents.

Table 2. Correlation Analysis of the Variables

Variables	r	P value	Remarks
Help-seeking behaviour			
Risk of self-disclosure	-.481**	.000	Significant negative correlation
Fear of stigmatisation	-.361**	.000	Significant negative correlation
Counsellor's disposition	-526**	.000	Significant negative correlation
Belief in counsellor's effectiveness	.699**	.000	Significant
Gender	.101	.116	Significant
Class students belong	.252**	.000	Significant
Age	.153*	.017	Significant
Birth order	-.223**	.000	Significant negative correlation
Private or public school	.226**	.000	Significant
Day or boarder	.388**	.000	Ditto

P is significant at .05

The result of Pearson Product Moment Correlation conducted to test the relationship among the variables of interest in the study showed that there was a significant negative correlation between respondents' Birth Order; condition of being a day or boarder student ($r = -.23$, $p < .05$), belief in counselling effectiveness ($r = -.15$, $p < .05$) and counselling help-seeking behaviour ($r = -.22$, $p < .05$). However, Birth Order correlated significantly positively with risk of self disclosure ($r = .14$, $p < .05$), but not with age, fear of stigmatisation, counsellors' disposition and the school type (private or public). Results also suggested that participants' gender (the condition of being male or female) correlated significantly positively with whether participants were in a boarding house or attended school from their homes as day students ($r = .73$, $p < .05$) and the type of school that participants attended in terms of whether private or public ($r = .34$, $p < .05$). However, gender correlated significantly negatively with risk of self-disclosure ($r = -.21$, $p < .05$) and counsellors' disposition ($r = -.19$, $p < .05$).

In addition, participants' age correlated significantly positively with fear of stigmatisation ($r = .39$, $p < .05$), suggesting that the older an individual becomes, the more they are likely to feel stigmatised for seeking counselling help. Belief in counsellor's effectiveness ($r = .18$, $p < .05$). It is only logical to say that if someone believes that a counsellor is effective, there is a high probability of consulting such a counsellor for help. Thus, the positive correlation observed in terms of counsellor effectiveness and counselling help-seeking behaviour suggests that when help-seekers perceive counsellors to be effective, they will seek counselling help from them. public or private school ($r = .41$, $p < .05$) and counselling help-seeking behaviour. Type of school (whether public or private) correlated significantly with counselling help-seeking behaviour. Although it is not known whether the correlation is positive or negative, this may be further researched;

as of the present study, results only suggested that there is a significant relationship between the type of school (private or public) and counselling help-seeking behaviour. But age correlated significantly and negatively with risk of self-disclosure ($r = -.20$, $p < .05$), one could say that the younger students may not consider themselves to be at risk of self-disclosure because they are still young, while older students may consider themselves to be at risk of self-disclosure; thus, younger students may seek help from counsellors more than older ones because they may not perceive themselves as being at risk of self-disclosure as much as older people would think. The same explanation may suffice for age and counsellor's disposition ($r = -.23$, $p < .05$): younger students may probably not be as conscious of the counsellor's disposition as older students would; they may be more concerned about resolving their problems than bothering themselves about the counsellor's disposition, which may account for the result obtained in this study. Therefore, based on the above result, hypothesis 1 is partially accepted, due to the fact that not all the variables correlated significantly with counselling help-seeking behaviour, thereby making it impossible to either accept or reject the hypothesis outright.

Multiple Regression Analysis was conducted to test Hypotheses 2 and 3, in order to examine the potential predictors of counselling help-seeking behaviour among psychological, social, and demographic variables of interest in the study. The second hypothesis stated that Psycho-socio-demographic variables will not significantly independently predict adolescents' counselling help-seeking behaviour. The third hypothesis stated that Psycho-socio-demographic variables will not significantly jointly predict adolescents' counselling help-seeking behaviour. The results are presented in Table 1-3.

Table 3. Model Summary of regression analysis of the combined prediction of psycho-socio-demographic variables on Counselling Help-seeking Behaviour

Model	R	R square	Adjusted R square	Std. Error of the Estimate
1	.799	.638	.618	5.934

Table 4. Summary Regression ANOVA

Model		Sum of squares	df	Mean Square	F	Sig
1	Regression	14340.892	13	1103.146	31.333	.000
Residual		8132.920	231	35.207		
Total		22473.812	244			

P is significant at .05

Table 5. Coefficients

Model	Unstandardised Coefficient		Standardised Coefficient		Sig
	B	Standard Error	Beta	t	
Risk of self-disclosure	-.349	.104	-.163	-3.364	.001
Fear of Stigmatisation	-.293	.099	-.134	-2.948	.004
Counsellor's Disposition	-.517	.115	-.213	-4.505	.000
Belief in Counsellors' Effectiveness	1.526	.145	.495	10.522	.000

P is significant at .05

The multiple regression model with all the predictor variables produced $R^2 = .638$, $F(13, 231) = 31.33$, $p < .001$, which implies that psycho-socio-demographic variables significantly jointly predicted counselling help-seeking behaviour among study participants. However, only psychological variables significantly independently predicted counselling help-seeking behaviour, but social and demographic variables did not. Based on the above results, hypothesis 2 was supported because psycho-socio-demographic variables significantly jointly predicted counselling help-seeking behaviour. Also, psychological variables significantly independently predicted counselling help-seeking behaviour. However, hypothesis 3 was supported because social and demographic variables did not significantly independently predict counselling help-seeking behaviour.

Discussion of Findings

As earlier presented, the correlation results provided insights and understanding of the relationships among the various variables of interest in the study and counselling help-seeking behaviour, which is the dependent variable. The discussion of the key findings and their potential implications, and possible explanations for the observed correlations, is provided in the following:

Negative Correlation with Birth Order: Birth order exhibited a negative correlation with being a day or boarding student (r = -.23), belief in counselling effectiveness (r = -.15), and counselling help-seeking behaviour (r = -.22). This suggests that as one moves up the birth order (from first-born to later-born), the tendency to seek counselling assistance decreases, as does the belief in the effectiveness of such counselling. It is not unlikely that First-born children feel more pressure to succeed and handle issues independently, which might lead to a lower propensity to seek help. On the other hand, later-born siblings might have different family dynamics that influence their perception of counselling. Based on the demand and responsibility placed on the firstborn, they might feel that seeking help is accepting defeat and failing in their duty to help and be responsible for other siblings: 'how can someone who is supposed to help others go about seeking help'. The reality, however, is that everybody at one point in time or another, irrespective of their birth order, needs help and assistance, as it were. The tendency for early-born to be predisposed to mental health issues is high if they are indirectly prevented from seeking help; a situation that needs to be remediated.

Positive Correlation with Risk of Self-Disclosure: A positive correlation with the risk of self-disclosure (r = .14) indicates that individuals with certain birth orders may feel more comfortable disclosing personal issues. This could be due to varying levels of openness in family communication based on birth order. For instance, later-born children may have been more exposed to discussions about emotions and personal issues, leading to a greater willingness to disclose. Earlier-born children (e.g., first-born) may not have the opportunity to experience the kind of intimate emotional bonding with their parents and other family members that later-born children usually do. African parents appear to be stricter with first-born and early-born children than they are with later-born children, and this may provide an explanation for the correlation result found in this study.

Gender showed a strong positive correlation with being a boarding versus day student (r = .73) and with type of school attended (private or public, r = .34). However, it also showed a negative correlation with risk of self-disclosure (r = -.21) and counsellors' disposition (r = -.19). Possible explanation: These results highlight how gender may influence school choices and living arrangements but also suggest that gender norms could affect how male and female students perceive self-disclosure and the disposition of counsellors. For instance, males might be less inclined to disclose personal issues due to societal expectations around masculinity. More often than not, there is an unwritten rule that expects male students to be 'tough', not succumbing to pressure to the point of seeking assistance from others. Although people are expected to be resilient, care should be taken not to put undue demands (that can affect mental health) on people. No cultural norms, rules, and/or practices (written or unwritten) should label anybody as being weak because they seek help.

Age Correlations: Age is positively correlated with fear of stigmatisation (r = .39), which suggests that as students get older, they may become more aware of and sensitive to potential stigmas associated with seeking counselling, which may affect their decision to seek help or not. They may consider the perception of their peers and, for fear of stigmatisation by their peers, may not seek help. It is logical to presume that the older the individual becomes, the more they are aware of the cultural 'beliefs' and assumptions and the more they attempt to comply for fear of being labelled as a deviant. The findings of this study contradict the research report of Koydemir-Ozden and Erel (2010), who found that age had an effect on help-seeking behaviours; as age increased, positive attitudes toward psychological help-seeking also increased. This, more or less, supported the argument that younger people tend to have less negative attitudes toward formal help-seeking. The difference in findings here may be attributable to cultural and age differences, i.e., this present study was carried out within the Nigerian context among secondary school students, while Koydemir and Erel (20210) conducted their study in Europe, among adult non-students. Further to the aforementioned, age had a negative correlation with self-disclosure (r = -.20) and counsellors' disposition

(r = -.23). A Possible explanation for these results is that younger students may feel less vulnerable regarding self-disclosure, possibly due to a lack of awareness of the implications of sharing personal issues. Conversely, older students may be more cautious about disclosing information, fearing judgement or negative repercussions. Older students may also have had previous experience(s), that might have affected their attitude towards help-seeking, an experience that younger students may not have had.

Belief in counselling Effectiveness: The correlation between belief in counselling effectiveness and help-seeking behaviour (r = .18) suggests that those who believe in the efficacy of counselling are more likely to seek help. This relationship highlights the importance of promoting counselling services and improving perceptions of their effectiveness to encourage help-seeking behaviours. When people have the right perception about a thing, they most probably have a positive attitude towards the thing. Thus, if people believe that counselling is effective, they most likely would prefer to seek counselling help, knowing that it will most likely provide their expected outcome.

T*ype of School and Help-Seeking Behaviour*: While the correlation between the type of school and help-seeking behaviour was significant, the direction was unclear. Different school environments may have varying levels of support and stigma around counselling, which could influence students' willingness to seek help. Some schools have counsellors who are well-treated and well-motivated to practice their profession, while the opposite is the case in some others. Yet, some schools do not even have counsellors at all.

Considering the Psychological variables and starting with *Risk of Self-Disclosure:* Self-disclosure is a process of communication by which people or an individual reveals information about themselves to another. It is a method of relationship maintenance, but it often comes with potential risks, e.g., fear of rejection, disapproval, or the dangers of being too revealing. Researchers like Cramer (1999), Achter (1995), and Kelly and Achter (1995) have established that individuals who perceive higher risk from self-disclosure often engage in self-concealment and may not be favourably disposed to seeking counselling help. In the work of Kelly and Achter (1995), which focused on the relationship between self-concealment and students' intentions to seek counselling, they found that higher self-concealers were more likely to indicate that they would seek counselling, despite having less positive attitudes towards counselling. This was in contrast to the findings of Cepeda-Benito and Short (1998), Topkaya (2015) and Vogel and Wester (2003), which found that positive attitudes towards counselling significantly predicted a greater intention to seek counselling and that being unwilling to explain private problems and/or feeling ashamed to do so predicted counselling help-seeking behaviour.

This present study supports the findings of these researchers as it established that risk of self-disclosure significantly predicted counselling help-seeking behaviour of Senior Secondary School Students in Ijebu-Ode. A possible explanation for this finding may be the prevailing belief and perception that consulting a counsellor and sharing one's challenges with them is tantamount to exposing one's secret to an 'outsider'. Although this may not be true, such a belief or perception is more of a display of ignorance, because one of the ethics of counselling practice is to keep clients' information confidential; thus, the risk of self-disclosure should not arise. In addition, family background and the environment in which the individual grows may account for the feeling of risk of self-disclosure. People who grew up in a hostile environment where there is a lack of love, trust, and encouragement may have learnt the behaviour through observation and may therefore find it difficult to be confident enough to seek help from counsellors for fear of self-disclosure.

Fear of Stigmatisation: The fear of being stigmatised by others often deters people from seeking help. Adults refrain from seeking psychological help due to the fear of being stigmatised for having a mental health problem or being seen as weak and insufficient, feeling ashamed for having such a condition, losing respect in one's community, being excluded, and the possibility of being subjected to discrimination. Lin and Parikh (1999) reported a significant relationship between fear of stigmatisation and help-seeking behaviour. The social stigma toward receiving psychological help was reported as the most important factor preventing one from seeking psychological help in Topkaya's (2015) study. Topkaya (2015) found that social stigma, unwillingness to share problems with an unfamiliar person, the belief that private problems should be kept in the family, one's belief that they can solve their problems, and not knowing enough about the psychological help process were found to inhibit counselling help-seeking behaviour.

Arthur et al. (2015) discovered that both social stigma and self-stigma were negatively related to help-seeking behaviour, suggesting that higher levels of both social stigma and self-stigma will result to lower intention to seek help. Also, Bentil and Bentil (2015) identified stigma as one of the barriers to help-seeking. They found that, though some people would have loved to utilise mental health care, they feared what friends and colleagues might say, should they see them going to such places. They feared they would be labelled as not being capable of solving their problems on their own and on the verge of going "crazy". This present study supports previous research reports by Arthur et al. (2015), Bentil and Bentil (2015), and Tokpaya (2015) that fear of stigmatisation significantly predicted counselling help-seeking behaviour. People who believe that they will be stigmatised if they seek counselling help will most probably not seek help. Family, peer, and cultural influences play significant roles in the formation of an individual's attitude and belief about help-seeking behaviour and the perception that they will be stigmatised for seeking help or not. Students may not seek counselling help (irrespective of what they are experiencing), if they have the fear of being stigmatised by their peers in school. This is not peculiar to students alone; adults, too, who have the fear of stigmatisation may also not seek counselling help.

Counsellor's Disposition: Disposition refers to an individual's attitudes and beliefs, not directly "visible," but are inferred from one's actions. The counsellor is expected to be warmly interested in each client, highly trained and expert, and confident in his or her ability to help the client (Brown, 2011). No doubt, a Counsellor's disposition can determine whether or not clients approach them for counselling. Counsellors who are perceived to show a more favourable disposition to clients are more likely to have more clients coming to them than those who are perceived to be less favourably disposed to their clients. The finding of this study establishes that counsellors' disposition is a predictor of counselling help-seeking behaviour. This is in line with previous research reports by Okopi and Amini (2018) and Corsini and Weeding (2011), who reported that attitude and attributes of counsellors play a pivotal role in students' counselling help-seeking behaviour. They further reported that a counsellor's ability to facilitate a therapeutic relationship with a client is a vital condition for successful counselling. The client's expectation of a counsellor is that of a person with whom the client can build a partnership based on acceptance, empathy, and trust.

Belief in Counselling Effectiveness: For a client to approach a counsellor for psychological help, the client must believe in the counsellor's expertise to help them overcome their problems, and that the counsellor has the ability to enhance the therapeutic relationship. The client must also be confident in their own ability to be committed to the success of the counselling process. Students' belief in counselling service effectiveness can be influenced by the degree of expertise and supportive trust they seek. This present study found that belief in counselling effectiveness significantly predicted counselling help-seeking behaviour. This is in line with the reports of Molla (2022), Kim, Ng and Ahn (2005), Ponton (2011), Okopi and Amini (2018), and Benito and Short (2018), who, at different times and in different studies, established that help-seeking behaviour significantly correlated with belief in counselling service effectiveness. It is only logical to reason that, when people believe in the effectiveness of the counselling services rendered, there is a high probability that they will seek help from the counsellor, with the belief that they will receive a solution to the issue they presented to the counsellor. In the same vein, if and when the counsellor conspicuously demonstrates effectiveness in the discharge of their counselling duties, they are more likely to have more people coming to them for help.

The finding that family background, parental socio-economic status, and residence did not significantly predict counselling help-seeking behaviour among secondary school students in Ijebu-Ode can be explained through several interconnected factors: Although previous studies established a significant relationship between an individual's family background and socio-economic status (Sanchez-Hucles, (2000), Chartrand et al., 2012), Hailemariam et al., 2012), Gabilondo et al., 2011) and Owen, 2022), the findings from this present study did not support previous research findings, as it is established that social factors of family background (monogamy or polygamy) and socio-economic status did not significantly predict counselling help-seeking behaviour. The possible explanation for the result could be based on the cultural context in which the research was conducted: In many communities, the stigma associated with seeking counselling may be prevalent, regardless of socio-economic status or family background. Students from various backgrounds might share similar cultural beliefs that discourage open discussions about mental health or seeking help, leading to a uniform reluctance across different socio-economic strata.

Furthermore, there may be a problem of awareness and education. There may be a general lack of awareness or understanding of the benefits of counselling among students. Suppose students are not educated about mental health services or the importance of seeking help. In that case, they might not engage with counselling services even if their family background or socio-economic status would typically influence such behaviour. Again, individual characteristics, such as personality traits or previous experiences with counselling, may play a more significant role in determining help-seeking behaviour than family background or socio-economic status. A student's personal beliefs about self-reliance or vulnerability could influence their willingness to seek help. Again, the geographical scope of the study was Ijebu-Ode, with over 90% of the respondent indicating that their parents live in urban centres, thereby suggesting homogeneity. In other words, they most probably share similar socio-economic backgrounds or cultural contexts, thereby affecting the level of significance of the variables on counselling help-seeking behaviour of students. It may be concluded that the lack of significant predictive power of family background, parental socio-economic status, and residence on counselling help-seeking behaviour suggests that other factors, which are yet to be investigated (e.g., cultural norms, peer dynamics, etc.), may play a more crucial role in shaping students' attitudes towards seeking counselling in Ijebu-Ode.

Results showed that demographic variables of interest in this study did not significantly independently predict counselling help-seeking behaviour. Therefore, though demographic variables are often used to predict behaviour, their efficacy in predicting counselling help-seeking behaviour (especially) among students may be limited, because the interplay of individual experiences and other such factors and personal coping mechanisms often plays a more significant role. As such, understanding this complexity is crucial for developing effective mental health outreach and support services that resonate with diverse student populations. Future research should focus on these multifaceted influences rather than relying solely on demographic variables to understand help-seeking behaviour.

Suffice it to mention, however, that there were some geographical and methodological constraints that served as limitations to this present study, which, if addressed in subsequent studies, will enhance the quality and credibility of the paper.

Conclusion and Recommendations

Conclusively, this study has highlighted the psycho-socio-demographic factors influencing counselling help-seeking behaviour among secondary school students in Ijebu-Ode. The findings indicated that while various demographic and social factors were examined, it was primarily psychological variables that emerged as significant predictors of students' willingness to seek counselling. Notably, the belief in counselling effectiveness, the perceived risk of self-disclosure, fear of stigmatisation, and the disposition of counsellors were crucial in shaping students' attitudes towards seeking help. Conversely, demographic factors such as age and birth order, while related to help-seeking behaviour, did not independently predict it. This underscores the complex interplay between students' psychological perceptions and their help-seeking behaviours, suggesting that emotional and cognitive factors are more pivotal than demographic characteristics in determining whether students will seek counselling assistance.

It is recommended that school authorities promote awareness of counselling services in schools, while also ensuring the availability and effectiveness of counselling services. This can be achieved through workshops, seminars, and informational campaigns that educate students about the benefits of seeking help and the confidentiality of counselling.

All stakeholders (parents, teachers, school authorities, etc.) should make concerted efforts to address stigma through initiatives that are aimed at reducing the stigma associated with seeking help. This can include peer-led discussions, encouraging open conversations about mental health in school settings, and creating a culture that normalises seeking help as a strength rather than a weakness.

Encouraging family involvement in the programme of change is essential. Parents should be educated about the importance of mental health support and the role of counselling. Involving families in discussions about mental health can create a supportive environment that encourages students to seek help.

There should be enhanced training programmes for school Counsellors. Such training programmes should emphasise the importance of maintaining a supportive and non-judgmental disposition. Counsellors should be equipped with skills to foster a trusting relationship with students, as their disposition can significantly impact students' willingness to seek help.

Recognising age and gender differences in help-seeking behaviour, targeted interventions should be designed to address the specific concerns and barriers faced by different demographic groups. For example, younger students might benefit from more engaging and interactive methods of learning about counselling resources.

Creating peer support programmes where students can discuss their experiences and challenges in a safe environment can help mitigate fears of stigmatisation and encourage help-seeking behaviour.

By implementing these recommendations, educational institutions can create a more supportive environment that encourages students to utilise counselling services, ultimately promoting better mental health and well-being among adolescents.

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