



Techniques Used by the Student Counsellors in Addressing Mental Health Among University Students in Public Universities in Kenya

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Received: 12th March, 2026, Accepted: 30th April, 2026, Published: 14th May, 2026

Abstract

Mental health challenges among university students have become a major concern in institutions of higher learning due to academic pressure, social adjustment difficulties, interpersonal conflicts, financial stress, and emotional distress. Student counsellors play an important role in supporting students through different counselling techniques aimed at improving psychological wellbeing and emotional adjustment. This study examined the techniques used by student counsellors in addressing mental health among university students in public universities in Kenya. The study was anchored in Urie Bronfenbrenner and Pamela Morris's Bioecological Model of Human Development (2006), which explains how interactions between individuals and their environments influence human development and wellbeing. The study adopted a descriptive survey research design. The target population comprised undergraduate students and student counsellors from two public universities in Uasin Gishu County, Kenya. A sample of 749 undergraduate students and 25 student counsellors participated in the study. Data were collected using questionnaires and interview guides. Quantitative data were analyzed using descriptive and inferential statistics using Statistical Package for Social Sciences (SPSS Version 20), while qualitative data were analyzed



thematically and presented narratively. The findings revealed that student counsellors commonly used Solution-Focused Brief Counseling, group counselling, virtual counselling, conflict counselling, and crisis counselling to address mental health challenges among university students. The study found that 83.1% of students agreed that Solution-Focused Brief Counseling helped students focus on strengths and practical solutions to psychological challenges. Further, 79.6% of the respondents perceived group counselling as effective in reducing stress, loneliness, anxiety, and emotional distress through peer support and social interaction. The findings also showed that 74.77% of the students preferred virtual counselling services because of convenience, flexibility, privacy, and anonymity. In addition, 79.1% of the respondents agreed that conflict counselling improved communication skills and interpersonal relationships among students. The study further established that 82.5% of students believed crisis counselling services effectively supported students experiencing severe emotional distress, trauma, anxiety, and suicidal thoughts. Pearson correlation analysis revealed statistically significant positive relationships between counselling techniques and effectiveness in addressing mental health challenges, with crisis counselling recording the strongest relationship ($r = 0.703$, $p = 0.000$). The study concluded that integrated counselling approaches significantly improve emotional wellbeing, coping abilities, stress management, and psychological adjustment among university students. The study recommends strengthening university counselling departments through recruitment of trained counsellors, expansion of virtual counselling infrastructure, increased mental health awareness programs, and development of comprehensive university mental health policies and referral systems.

Keywords: Mental Health, Student Counsellors, Counselling Techniques, University Students, Public Universities, Kenya

Introduction

The mental health of university students is a critical public health concern globally, with the transition to higher education presenting unique psychological challenges that can precipitate or exacerbate mental health conditions. In Kenya, the situation is particularly alarming. Mugotitsa et al. (2025) found that 30.9% of students at Pwani University screened positive for mental health conditions, with first-year students reporting the highest prevalence at 40.7%, largely due to adjustment challenges. Students from unsupportive families exhibited the highest prevalence at 35.2%, while those



aged 25–29 years were 2.6 times more likely to experience mental health conditions (Mugotitsa et al., 2025). Complementing these findings, Anika et al. (2025) confirmed through a qualitative synthesis that depression, anxiety, and stress are the most prevalent mental health issues across Kenyan universities, driven by diverse academic and psychosocial stressors. Otieno and Anika (2025) further established that socio-economic constraints and academic pressure significantly predict these risks, with 41.7% of students at Pwani University reporting anxiety directly related to financial stress. According to the National Alliance on Mental Illness (NAMI, 2015), approximately one in five young adults aged 18–24 years lives with a mental health condition, with 75% of these individuals developing symptoms before age 24. These statistics underscore that the typical university age bracket coincides with the peak period of vulnerability for mental health disorders.

The consequences of unaddressed mental health challenges extend beyond individual suffering to affect academic performance, peer relationships, institutional stability, and public safety. Mental health plays a crucial role in determining a student's capacity to excel academically; challenges in emotional, social, physical, or cognitive domains can significantly hinder progress, making it difficult for students to reach their educational goals (Julal, 2013). Kessler et al. (1995) documented the alarming trend of increasing school dropout, suicide, and violent incidents among affected student populations, while Eisenberg et al. (2007) identified anxiety, stress, depression, suicidal ideation, and relationship problems as the primary conditions afflicting university students. When students first recognize symptoms within themselves, the experience often triggers fear and uncertainty, coupled with a sense of difference from peers that sparks stigma due to misconceptions of being abnormal (Alsamhori et al., 2022). These factors collectively drive students inward rather than toward necessary help-seeking behaviour, intensifying the severity of outcomes.

Student counsellors in Kenyan public universities serve as the frontline professionals tasked with addressing this crisis, operating within Guidance and Counselling sections mandated by the Commission for University Education (Okech & Kimemia, 2012). These counsellors employ diverse techniques grounded in various theoretical orientations to mitigate adjustment difficulties such as concentration problems, anxiety, and depression, which are particularly common among newly admitted students (Renuka, 2013). Person-centered therapy remains a foundational approach, emphasizing empathy, unconditional positive regard, and congruence to create a safe therapeutic environment (Too et al., 2025). Amusala (2023)



evaluated counselling strategies in public universities in Western Kenya and found that structured counselling interventions significantly reduce academic stress and anxiety while improving students' self-esteem. Cognitive-behavioural therapy (CBT) has also gained traction as an evidence-based modality; Ndeti et al. (2009) demonstrated the effectiveness of cognitive-behavioural coping-skills therapy in reducing substance use and associated mental health symptoms among Kenyan students, establishing CBT as a viable intervention within the local context.

Beyond individual therapy, counsellors increasingly integrate group-based and peer-support interventions that resonate with Kenya's collectivist cultural fabric. Kamina (2018) investigated university students' perceptions of peer counselling services and found that structured peer counselling programs remain essential for student coping and development, even where initial perceptions may be negative. Kiprono (2015) established that peer counselling has a significant influence on conflict resolution among students, concluding that institutions should adopt these programs to help students manage interpersonal issues. Visibwa and K'Okul (2023) examined peer counselling strategies in tertiary institutions and recommended continued training of peer counsellors to model positive behaviour patterns among students. These peer counsellors are typically equipped with problem-solving techniques, communication skills, and mental health literacy, enabling them to forge meaningful connections with distressed peers and facilitate referrals to professional services (Kamina, 2018). The Shamiri intervention, developed and tested in Kenya, represents an innovative evolution of this approach. Osborn et al. (2020) designed a lay-provider-delivered group intervention combining growth mindset, gratitude, and value affirmation modules, which significantly reduced depression and anxiety symptoms among adolescents. Osborn et al. (2021) confirmed in a large-scale replication trial that these effects were maintained at seven-month follow-up, while Osborn et al. (2023) further adapted problem-solving therapy for peer-counsellor training using a structured "Problem-Option-Do It" framework that is brief, transdiagnostic, and appropriate for low-resource settings. These findings suggest that similar peer-based techniques could be effectively deployed within public university counselling centres to expand service reach.

Despite the availability of these varied techniques, significant barriers impede the effectiveness of counselling services in Kenyan public universities. Too et al. (2025) found that peer-related stigma was a predominant obstacle, with 69.29% of students fearing judgment for seeking services. Systemic challenges are equally profound; 79.17% of students reported lacking



sufficient time to access counselling due to academic demands, while 60% of counsellors reported being assigned additional duties such as teaching, leading to burnout and reduced counselling capacity (Too et al., 2025). Confidentiality concerns were acknowledged by 62.75% of counsellors, further eroding student trust in the system. These barriers are exacerbated by chronic understaffing and a lack of essential resources, which collectively compromise the quality and accessibility of mental health support (Too et al., 2025). Wango (2006) noted that the development of pastoral and mental health support services has not kept pace with the rapid expansion of the higher education sector, leaving significant gaps in service provision and quality.

Consequently, despite universities implementing strategies such as mental well-being courses, regular guidance seminars, and dedicated student guidance and counselling units, mental health issues continue to escalate. This persistent gap raises concerns about the effectiveness of existing services and prompts questions about the underlying reasons for the rise in mental health challenges in public universities. It is therefore imperative to systematically examine the specific techniques employed by student counsellors, their theoretical underpinnings, and their effectiveness in addressing the multifaceted mental health needs of university students in Kenya's public universities. Understanding these techniques will inform policy and practice aimed at strengthening university-based mental health support systems.

Literature Review

Techniques used by Counselors in Addressing Mental Health

Due to the growing number of students in higher institutions with different life experience and from different cultures all should be attended equally be the counselors. It is therefore necessary that the school counselors should develop various techniques to be able to form healthy relationship with students and successful help them overcome their problems (Diller & Moule, 2005). ASCA (2005) has identified five techniques that can be used by school counselors as they address mental health issues among the university students they include:

Solution-Focused Brief Counseling

Solution-Focused Brief Therapy (SFBT), originally developed by Steve de Shazer and Insoo Kim Berg in the early 1980s, represents a paradigm shift from traditional problem-focused psychotherapy to a strengths-based,



future-oriented approach that emphasizes clients' resources, competencies, and preferred outcomes (de Shazer et al., 1986). Rather than analyzing the etiology of psychological distress, SFBT operates on the foundational premise that clients possess inherent strengths and that small, purposeful shifts in perception and behaviour can catalyse broader systemic change (Trepper et al., 2012). This approach is particularly relevant for university counselling settings where time constraints, high student-to-counsellor ratios, and the need for rapid intervention are pressing realities. The therapeutic process prioritizes collaborative, goal-oriented dialogue through specific techniques including the miracle question, scaling questions, exception-seeking, resource identification, and co-construction of meaning, all aimed at activating existing client strengths (Froerer et al., 2023). For counsellors addressing mental health among university students, SFBT offers a structured yet flexible framework that aligns with the brief-contact nature of campus counselling services. The

empirical evidence supporting SFBT's effectiveness has grown substantially over the past decade, with recent meta-analyses providing robust quantitative confirmation of its therapeutic benefits. Vermeulen-Oskam et al. (2024) conducted a comprehensive three-level meta-analysis synthesizing 72 studies with 489 effect sizes, finding that SFBT produced a large overall effect on psychosocial outcomes ($g = 1.17$), equivalent to a 59% reduction in symptoms. This meta-analysis revealed particularly noteworthy moderator effects relevant to university counselling: group therapy formats yielded significantly larger effects ($g = 1.64$) than individual therapy ($g = 0.48$), and non-clinical samples including students experiencing subthreshold distress demonstrated larger effects ($g = 1.50$) compared to clinical populations ($g = 0.78$) (Vermeulen-Oskam et al., 2024). These findings suggest that SFBT is especially well-suited for the university context, where students typically present with mild to moderate symptoms rather than severe psychopathology. Furthermore, the meta-analysis found that SFBT was effective across school and university environments, with community-based settings showing particularly strong outcomes, supporting its applicability within higher education institutions (Vermeulen-Oskam et al., 2024).

Complementing this quantitative synthesis, Žak and Pękala (2024) conducted an umbrella review of 25 systematic reviews and meta-analyses, reporting high confidence in SFBT's effectiveness for treating depression, improving overall mental health, and facilitating progress toward individual goals in adults. Their review found no significant difference in effectiveness between Western and Eastern cultural contexts, suggesting cross-cultural applicability that is particularly relevant for diverse university populations (Žak



& Pękala, 2024). Similarly, Neipp and Beyebach (2022) analyzed 251 outcome studies globally and found that 86.3% reported positive outcomes, with SFBT demonstrating superior results in 72.5% of randomized controlled trials. Notably, their analysis revealed that group interventions yielded more positive outcomes (92.8% superiority) compared to individual interventions (81.1%), and that manualized SFBT interventions showed fewer inferior outcomes than non-manualized approaches (Neipp & Beyebach, 2022). These findings underscore the importance of structured, replicable SFBT protocols within university counselling centres.

Direct empirical evidence for SFBT's effectiveness with university and college students has been established through multiple randomized controlled trials across diverse cultural contexts. Beauchemin (2018) conducted a randomized controlled trial examining a seven-week solution-focused wellness intervention with college students experiencing heightened stress. Using repeated measures analysis of variance, the study demonstrated that the intervention produced significant improvements in perceived wellness and reductions in stress compared to treatment as usual, with large effect sizes for both outcome variables (Beauchemin, 2018). The study's design emphasized replicability, suggesting that brief solution-focused wellness interventions can be disseminated across varied academic settings and populations. This finding was extended by Beauchemin et al. (2021), who conducted a mixed-methods longitudinal study of solution-focused wellness coaching with college students, demonstrating sustained benefits over time.

Exam anxiety represents a particularly prevalent mental health concern among university students, and SFBT has demonstrated efficacy in addressing this specific domain. Aihie and Igbineweka (2018) investigated the efficacy of SFBT in reducing test anxiety among undergraduates at a Nigerian university, finding that an eight-session SFBT intervention significantly reduced test anxiety compared to systematic desensitization and rational emotive behavioural therapy controls. Their study established that SFBT's future-oriented, resource-based approach effectively supported students in reframing academic stressors and identifying coping mechanisms (Aihie & Igbineweka, 2018). More recently, Cieslik-Wojcik et al. (2025) conducted a pilot randomized controlled trial with first-year psychology students in Poland, examining a four-session group SFBT intervention for exam anxiety. Results showed significant intervention effects ($p < 0.05$, $\eta^2p = 0.27$) and interaction effects ($p < 0.05$, $\eta^2p = 0.22$), with the experimental group showing significant reductions in exam anxiety (Cohen's $d = 0.86$) and large effect sizes for reductions in stress ($\eta^2p = 0.47$) and negative emotions ($\eta^2p = 0.57$) across



individual sessions (Cieslik-Wojcik et al., 2025). These findings demonstrate that even ultra-brief SFBT formats can produce meaningful emotional benefits for students facing academic pressure. The neurobiological mechanisms

SFBT's therapeutic effects have begun to be elucidated through neuroimaging research, providing an empirical basis for its impact on executive function and emotional regulation. Chen et al. (2024) conducted a randomized clinical trial investigating SFBT's efficacy and impact on executive function in adolescents with Major Depressive Disorder, utilizing functional near-infrared spectroscopy (fNIRS) to assess prefrontal cortex activation. After ten sessions, the SFBT group showed significant reductions in PHQ-9 and GAD-7 scores with cumulative effects, alongside progressive increases in oxyhemoglobin levels in the dorsolateral prefrontal cortex (DLPFC) compared to an active control group receiving psychodynamic psychotherapy (Chen et al., 2024). These neurobiological findings are particularly relevant for understanding how SFBT may enhance cognitive control and emotion regulation capacities in young adults a population whose prefrontal cortical development is ongoing and particularly susceptible to stress-related disruption.

The adaptation of SFBT to digital and online delivery formats has expanded its accessibility for university students, a population that demonstrates high comfort with technology-mediated services. Novella et al. (2022) conducted a randomized non-inferiority trial comparing online synchronous video counselling to in-person counselling using SFBT for college students with mild to moderate anxiety. Results showed significant improvements on the Beck Anxiety Inventory and the College Counseling Assessment of Psychological Symptoms for both delivery methods, with no significant differences in effectiveness between online and in-person formats (Novella et al., 2022). This equivalence is crucial for university counselling services seeking to expand access while managing resource constraints. Similarly, Ardi et al. (2022) investigated online counselling with Solution-Focused Brief Counseling (SFBC) for college students experiencing severe academic stress, using a single-subject experimental design with five participants. Findings demonstrated an overall reduction in academic stress after two online sessions, with visual analysis confirming improvement trajectories (Ardi et al., 2022). These studies collectively establish that SFBT retains its efficacy when delivered through telehealth platforms, offering flexible access for students facing geographical, temporal, or stigma-related barriers to in-person counselling. The application of SFBT within integrated care and primary care settings further demonstrates its versatility and



efficiency for addressing comorbid mental and physical health concerns prevalent among students. Cooper et al. (2024) conducted a randomized clinical trial at a rural federally qualified health center examining SFBT for patients with depression and co-occurring chronic health conditions. Participants receiving three SFBT sessions over three weeks achieved clinically meaningful improvements: a 47% reduction in depressive symptoms ($\eta^2 = 0.35$), a 43% reduction in anxiety symptoms ($\eta^2 = 0.22$), and a 24% increase in well-being scores ($\eta^2 = 0.15$) compared to treatment as usual (Cooper et al., 2024). The brief, structured nature of this intervention delivered in 20–30 minute sessions aligns closely with the time-limited counselling models typical of university health services. Similarly, Dong et al. (2024) tested a six-month SFBT-based nursing program with older adults at risk for coronary heart disease, finding significant reductions in depression and anxiety scores alongside improved self-care abilities, further confirming SFBT's transdiagnostic applicability across age groups and health contexts.

Emerging research has also examined SFBT's effectiveness for adolescent and young adult populations facing pandemic-related mental health challenges. Chen et al. (2023) conducted a randomized controlled trial of online SFBT for adolescents with anxiety symptoms during the COVID-19 period, delivering 2–4 sessions via teleconference over two weeks. Compared to a waitlist control, the intervention yielded significant reductions in anxiety and depressive symptoms while promoting problem-oriented coping strategies, with therapeutic benefits persisting at one-month follow-up (Chen et al., 2023). The flexibility of session number determined by client progress toward goals rather than a fixed protocol reflects SFBT's client-centred philosophy and its compatibility with young people's preferences for brief, goal-directed support. This adaptability is particularly valuable in university settings where students may seek single-session or brief-contact interventions.

The mechanisms through which SFBT achieves therapeutic change have been investigated through process research, offering counsellors guidance on technique implementation. Franklin et al. (2017) conducted a systematic review and meta-summary of process research, identifying that techniques targeting client strengths and co-construction of solutions showed strong empirical support. Their analysis found that the co-construction process wherein therapist and client collaboratively build meaning through language was central to therapeutic outcomes, supporting the emphasis on solution-talk over problem-talk (Franklin et al., 2017). More recently, Franklin et al. (2023) synthesized 28 randomized controlled trials in



outpatient and community-based settings, finding that SFBT achieved medium to large effects on depression, family functioning, and psychosocial functioning when four to nine SFBT techniques were used across three categories: cooperative language, therapeutic relationship questions, and future-focused techniques (Franklin et al., 2023). Notably, using three or fewer techniques or only two categories did not achieve statistically significant treatment effects, suggesting that counsellors must implement a sufficient range of SFBT core components to achieve optimal outcomes.

Despite this growing evidence base, several limitations and gaps warrant consideration when applying SFBT in university counselling contexts. Vermeulen-Oskam et al. (2024) noted that many primary studies lacked comprehensive reporting on therapist training, treatment integrity, and participant socioeconomic background, limiting moderator analyses. The meta-analysis also found indications of publication bias, with unpublished studies reporting substantially smaller effect sizes than published research (Vermeulen-Oskam et al., 2024). Additionally, Cieslik-Wojcik et al. (2025) observed that while single SFBT sessions produced immediate emotional benefits, these effects did not persist between sessions, suggesting the need for booster sessions or integration with longer-term support for sustained change. Chen et al. (2024) similarly noted that without long-term follow-up, the durability of neurobiological improvements remains uncertain. For Kenyan public universities specifically, the absence of locally conducted SFBT outcome research represents a significant gap, as cultural adaptation and contextual validation are essential for ensuring intervention appropriateness and effectiveness.

Group Counseling

Group counseling has emerged as a highly efficient and empirically supported technique for addressing mental health concerns among university students, offering therapeutic benefits that rival individual therapy while simultaneously addressing the resource constraints typical of higher education settings. Unlike individual counseling, group interventions leverage therapeutic factors such as universality, altruism, and interpersonal learning, wherein students discover that their struggles are shared, receive feedback from peers, and practice social skills within a structured, safe environment (Yalom & Leszcz, 2020). For university counseling centers facing high demand and limited staffing, group formats allow counselors to serve multiple students concurrently, making them an essential component of stepped-care models. Recent empirical evidence strongly supports the integration of group



counseling into university mental health services, with meta-analytic and randomized trial data confirming efficacy across anxiety, depression, stress, and academic adjustment domains.

The comparative effectiveness of group versus individual therapy has been directly tested in university populations. Fawcett et al. (2020) conducted a randomized pilot study with 41 university students experiencing moderate to severe anxiety and/or depression, assigning participants to either six weeks of individual therapy or group therapy. Results demonstrated significant reductions in both depression and anxiety scores across time, with no significant difference between group and individual therapy outcomes, suggesting equivalent efficacy. Although participants initially rated individual therapy more favorably, attitudes toward group therapy improved significantly from pre- to post-treatment, indicating that exposure reduces reluctance (Fawcett et al., 2020). These findings support the expanded use of group therapy within university counseling centers as a viable alternative to individual treatment.

Cognitive-behavioural therapy (CBT) delivered in group formats has accumulated substantial evidence for treating student mental health concerns. Musrini and Sirante (2025) conducted a systematic literature review synthesizing 22 empirical studies published between 2010 and 2024, finding that CBT-based group interventions significantly reduced stress, anxiety, depression, and negative thought patterns among university students while enhancing positive emotions and problem-solving skills. The review further identified that mindfulness-based and positive psychology group interventions demonstrated efficacy, offering holistic and resilience-focused approaches. Additionally, group counseling proved effective for specific academic problems including procrastination and burnout, positioning it as a versatile intervention for the multifaceted challenges university students face (Musrini & Sirante, 2025). Complementing this narrative synthesis, a recent randomized controlled trial examined group cognitive-behavioural therapy (GCBT) for college students with elevated anxiety symptoms, utilizing wearable devices and mobile applications to capture objective biomarkers alongside self-report measures. The GCBT group showed significant improvements in anxiety symptoms at 28-week follow-up compared to waitlist controls, alongside increased physical activity (step counts), more stable morning and evening moods, and better energy levels, suggesting that group CBT produces both psychological and behavioural benefits that persist over time (Liu et al., 2025). Beyond CBT, group interventions grounded in self-compassion and positive psychology have demonstrated robust effects for



emerging adults. A randomized controlled trial conducted with university students in Greece examined a six-week group counseling intervention focused on self-compassion practices and psychoeducation. Participants in the intervention group experienced statistically and clinically significant improvements in self-compassion and positive affect, alongside reductions in depression, anxiety, and stress, with effects maintained at three-month follow-up. Between-group analyses confirmed that these changes were attributable to active engagement rather than time or repeated assessment alone, establishing self-compassion group work as a durable, scalable mental health promotion strategy for university settings (Kotrotsiou et al., 2025). Similarly, group psychotherapy combined with medication has shown superior outcomes compared to pharmacotherapy alone for adolescent depression. In a randomized controlled trial, adolescents receiving combined group psychotherapy and antidepressant medication exhibited significantly greater reductions in depression and anxiety scores after four weeks than those receiving medication alone, with the group format enhancing treatment adherence through peer modeling and reduced stigma (Islam et al., 2020).

In Kenya, group-based interventions are increasingly recognized as essential for addressing the high prevalence of mental health conditions among university students. Mugotitsa et al. (2025) found that 30.9% of students at Pwani University screened positive for mental health conditions, with first-year students reporting the highest prevalence at 40.7%, highlighting the urgent need for accessible interventions. While locally conducted randomized controlled trials of group counseling in Kenyan universities remain scarce, existing service evaluations and innovative programs provide preliminary evidence of feasibility and impact. The University of Nairobi's Guidance and Counseling Section explicitly includes group therapy as a core service, addressing issues such as depression, anxiety, grief, interpersonal problems, and self-esteem within semester-long groups of 5–8 members that meet weekly for 60–90 minutes (University of Nairobi, n.d.). This structured group format enables students to receive peer input they can relate to, fostering connection and hope.

Furthermore, the Mental Health and Wellbeing on Campus project a collaboration between the Centre for Global Mental Health and Kenyan universities has established group support systems at Kenyatta University and Chuka University. This initiative reports that 805 students have received psycho-therapeutic interventions through group support systems and buddy groups, which are peer-facilitated support groups designed to extend the reach of professional services (Mental Health Innovation Network, n.d.). The



project also established mental health clubs that utilize forum theatre and psychodrama to reach students, with 709 students engaged through these group-based expressive modalities. These developments suggest that group interventions, including professionally led counseling groups and peer support groups, are being actively implemented and scaled within Kenyan higher education, though formal outcome evaluations remain limited.

The Shamiri intervention, developed and tested in Kenya, represents one of the few rigorously evaluated group-based mental health programs in the region, though it targeted secondary school adolescents rather than university students. Osborn et al. (2020) randomized 51 Kenyan adolescents with moderate-to-severe depression or anxiety symptoms to a four-week Shamiri group intervention or a study-skills control. The intervention, delivered by trained lay-providers in groups of 9–12 youths, included growth mindset, gratitude, and value affirmation exercises. Compared to controls, Shamiri produced greater reductions in depression ($p = .038$; $d = .32$) and anxiety symptoms ($p = .039$; $d = .54$) from baseline to four-week follow-up, alongside improved academic performance ($p = .034$; $d = .32$) and increased perceived social support from friends ($p = .028$, $d = .71$). This landmark study demonstrated that brief, lay-provider-delivered group interventions can reduce internalizing symptoms and improve academic outcomes in Sub-Saharan African contexts (Osborn et al., 2020). The scalability of this model to university settings is currently being explored, with implications for counselor training and service delivery in Kenyan public universities.

Despite promising international evidence, significant gaps persist in the Kenyan empirical literature. Too et al. (2025) identified systemic barriers affecting all counseling modalities in Kenyan public universities, including chronic understaffing, confidentiality concerns, and counselors being assigned additional teaching duties that reduce group facilitation capacity. Musrini and Sirante (2025) noted in their systematic review that the existing global literature on group counseling suffers from methodological limitations including small sample sizes, non-randomized designs, and a lack of cultural diversity and long-term follow-up data limitations that are even more pronounced in Kenya.

Virtual Counseling

Virtual counseling, also referred to as teletherapy, telemental health, or online counseling, has emerged as a transformative modality for delivering mental health services to university students, particularly in the aftermath of the COVID-19 pandemic, which necessitated rapid shifts from in-person to



remote service delivery. This modality encompasses synchronous formats such as video conferencing, telephone sessions, and real-time chat, as well as asynchronous approaches including email-based therapy and self-guided digital interventions. For university students a population characterized by digital nativity, demanding schedules, and frequent reluctance to seek face-to-face help due to stigma virtual counseling offers distinct advantages including accessibility, flexibility, perceived anonymity, and the elimination of geographical and temporal barriers. The empirical literature examining virtual counseling in higher education has expanded substantially, encompassing randomized controlled trials, systematic reviews, meta-analyses, and qualitative feasibility studies that collectively establish its effectiveness, acceptability, and practical viability.

The foundational evidence for virtual counseling's equivalence to in-person therapy has been established through direct comparative studies. Novella et al. (2022) conducted a randomized non-inferiority trial comparing synchronous video counseling to in-person counseling using solution-focused brief therapy for 49 undergraduate students with mild to moderate anxiety. Results demonstrated significant improvements on the Beck Anxiety Inventory and the College Counseling Assessment of Psychological Symptoms for both delivery methods, with no statistically significant differences in effectiveness between online and in-person conditions. These findings provide robust empirical support for the treatment of college student anxiety through synchronous video counseling, suggesting that the therapeutic alliance and clinical outcomes are preserved across modalities when equivalent interventions are delivered. Similarly, Ardi et al. (2022) investigated online counseling with Solution-Focused Brief Counseling for college students experiencing severe academic stress, utilizing a single-subject experimental design with five participants. Visual analysis confirmed overall reductions in academic stress after just two online sessions, establishing that even ultra-brief virtual interventions can produce measurable benefits. These studies collectively demonstrate that synchronous video counseling maintains therapeutic integrity while offering the convenience and accessibility that university students prioritize.

Internet-based cognitive behavioural therapy (iCBT) represents the most extensively researched domain within virtual counseling for university students. A comprehensive systematic review and meta-analysis published in 2026 synthesized 30 randomized controlled trials involving 5,169 college students, with 29 studies included in quantitative synthesis. The meta-analysis revealed that iCBT significantly alleviated anxiety symptoms (SMD = -0.24,



95% CI -0.31 to -0.18 , $p < 0.001$), depressive symptoms (SMD = -0.42 , 95% CI -0.54 to -0.30 , $p < 0.001$), and stress levels (SMD = -0.37 , 95% CI -0.47 to -0.27 , $p < 0.001$) compared to control conditions. Follow-up analyses demonstrated sustained intervention effects at post-treatment follow-up for depression (SMD = -0.28), anxiety (SMD = -0.17), and stress (SMD = -0.32), establishing the durability of virtual CBT benefits. Subgroup analyses further indicated that chatbot-based interventions may be particularly promising for alleviating depression, while web platform-based interventions appeared more effective for anxiety, and longer intervention durations exceeding four weeks yielded superior outcomes compared to shorter protocols. These findings position iCBT as an evidence-based, scalable solution for the rising mental health demands of college student populations.

Complementing this meta-analytic evidence, Madrid-Cagigal et al. (2025) conducted a systematic review and meta-analysis specifically examining digital mental health interventions for university students with ongoing mental health difficulties, including 21 randomized controlled trials in their quantitative synthesis. Their analysis indicated an overall medium effect size favouring digital interventions for depression (Cohen's $d = 0.55$) and anxiety (Cohen's $d = 0.46$). Notably, for anxiety outcomes, fully automated interventions appeared more effective ($d = 0.55$) than guided interventions ($d = 0.35$), suggesting that the self-directed nature of automated programs may reduce barriers to engagement for students experiencing anxiety-related avoidance. This distinction between guided and unguided formats has significant implications for service planning in resource-constrained university counseling centers, where automated iCBT could serve as a first-line intervention within stepped-care models.

The acceptability and feasibility of virtual counseling have been examined across diverse cultural and socioeconomic contexts, including low- and middle-income countries that share structural similarities with Kenya. A qualitative feasibility study conducted at the University of Zambia and Lusaka Apex Medical University explored the implementation of moodgym an internet-based CBT program for African students with symptoms of low mood during the COVID-19 pandemic. Students reported that moodgym improved academic resilience and motivation, with the digital format offering flexibility, moderate anonymity, and accessibility that were particularly valued given limited availability of face-to-face CBT in Zambia. However, participants also identified challenges including technical difficulties in account creation, competing academic demands, and the preference for personal contact that iCBT could not fully replicate. Interestingly, unlike studies in high-income



countries, Zambian students did not express a preference for face-to-face therapy over digital delivery, likely reflecting the scarcity of traditional mental health services in their context. These findings suggest that virtual counseling is not only feasible but may be preferred in settings where in-person alternatives are scarce, though technical and infrastructural support remains essential for successful implementation.

In Kenya, virtual counseling transitioned from an emergency response to an established service modality during the COVID-19 pandemic. At the United States International University-Africa (USIU-Africa) in Nairobi, student counseling services moved entirely online when teaching and learning activities shifted to remote delivery. According to Ruthie Rono, Professor of Psychology and Deputy Vice-Chancellor for Academic and Student Affairs, students sought assistance primarily for anxiety related to online learning transitions, technological access, power blackouts, and fears about completing classes and graduating. The counseling center provided teletherapy services that reached students across multiple stress domains, from basic adjustment issues to deeper therapeutic needs. This institutional experience demonstrates that Kenyan universities can successfully pivot to virtual counseling delivery, though it also highlights the unique contextual stressors including infrastructure instability that must be addressed for optimal service delivery.

Recent Kenyan research has begun to systematically examine student preferences for virtual counseling platforms. Wawuda, Asatsa, and Ndong'u (2025) employed a descriptive cross-sectional design to examine preferred online platforms used by undergraduate students in Nairobi County to manage psychological distress. From a target population of 400 students, 40 participants presenting with severe to extremely severe levels of anxiety, stress, or depression on the DASS-21 were purposively selected for six weeks of online therapy delivered via Zoom, Google Meet, or WhatsApp. Thematic analysis revealed that Zoom was the most preferred platform, followed by Google Meet and WhatsApp, with key influencing factors including convenience, accessibility, ease of use, and perceived anonymity. A minority of participants avoided professional e-therapy platforms due to concerns over cost and internet connectivity. Grounded in the Theory of Planned Behavior, this study highlights the importance of designing mental health interventions that align with students' digital usage patterns and platform preferences, calling on universities to invest in culturally sensitive, student-centered digital tools embedded within campus mental health systems. The integration of virtual and in-person services into blended models has been explored in



South African universities, offering relevant insights for the Kenyan context. A grounded theory study examined counsellors' experiences transitioning from face-to-face-only to blended practice models at a South African public university during and after the COVID-19 pandemic. Counsellors reported that blended models allowed them to address the needs of a diverse student population more flexibly, though they also identified challenges related to technology access, digital literacy, and the need to maintain therapeutic presence across modalities. This research generated a substantive theory for blended counselling practice that integrates different domains of knowledge, suggesting that effective virtual counseling requires more than technological translation—it demands reconceptualization of therapeutic processes for digital environments. The study's findings are directly applicable to Kenyan public universities seeking to develop sustainable hybrid service models that combine the reach of virtual counseling with the relational depth of in-person therapy.

Online group therapy delivered via virtual platforms represents an innovative hybrid format that combines the efficiency of group counseling with the accessibility of digital delivery. A qualitative study of South African university students' experiences with online group cognitive behavioural therapy (GCBT) revealed that participants valued the sense of community and cohesiveness that validated their experiences, with one student noting that "you are not alone in what you're going through." The online format helped create a "safe space" for self-disclosure, particularly for students with social anxiety, though some participants missed the nonverbal cues and "human connection" of in-person sessions. Distractions from other internet media and reduced accountability compared to physical attendance were identified as barriers, while the convenience of scheduling around academic commitments was universally appreciated. These findings suggest that online group therapy can capitalise on the strengths of both digital and in-person approaches, though careful attention to group dynamics and facilitator training is essential for maintaining therapeutic engagement.

The feasibility of online support groups for mental health promotion has been demonstrated in university settings beyond the pandemic context. A longitudinal observational study with Brazilian graduate students investigated a four-week online support group program tailored to mental health promotion. Of 32 participants, most were doctoral students with mild to moderate depressive symptoms at baseline, and 9% indicated suicidality. Results showed high credibility and expectancy scores, high satisfaction at post-intervention (mean 28.66, SD 3.02) and follow-up (mean 27.91, SD 3.02),



and significant improvements across all four quality of life domains—physical ($p = .01$), psychological ($p = .004$), social ($p = .02$), and environmental ($p < .001$). Notably, 91% of participants reported learning from others' experiences, and none reported receiving no benefits from the program. The low dropout rate of 20% and participants' active communication about missed sessions indicated high engagement, supporting online support groups as a feasible and satisfactory mental health promotion strategy for graduate students, including those distributed across different cities.

In Pakistan, a pilot randomized controlled trial examined the feasibility and acceptability of an online Mindfulness Training Course (MTC) for university students. Of 156 participants randomized to the MTC or waitlist control, 32 completed the eight-week course, with high recruitment rates indicating strong initial interest. Participants who completed the intervention showed higher levels of mindfulness and psychological wellbeing alongside reduced stress compared to controls. Qualitative interviews revealed positive feedback regarding the online delivery mode, though attrition rates were high, suggesting the need for enhanced outreach and retention strategies in future definitive trials. The study demonstrated that culturally adapted online mindfulness interventions are acceptable to students in low- and middle-income countries, with videoconferencing offering a viable delivery platform that accommodates students' weekend schedules and preferences for individualized attention in group settings.

Despite this growing evidence base, significant challenges impede the widespread implementation of virtual counseling in Kenyan public universities. Too et al. (2025) identified systemic barriers affecting all counseling modalities in Kenyan public universities, including chronic understaffing, confidentiality concerns, and counsellors being assigned additional teaching duties that reduce service delivery capacity. These barriers are amplified in virtual contexts where additional technological infrastructure, digital literacy training for counsellors, and reliable internet connectivity are required. The preference for Zoom over WhatsApp among Kenyan students, as documented by Wawuda et al. (2025), suggests that platform selection must balance accessibility with perceived professionalism and therapeutic appropriateness.

Conflict Counseling

Conflict counseling encompasses a range of therapeutic and psychoeducational interventions designed to help individuals understand, manage, and resolve interpersonal and intrapersonal conflicts that contribute



to psychological distress. Unlike traditional psychotherapy that focuses primarily on symptom reduction, conflict counseling targets the relational and cognitive processes underlying mental health difficulties, positioning conflict as both a source of distress and an opportunity for growth. For university students who navigate complex academic, romantic, familial, and peer relationships while undergoing identity development conflicts are pervasive and frequently precipitate or exacerbate anxiety, depression, and academic disengagement. The empirical literature examining conflict counseling in higher education spans cognitive reappraisal interventions, conflict resolution skills training, peer mediation programs, and intrapersonal conflict management strategies, with emerging evidence from Kenyan universities providing contextually relevant insights.

The intersection of interpersonal conflict and mental health among university students has been firmly established through correlational and longitudinal research. Interpersonal stress, particularly within romantic relationships, has been linked to higher levels of depression and anxiety, more problems with substance use, and elevated suicidal ideation among college students. Problems in relationships constitute one of the leading reasons students seek counseling at university mental health centers, with romantic relationship stress exerting a more severe impact on well-being than stress in any other relationship domain. This pervasive influence of interpersonal conflict on mental health underscores the necessity for counseling services that directly address conflict dynamics rather than treating resulting symptoms in isolation. The cognitive and emotional toll of unresolved conflict extends beyond psychological distress to impair memory, concentration, motivation, and academic retention, creating a feedback loop wherein academic pressure intensifies relational strain and vice versa.

Randomized controlled trials have demonstrated that brief, conflict-focused interventions can produce meaningful improvements in emotion regulation and depressive symptoms. Rodriguez et al. (2020) conducted a randomized trial with 260 undergraduates, assigning participants to one of four writing conditions: reflecting on an interpersonal conflict from their own perspective, the other party's perspective, a neutral third-party perspective, or a control condition writing about their day. Two weeks later, participants who adopted the neutral third-party perspective showed significant improvements in access to emotion regulation strategies compared to controls, with a significant indirect effect on depressive symptoms mediated by these strategy improvements. Notably, the reduction in depressive symptoms was most pronounced for participants higher in attachment anxiety, suggesting that



conflict-focused cognitive reappraisal is particularly beneficial for students with insecure attachment patterns who may experience heightened relational distress. These findings support the integration of perspective-taking and cognitive reappraisal techniques into conflict counseling protocols for university students.

Conflict resolution skills training represents a foundational component of conflict counseling, though its effects on established conflict handling styles appear complex. Waithaka, Moore-Austin, and Gitimu (2015) investigated the influence of conflict resolution skills training on conflict handling styles and conflict orientation among 268 college students using a pretest-posttest control group design. The experimental group received conflict handling video training, while the control group received no intervention. Paired sample tests indicated that the training produced no statistically significant impact on conflict handling styles as measured by the Thomas-Kilmann MODE instrument; however, the training did produce a statistically significant difference in conflict orientation, shifting participants toward more constructive approaches to conflict. The researchers recommended that future training sessions be designed with careful consideration of participants' age, life experiences, nature of conflict, and training duration, suggesting that generic skills training may be insufficient to alter deeply entrenched conflict patterns. This finding implies that conflict counseling must be tailored to individual developmental contexts rather than delivered as standardized psychoeducation.

The content and context of university student conflicts have been documented through qualitative and diary-based research, informing targeted counseling approaches. Dinçyürek, Akıntuğ, and Beidoğlu (2013) explored conflict areas and resolution strategies among 19 undergraduate students majoring in Psychological Counseling and Guidance using unstructured two-week diary entries. Content analysis revealed that disagreements in academic work represented the highest percentage of conflicts between friends, while jealousy emerged as the predominant conflicting theme between romantic partners. Importantly, participants used constructive strategies more frequently with romantic partners than with friends, suggesting that relationship type moderates conflict resolution behaviour. These findings have direct implications for conflict counseling in university settings: counsellors must recognize that academic conflicts among peers require different intervention frameworks than romantic relationship conflicts, and that students may possess greater constructive capacity in intimate relationships than in casual friendships. Counseling interventions



should therefore assess the specific relational context of student conflicts rather than applying uniform resolution strategies.

In Kenya, conflict counseling has been examined primarily through the lens of academic intrapersonal conflicts and the counseling strategies employed by public universities to address them. Amusala (2023) conducted a mixed-methods study at three public universities in Western Kenya Masinde Muliro University of Science and Technology, Jaramogi Oginga Odinga University of Science and Technology, and Kisii University involving 556 third-year students, deans of students, student counsellors, student leaders, and department chairpersons. The study evaluated five counseling strategies for resolving academic intrapersonal conflicts: withdrawal, forcing, avoidance, compromise, and collaboration. Descriptive analysis revealed that collaboration was the most frequently applied strategy (31% of students reported "mostly" used), followed by avoidance (15.2%), compromise (12.8%), forcing (17.1%), and withdrawal (10.9%). However, the overall average application of counseling strategies was only 52%, indicating inconsistent implementation across institutions.

Inferential analysis using Spearman's rho correlation demonstrated that counseling strategies had a strong significant negative relationship with academic stress ($R = -.186, p = .000$) and academic anxiety ($R = -.136, p = .008$), indicating that effective application of these strategies reduces intrapersonal conflict manifestations. Conversely, counseling strategies showed insignificant correlations with both low self-esteem ($R = 0.022, p = 0.701$) and high self-esteem ($R = -0.067, p = 0.240$), suggesting that the existing strategies were insufficient for addressing self-esteem-related intrapersonal conflicts. Amusala (2023) concluded that while Kenyan public universities apply counseling strategies effectively for stress and anxiety reduction, students experiencing self-esteem challenges require more specialized, continuous attention beyond generic conflict resolution approaches. This finding highlights a critical gap in current conflict counseling practice: the need for differentiated interventions that match specific conflict domains.

The relationship between personality traits and conflict resolution strategies has been examined to inform individualized conflict counseling approaches. Research utilizing the Thomas-Kilmann Conflict Mode Instrument and Big Five Inventory has revealed that extraversion and agreeableness significantly influence conflict handling styles among college students, with more extraverted and agreeable students demonstrating greater preference for collaborative and compromising approaches.



Neuroticism, conversely, predisposes individuals toward competitive or avoidant strategies, with neuroimaging research indicating that high neuroticism coupled with low extraversion increases amygdala activation during emotional conflict processing, potentially elevating anxiety and depression and interfering with adaptive strategy deployment. These personality-conflict associations suggest that effective conflict counseling must incorporate personality assessment to tailor interventions; students high in neuroticism may require additional emotion regulation training before engaging in collaborative conflict resolution, while those low in agreeableness may benefit from perspective-taking exercises to develop cooperative orientations.

Peer mediation programs represent a structural extension of conflict counseling, delegating conflict resolution facilitation to trained student peers. A Turkish study examining Conflict Resolution and Peer Mediation (CRPM) training across 28 classrooms and 830 high school students found that of 253 mediation sessions, 94.9% resulted in resolution and only 5.1% in no-resolution, with the majority of conflicts involving physical, verbal, and non-verbal violence, relationship and communication conflicts, and conflicts of interest. While this study focused on secondary school students, the high resolution rate suggests that peer-facilitated conflict counseling models may be transferable to university settings where peer dynamics are equally salient. The effectiveness of peer mediation depends heavily on training quality, with mediators requiring skills in information gathering, ground rule establishment, and management of uncooperative or aggressive participants—competencies that parallel those needed in professional conflict counseling.

Longitudinal research has illuminated the mechanisms through which peer support a component of conflict counseling enhances mental health over time. A three-year longitudinal study tracking 1,842 Chinese college students across six time points found that peer support had a significant positive predictive effect on mental health (total effect $\beta = 0.33$, $p < .001$), with indirect effects through self-efficacy and social adaptation accounting for 63.6% of the total effect. The chain mediation pathway "peer support \rightarrow self-efficacy \rightarrow social adaptation \rightarrow mental health" was confirmed, with students lower in initial mental health showing faster growth rates a compensatory pattern suggesting that conflict counseling incorporating peer support elements may be particularly beneficial for at-risk students. Gender moderation revealed that female students benefited more strongly from peer support pathways ($\beta = 0.13$) than male students ($\beta = 0.08$), while regional differences indicated



stronger effects in resource-scarce areas, implications relevant for Kenyan universities where professional counseling resources are limited.

Despite these promising findings, significant limitations and gaps persist in the conflict counseling literature. The heterogeneity of measures and outcomes across peer support and conflict resolution studies prevents firm conclusions about effectiveness, with most studies rated "poor" or "fair" in risk of bias. Waithaka et al. (2015) noted that their conflict resolution training produced no significant change in conflict handling styles, suggesting that brief training may be insufficient for enduring behavioural change. In Kenyan universities, Amusala (2023) found that counseling strategies were only inconsistently applied, with self-esteem-related conflicts particularly resistant to intervention. Too et al. (2025) identified systemic barriers affecting all counseling modalities in Kenyan public universities, including chronic understaffing, counsellors assigned additional teaching duties, and confidentiality concerns that collectively compromise the quality and accessibility of conflict counseling services.

Crisis Counseling

Crisis counseling constitutes a specialized, time-limited intervention designed to address acute psychological distress, stabilize individuals experiencing overwhelming life events, and prevent the escalation of symptoms into chronic mental health conditions or suicidal behaviour. Unlike ongoing psychotherapy, crisis counseling operates on an immediate, here-and-now framework, focusing on symptom reduction, safety planning, resource mobilization, and restoration of adaptive functioning within a compressed timeframe. For university students who face developmental transitions, academic pressures, financial constraints, and interpersonal challenges crises are frequent and can rapidly precipitate severe mental health deterioration, including suicidal ideation, self-harm, and acute anxiety or depressive episodes. The empirical literature examining crisis counseling in higher education encompasses psychological first aid, gatekeeper training, online crisis screening and intervention, telehealth-based suicide prevention therapies, and multimodal campus prevention programs, with emerging evidence from Kenyan universities highlighting both the urgent need and the systemic barriers to effective crisis response.

The prevalence of crisis-level mental health concerns among university students has intensified dramatically in recent years, with the COVID-19 pandemic serving as a catalytic stressor that exposed critical weaknesses in institutional support systems. A systematic review and meta-analysis by Islam



et al. (2020) reported that approximately 39% of university students experienced symptoms of depression and 36% reported symptoms of anxiety during the pandemic, substantially higher than pre-pandemic estimates of 20–25%. Longitudinal data from the United Kingdom indicate that these elevated rates persisted for at least 12 months beyond the acute phase, suggesting that crisis-level distress has become endemic rather than transient in higher education settings. In Kenya, the situation is equally alarming. Mugotitsa et al. (2025) found that 30.9% of students at Pwani University screened positive for mental health conditions, with first-year students reporting the highest prevalence at 40.7%, while Ondeng' and Otieno (2025) documented that suicidal behaviour among Kenyan university students is driven by complex psychological, social, and behavioural factors including depression (19.4%), anxiety, maladaptive perfectionism (28%), hopelessness (28%), and particularly substance abuse (84%). These findings underscore that crisis counseling is not merely an emergency service but a frontline necessity for university mental health systems.

Psychological First Aid (PFA) represents one of the most widely implemented crisis counseling techniques, designed to provide humane, supportive, and practical assistance to individuals experiencing acute distress. PFA operates through core principles of ensuring safety, promoting calm, fostering connectedness, engendering self-efficacy, and facilitating access to further support. A mixed-methods study evaluating PFA training among 62 fourth-year nursing students in Türkiye demonstrated that the intervention significantly enhanced disaster response self-efficacy across all competency subscales on-site rescue, disaster psychological nursing, and disaster role quality and adaptation while also significantly improving perceptions of disaster preparedness. The training produced a large effect size ($d = 0.855$), with qualitative metaphor analysis revealing that students perceived PFA as a fundamental need promoting growth, cooperation, and coping capacity. These findings support the integration of PFA training into university counseling curricula, as it equips future counselors with immediate, practical skills for crisis stabilization.

Online screening and intervention programs represent an innovative crisis counseling modality that leverages technology to identify at-risk students and deliver immediate, personalized support. King et al. (2015) conducted a pilot randomized controlled trial of the Electronic Bridge to Mental Health Services (eBridge) with 76 college students screening positive for suicide risk, defined by the presence of at least two of the following: suicidal thoughts, history of suicide attempt, depression, and alcohol abuse.



Students randomized to eBridge received personalized feedback with optional online counseling delivered according to motivational interviewing principles, while controls received feedback only. At two-month follow-up, the eBridge group reported significantly higher readiness to seek help especially readiness to talk to family, friends, and mental health professionals and lower stigma levels. Most critically, 28% of eBridge participants had met with a mental health professional compared to 0% of controls, demonstrating that online crisis intervention can effectively bridge the gap between screening and treatment linkage. These findings are particularly relevant for Kenyan universities where stigma and resource constraints limit in-person service utilization.

Building on this pilot evidence, a large-scale randomized controlled trial of eBridge across four universities with 3,363 students at risk for suicide examined linkage to mental health services within six months as the primary outcome. While intent-to-treat analyses showed no overall eBridge effect on service utilization, students who actively engaged in online counseling (21% of the intervention group) were significantly more likely to link to mental health services. This pattern suggests that online crisis counseling is effective for students who engage with it, though passive exposure to screening and feedback is insufficient. The trial's design integrating personalized feedback, motivational interviewing, and optional synchronous and asynchronous counselor contact provides a replicable model for Kenyan institutions seeking to implement scalable crisis screening without overwhelming limited counseling staff.

For students presenting with imminent suicide risk, telehealth-based brief cognitive behavioural therapy (BCBT) has demonstrated efficacy in reducing suicidal ideation and attempts. A phase 2 randomized clinical trial compared telehealth BCBT for suicide prevention with present-centered therapy (PCT) among patients with elevated suicide risk, conducting all sessions remotely via telehealth. Participants received an intake session followed by 12 weekly individual sessions, with outcomes assessed at 3, 6, 9, and 12 months. Results demonstrated that patients assigned to BCBT reported significantly reduced suicide attempts and suicidal ideation during the one-year follow-up compared to those receiving PCT, establishing that structured, suicide-specific crisis counseling delivered via telehealth can produce durable reductions in the most severe crisis outcomes. The remote delivery format is particularly advantageous for university settings where students may resist in-person crisis services due to stigma, scheduling conflicts, or geographical barriers.



Complementing individual crisis therapy, the Comprehensive Adaptive Multisite Prevention of University Student Suicide (CAMPUS) Trial represents the most ambitious recent effort to develop evidence-based crisis treatment guidelines for university counseling centers. This sequential multiple-assignment randomized trial (SMART) evaluates four treatment sequences across two stages, comparing suicide-focused treatment (Collaborative Assessment and Management of Suicidality; CAMS) with enhanced treatment as usual (E-TAU) in stage 1, and rerandomizing nonresponders to either continued CAMS or intensive skills-based dialectical behavior therapy (CC-DBT) in stage 2. The trial's stepped-care model aligns with the brief-contact realities of university counseling centers, where students average 5–6 sessions, and its hybrid telehealth-in-person design accommodates diverse student needs. While full results were pending as of 2025, the trial's methodology offers a template for adaptive crisis counseling that matches intervention intensity to student response, a framework directly applicable to resource-limited Kenyan universities.

In Kenya, crisis counseling faces profound systemic challenges that compromise its effectiveness. Ondeng' and Otieno (2025) found that most Kenyan universities lack adequately trained mental health personnel, with counseling services often underfunded and reactive rather than preventive. Institutional policies rarely prioritize suicide prevention, and staff lack training in early identification of psychological distress. Too et al. (2025) identified that 60% of counsellors in Kenyan public universities are assigned additional teaching duties, leading to burnout and reduced crisis response capacity, while confidentiality concerns were acknowledged by 62.75% of counsellors, eroding student trust in crisis services. Furthermore, Muria (2026) assessed crisis communication preparedness in Kenyan national polytechnics and found significant gaps: crisis communication teams were ineffective, messages were scarce, and formal crisis communication plans existed but were rarely updated, with weak enforcement strategies and limited leadership commitment further debilitating implementation. These structural deficits suggest that crisis counseling in Kenyan higher education requires not only technique training but fundamental institutional reform.

Despite these barriers, Kenyan universities have begun implementing crisis-oriented interventions with promising results. The University of Nairobi's Guidance and Counseling Section explicitly includes crisis intervention and disaster management as core services, with referral pathways to University Health Services for mental disorders requiring medication or hospitalization. The Mental Health and Wellbeing on Campus project—a collaboration



between the Centre for Global Mental Health and Kenyan universities—has established crisis support systems at Kenyatta University and Chuka University, reporting that 805 students have received psycho-therapeutic interventions through group support systems and buddy groups. These developments indicate that crisis counseling is gaining traction, though formal outcome evaluations remain limited.

Theoretical Framework

This study was anchored in Bronfenbrenner and Morris's (2006) Bioecological Model of Human Development, specifically the Process-Person-Context-Time (PPCT) framework. Originally formulated to explain human development across the lifespan, the bioecological model has been increasingly applied to educational and counseling contexts because it captures the dynamic, multilayered interactions between individuals and their environments that shape psychological outcomes (Rosa & Tudge, 2013; Tudge et al., 2009). Rather than viewing mental health as residing solely within the individual, the PPCT model conceptualizes student well-being as the product of reciprocal interactions between active, evolving persons and the nested ecological systems in which they are embedded. This perspective is particularly suited to examining counseling techniques in Kenyan public universities, where student mental health is influenced not only by the therapeutic methods employed but also by institutional structures, cultural norms, socioeconomic realities, and historical transitions.

At the core of the PPCT model are proximal processes progressively more complex reciprocal interactions between an active biopsychological organism and the persons, objects, and symbols in its immediate external environment (Bronfenbrenner & Morris, 2006). These processes constitute the primary engines of development and must be enduring, reciprocal, and increasingly complex to be effective. In the context of this study, the counseling techniques used by student counsellors Solution-Focused Brief Counseling, Group Counseling, Virtual Counseling, Conflict Counseling, and Crisis Counseling represent the proximal processes through which students engage with their immediate environment to achieve mental health outcomes. Each technique constitutes a patterned, face-to-face (or virtual face-to-face) interaction that invites, permits, or inhibits sustained engagement with therapeutic goals. The model posits that the form, power, content, and direction of these proximal processes vary systematically as a joint function of the characteristics of the developing person, the nature of the environment, and the outcomes under consideration (Bronfenbrenner &



Morris, 2006). Therefore, the effectiveness of any given counseling technique cannot be evaluated in isolation; it must be understood in relation to who receives it, under what conditions, and within which ecological layers.

The Person component of the PPCT model refers to the characteristics of the developing individual that influence the emergence and operation of proximal processes. Bronfenbrenner and Morris (2006) identified three categories of person characteristics: demand characteristics (such as age, gender, and physical appearance that act as immediate social stimuli), resource characteristics (including prior knowledge, skills, intelligence, and social or material resources), and force characteristics (motivation, persistence, temperament, and drive). In this study, person characteristics encompass the diverse attributes of Kenyan university students that mediate their engagement with counseling services. These include demographic factors such as age and year of study (with first-year students showing higher vulnerability), socioeconomic status and family support (which function as resource characteristics), and motivational orientations toward help-seeking (which function as force characteristics). The model predicts that students with greater internal and external resources such as secure family support, higher socioeconomic status, and lower stigma will engage more productively with counseling proximal processes, whereas students lacking these resources may require more intensive or adapted interventions (Bronfenbrenner & Morris, 2006).

Context in the PPCT model comprises five interconnected ecological systems that envelop the individual. The microsystem includes the immediate settings in which students directly interact such as the university counseling center, peer groups, classrooms, and residential halls. It is within these microsystems that counseling techniques are delivered and where therapeutic alliances are formed. The mesosystem encompasses the linkages and processes taking place between two or more microsystems, such as the relationship between the university counseling center and the student's family, or between academic departments and mental health services. In Kenyan public universities, weak mesosystemic linkages evidenced by poor communication between counsellors and academic staff or families have been identified as a significant barrier to effective intervention (Too et al., 2025). The exosystem refers to settings that do not contain the developing person but in which events occur that indirectly influence development. For Kenyan university students, the exosystem includes the Commission for University Education policies mandating counseling services, university administrative decisions regarding funding and staffing, and national mental health policies



that shape resource allocation without students having direct access to these decision-making arenas. The macrosystem represents the overarching cultural and subcultural patterns that influence all other systems. In Kenya, the macrosystem encompasses collectivist cultural values, stigma surrounding mental illness, religious and spiritual orientations toward distress, and gendered norms that differentially shape help-seeking behaviour. These macro-level factors explain why, for instance, female students disproportionately utilize counseling services while male students remain underrepresented, and why peer-related stigma was identified by 69.29% of students as a barrier to seeking help (Too et al., 2025). Finally, the chronosystem captures change and consistency over time, including both the individual's developmental life course and the broader historical period. For this study, the chronosystem includes the transition from secondary school to university (a critical developmental period), the post-COVID-19 era that normalized virtual service delivery, and the rapid expansion of Kenyan higher education that has outpaced the development of pastoral and mental health support services (Wango, 2006).

The Time dimension of the PPCT model operates at three levels: micro-time (what occurs during specific therapeutic episodes), meso-time (the extent to which counseling interactions occur with consistency over weeks or semesters), and macro-time (the historical period in which the study is situated). The model emphasizes that proximal processes must occur on a fairly regular basis over extended periods to be developmentally effective (Bronfenbrenner & Morris, 2006). This has direct implications for understanding why brief, single-session crisis interventions or sporadic virtual counseling contacts may produce immediate but non-enduring benefits, whereas sustained group counseling or semester-long conflict resolution programs may yield more durable outcomes. The historical timing of this study conducted in an era of heightened student mental health awareness following the pandemic, alongside increasing digitalization of university services provides the macro-temporal backdrop against which all counseling techniques must be evaluated.

A critical proposition of the PPCT model is that these four elements—Process, Person, Context, and Time—work interdependently and synergistically, such that the total effect on development is greater than the sum of individual effects (Bronfenbrenner & Morris, 2006). This synergy implies that the effectiveness of counseling techniques in Kenyan public universities cannot be understood by examining techniques alone; rather, it requires analyzing how specific techniques (processes) interact with student



characteristics (person), institutional and cultural environments (context), and temporal dynamics (time). For example, the Shamiri intervention's success in Kenyan schools occurred not merely because of its group-based content, but because it was delivered by lay-providers (a contextual adaptation to resource scarcity) during a period of heightened adolescent mental health need (a chronosystemic factor) to students with specific motivational profiles (person characteristics) (Osborn et al., 2020). Similarly, the barriers identified by Too et al. (2025) including counsellor burnout from dual teaching-counseling roles, confidentiality concerns, and stigma are best understood as exosystemic and macrosystemic constraints that disrupt the proximal processes necessary for therapeutic change.

The bioecological model thus provides an integrative, theoretically coherent lens for this study because it accommodates the multiplicity of counseling techniques under investigation while simultaneously explaining why their effectiveness is contingent upon factors beyond the counseling room. It shifts the analytical focus from "which technique works best?" to "under what ecological conditions do specific techniques produce optimal mental health outcomes for Kenyan university students?" This framing aligns with Tudge et al.'s (2009) insistence that bioecological theory should guide not merely the selection of variables but the interpretation of how those variables interact across person, process, context, and time. By adopting the PPCT model, this study moves beyond decontextualized evaluation of counseling methods toward a holistic understanding of student mental health as an ecologically embedded phenomenon.

Methodology

According to Mugenda and Mugenda (2003), a research design reports the way things are carried out through a systematic collection of data from members of a given population. The study adapted a descriptive survey design. Creswell (2012) describes a trend that the research problem can be answered best by a study in which the research seeks to establish the overall tendency of response from individuals and to note how this tendency varies among people. The descriptive design was chosen for this study because it describes characteristics of a population or a phenomenon being studied. It answered the question "what" exist with respect to the variables of the study or the conditions in a situation. This helped in extensively determining the effectiveness of student guidance and counseling as a tool of addressing mental health among students in public Universities in Uasin Gishu County.



The study was conducted in two public universities located in Uasin Gishu County, Kenya, referred to as University A and University B for confidentiality purposes. The universities were selected because they host large student populations and operate established student guidance and counselling departments that provide mental health support services.

The target population comprised undergraduate students and student counsellors from the two public universities. University A had a population of 19,905 undergraduate students and 14 student counsellors, while University B had 11,673 undergraduate students and 11 student counsellors according to the 2021 university admission records. Therefore, the total target population consisted of 31,578 students and 25 student counsellors.

The study sampled 377 students from University A and 372 students from University B, giving a total student sample of 749 respondents. The sample size was determined using Yamane's sample size determination formula:

$$n = \frac{N}{1+N(e)^2}$$

Where:

n = sample size

N = target population

e = margin of error at 0.05 level of significance

Simple random sampling was used to select undergraduate students from the two universities to give all students equal chances of participation. Purposive sampling was used to select all the 25 student counsellors because of their direct involvement in providing counselling and mental health support services to students.

The study used questionnaires and interview guides to collect data. The questionnaire was administered to undergraduate students and consisted of both closed-ended and open-ended questions. The closed-ended questions generated quantitative data on students' perceptions of counselling services and mental health support techniques used in the universities. The open-ended questions enabled respondents to provide detailed views and experiences regarding mental health support and counselling services. Most items in the questionnaire used Likert-scale responses to measure respondents' opinions and experiences.

Semi-structured interview guides were used to collect qualitative data from student counsellors. The interview guides contained both structured and unstructured questions that explored counselling approaches, intervention



strategies, challenges faced in counselling students, and perceptions regarding mental health issues among university students.

The researcher established rapport with the participants before conducting the interviews to create a conducive environment for open discussion. The interviews were conducted at venues selected by the participants and each interview lasted approximately 30 minutes. With participants' consent, responses were recorded and later transcribed for analysis.

To improve content validity, the research instruments were reviewed by experts in counselling psychology and educational research. Their recommendations assisted in refining the wording, relevance, and clarity of the research items.

A pilot study was conducted among students from a public university outside the study area to assess the suitability of the instruments. The pilot study assisted in identifying ambiguous items and improving the clarity of the questions.

Reliability of the questionnaire was determined using Cronbach's Alpha coefficient. A reliability coefficient of 0.70 and above was considered acceptable for the study because it indicated adequate internal consistency of the research instrument.

The researcher obtained an introduction letter from the university and sought authorization from the relevant university authorities before commencing data collection. Respondents were informed about the purpose of the study and participation was voluntary.

Questionnaires were administered to students physically within the university premises and collected after completion. Interviews with student counsellors were conducted face-to-face based on prior appointments.

The study observed ethical principles governing research involving human participants. Permission to conduct the study was obtained from relevant institutional authorities. Participants were informed about the objectives of the study before data collection. The respondents participated voluntarily and informed consent was obtained prior to participation. Confidentiality and anonymity of the participants were maintained throughout the study by avoiding the use of names and restricting the use of collected information strictly to academic purposes. Participants were also informed of their right to withdraw from the study at any stage without penalty.

The study employed both quantitative and qualitative methods of data analysis. Quantitative data obtained from questionnaires were coded and



entered into the Statistical Package for Social Sciences (SPSS) version 20.0 for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize and present the findings. The analyzed data were presented using tables, charts, and figures. Qualitative data obtained from interviews were analyzed thematically. The interview responses were transcribed, coded, and grouped into themes based on the study objectives. Thematic analysis assisted in identifying recurring counselling techniques, experiences, and challenges associated with addressing mental health issues among university students.

Results and Discussion

Techniques Used by Counselors in Addressing Mental Health Among University Students

The study sought to establish the techniques used by student counsellors in addressing mental health challenges among university students in public universities in Kenya. The findings are presented according to the major counselling techniques identified in the study.

Solution-Focused Brief Counseling

The study examined students' perceptions regarding the effectiveness of Solution-Focused Brief Counseling (SFBC) in addressing mental health challenges among university students. Table 1 presents the findings.

Table 1: Students' Responses on the Effectiveness of Solution-Focused Brief Counseling

Statement	Agree (%)	Neutral (%)	Disagree (%)
SFBC helps students identify practical solutions to problems	81.3	9.6	9.1
SFBC saves time for students with busy academic schedules	78.5	10.4	11.1
SFBC improves emotional wellbeing among students	76.8	12.7	10.5
SFBC encourages students to focus on strengths rather than problems	83.1	7.5	9.4

Source: Survey Data (2023)



The findings in Table 1 revealed that most students perceived Solution-Focused Brief Counseling as an effective technique for addressing mental health challenges. Majority of the respondents (83.1%) agreed that SFBC encourages students to focus on strengths rather than problems while 81.3% indicated that the approach helps students identify practical solutions to psychological challenges. Further, 78.5% reported that SFBC saves time for students with demanding academic schedules.

The findings suggest that students prefer counselling approaches that provide immediate coping strategies and achievable solutions to their problems. Counsellors interviewed during the study explained that SFBC allows them to provide timely interventions for students experiencing stress, anxiety, academic pressure, and interpersonal difficulties without requiring prolonged counselling sessions.

One counsellor explained:

"Most students want quick guidance that helps them continue with their academic work. Solution-focused counseling helps them identify what they can do immediately to improve their situation."

The findings support the assertions of Corey (2010), who argued that solution-focused approaches help clients concentrate on strengths, achievable goals, and practical solutions rather than dwelling on problems. Similarly, Franklin et al. (2012) observed that Solution-Focused Brief Counseling is an evidence-based and goal-oriented therapeutic approach that promotes positive behavioural change among young adults. The findings are further supported by Vermeulen-Oskam et al. (2024), whose meta-analysis established that Solution-Focused Brief Therapy significantly reduces psychosocial distress and improves emotional wellbeing among students and non-clinical populations. The findings therefore demonstrate that SFBC is a suitable counselling technique for university environments characterized by limited counselling time and increasing student mental health demands.

Group Counseling Techniques

The study further sought to establish students' perceptions regarding the effectiveness of group counselling in addressing mental health challenges among university students. The findings are presented in Figure 1.



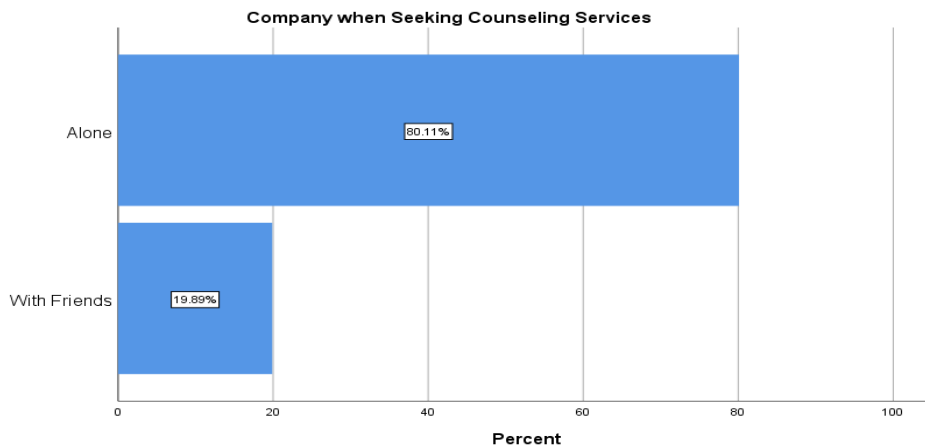


Figure 1: Students' Perceptions of Group Counseling Effectiveness

The findings revealed that 79.6% of the students perceived group counselling as effective in helping students cope with stress, anxiety, loneliness, and emotional distress, while 20.4% indicated that group counselling was less effective. The findings suggest that group counselling creates opportunities for peer support, emotional sharing, and social interaction among students experiencing similar mental health difficulties.

Students explained that group counselling reduced feelings of isolation because they realized that other students were experiencing similar psychological challenges. Counsellors interviewed during the study also reported that group counselling sessions improved students' communication skills, empathy, emotional resilience, and interpersonal relationships. One counsellor stated:

"Students become more open when they realize others are experiencing similar pressures. Group counseling creates emotional support among peers."

The findings are consistent with the therapeutic group theory advanced by Yalom and Leszcz (2020), who noted that group counselling promotes universality, interpersonal learning, and emotional healing through peer interaction. Similarly, Fawcett et al. (2020) found that group counselling produced mental health outcomes comparable to individual therapy among university students experiencing anxiety and depression. The findings also agree with Musrini and Sirante (2025), who established through a systematic review that group cognitive behavioural interventions significantly reduce stress, anxiety, depression, and academic burnout among university students. The findings therefore indicate that group counselling is an effective and



resource-efficient strategy for addressing increasing mental health needs among university students in public universities.

Virtual Counseling Techniques

The study also examined students' preferences regarding virtual counselling services compared to face-to-face counselling. The findings are presented in Figure 2.

Guidance and Counseling Through Phone Rather than Face to Face

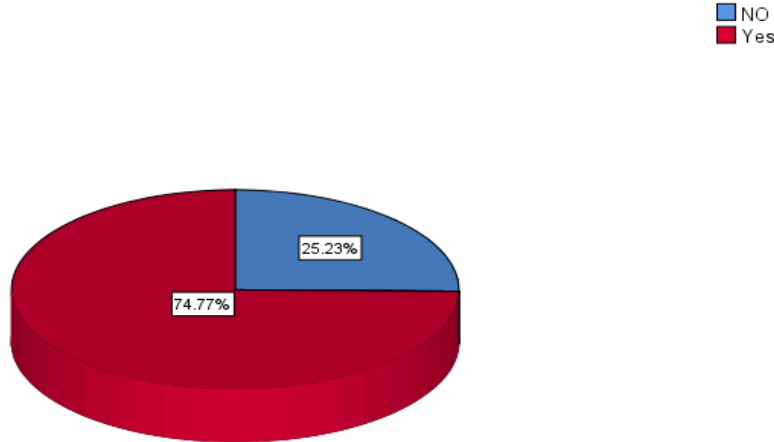


Figure 2: Guidance and Counseling Services through a Phone rather than Face to Face

Source: Survey Data, 2023

The findings showed that 74.77% of the students preferred virtual counselling services through phone calls, video conferencing, or online platforms, while 25.23% preferred traditional face-to-face counselling sessions. The findings indicate that students value counselling approaches that offer flexibility, convenience, anonymity, and privacy.

Students reported that virtual counselling reduced fear associated with physically visiting counselling offices and increased their willingness to seek mental health support. Counsellors also revealed that they increasingly use phone counselling, Zoom meetings, WhatsApp communication, and online counselling platforms to support students experiencing mental health challenges.

One counsellor explained:

"Many students are more comfortable opening up through online sessions than when physically sitting in counseling offices."

The findings support Novella et al. (2022), who established that virtual counselling produced psychological outcomes comparable to face-to-face



counselling among university students with anxiety symptoms. Similarly, Wawuda et al. (2025) found that university students in Nairobi preferred online counselling platforms because of convenience, accessibility, and perceived anonymity. The findings further agree with Madrid-Cagigal et al. (2025), whose meta-analysis established that digital mental health interventions significantly reduced anxiety and depressive symptoms among university students. These findings demonstrate that virtual counselling has become an important mental health intervention strategy within institutions of higher learning.

Conflict Counseling Techniques

The study further examined the role of conflict counselling in addressing mental health challenges among university students. Table 2 presents the findings.

Table 2: Students' Responses on Conflict Counseling

Statement	Agree (%)	Neutral (%)	Disagree (%)
Conflict counseling helps students manage interpersonal conflicts	77.4	11.3	11.3
Conflict counseling reduces stress and anxiety among students	74.8	12.6	12.6
Conflict counseling improves communication skills	79.1	10.4	10.5
Conflict counseling improves academic adjustment	71.6	15.1	13.3

Source: Survey Data (2023)

The findings in Table 2 revealed that conflict counselling positively contributes to emotional wellbeing, communication, and academic adjustment among university students. Majority of the respondents (79.1%) agreed that conflict counselling improves communication skills while 77.4% indicated that it helps students manage interpersonal conflicts effectively. The findings suggest that many psychological difficulties experienced by students originate from unresolved interpersonal conflicts involving peers, family members, romantic partners, and academic relationships. Counsellors interviewed during the study reported using mediation, communication skills training, emotional regulation guidance, and collaborative problem-solving strategies to assist students experiencing conflict-related distress. One counsellor observed:



"Relationship conflicts and academic disagreements are major causes of emotional stress among students. Conflict counseling helps students develop healthy coping and communication skills."

The findings support Rodriguez et al. (2020), who found that conflict-focused interventions improve emotional regulation and reduce depressive symptoms among university students. Similarly, Amusala (2023) established that counselling strategies significantly reduced academic stress and anxiety among university students in Western Kenya. The findings are also consistent with Waitthaka et al. (2015), who observed that conflict resolution training promotes constructive conflict orientation among college students. The findings therefore demonstrate that conflict counselling contributes significantly to students' emotional stability and social adjustment within university environments.

Crisis Counseling Techniques

The study further examined the effectiveness of crisis counselling techniques in addressing severe emotional distress among university students. The findings are presented in Figure 3.

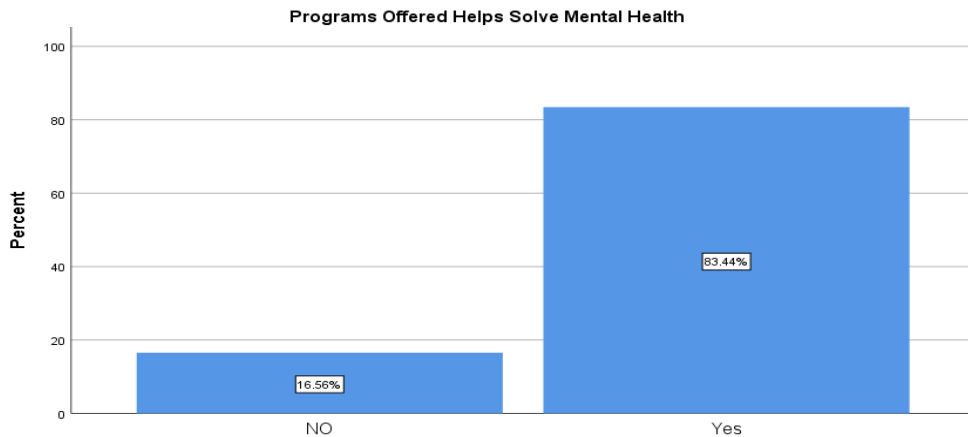


Figure 3: Programs Offered by Student Guidance and Counseling Helps to Solve Mental Health

Source: Survey Data, 2023

The findings revealed that 82.5% of the students believed crisis counselling services helped students experiencing severe emotional distress, suicidal thoughts, trauma, and anxiety, while 17.5% indicated that the services were inadequate. The findings suggest that crisis counselling plays an important role in providing immediate emotional support to students facing



urgent psychological difficulties. Counsellors reported handling cases involving suicidal ideation, panic attacks, grief and loss, substance abuse, academic burnout, and relationship crises. They further explained that crisis intervention services helped stabilize students emotionally before referral to specialized mental health professionals when necessary.

One counsellor stated:

"Some students come with severe emotional breakdowns and suicidal thoughts. Crisis counseling helps us provide immediate emotional stabilization and referral support."

The findings support King et al. (2015), who established that online crisis counselling interventions improved help-seeking behavior and reduced mental health stigma among university students at risk of suicide. Similarly, Ondeng' and Otieno (2025) observed that Kenyan universities continue to experience increasing mental health crises among students despite shortages of trained mental health personnel and counselling resources. The findings therefore demonstrate the importance of strengthening university crisis intervention systems, referral pathways, and emergency mental health support services within institutions of higher learning.

Relationship Between Counseling Techniques and Mental Health Support Effectiveness

The study conducted Pearson correlation analysis to establish the relationship between counselling techniques and effectiveness in addressing mental health challenges among university students. The findings are presented in Table 3.

Table 3: Correlation Between Counseling Techniques and Mental Health Support Effectiveness

Variables	r-value	p-value
Solution-Focused Brief Counseling	0.682**	0.000
Group Counseling	0.641**	0.000
Virtual Counseling	0.617**	0.000
Conflict Counseling	0.574**	0.001
Crisis Counseling	0.703**	0.000

Correlation significant at $p < 0.05$

Source: Survey Data (2023)

The findings in Table 3 indicate that all counselling techniques had statistically significant positive relationships with effectiveness in addressing mental health challenges among university students. Crisis counselling



recorded the strongest positive relationship with mental health support effectiveness ($r = 0.703$, $p = 0.000$), followed by Solution-Focused Brief Counseling ($r = 0.682$, $p = 0.000$).

The findings imply that immediate intervention services and practical problem-solving approaches significantly contribute to students' psychological wellbeing. Virtual counselling also showed a strong positive relationship with mental health support effectiveness ($r = 0.617$, $p = 0.000$), indicating the growing importance of technology-supported counselling services within universities. The findings are consistent with recent empirical studies demonstrating that multidimensional counselling interventions improve emotional wellbeing, reduce anxiety and depression, and strengthen coping skills among university students (Franklin et al., 2023; Madrid-Cagigal et al., 2025; Vermeulen-Oskam et al., 2024).

Conclusion

Student counsellors in public universities in Kenya use multiple counselling techniques to address mental health challenges among university students, including Solution-Focused Brief Counseling, group counselling, virtual counselling, conflict counselling, and crisis counselling. The findings established that these counselling techniques significantly contribute to improving students' emotional wellbeing, coping skills, communication abilities, stress management, and psychological adjustment. The study further concluded that students highly value counselling approaches that provide confidentiality, accessibility, flexibility, peer support, and immediate practical solutions to mental health challenges. Crisis counselling and Solution-Focused Brief Counseling emerged as the most effective approaches in supporting students experiencing emotional distress and academic pressure. The study also established that virtual counselling has become increasingly important due to students' preference for convenient and anonymous mental health support services. Despite the positive contribution of counselling services, challenges such as inadequate counselling personnel, stigma associated with seeking counselling, and limited mental health resources continue to affect effective mental health service delivery in public universities.

Recommendations

The study recommends that public universities in Kenya should strengthen counselling departments through recruitment of additional trained counsellors, expansion of digital counselling infrastructure, and establishment



of comprehensive mental health support programs targeting university students. Universities should increase investment in virtual counselling platforms, crisis intervention services, peer support programs, and group counselling sessions to improve accessibility and effectiveness of mental health services. The study further recommends continuous professional training for student counsellors on contemporary counselling approaches such as Solution-Focused Brief Counseling, teletherapy, conflict management, and crisis intervention techniques. Universities should also intensify mental health awareness campaigns to reduce stigma associated with seeking psychological support and encourage early help-seeking behavior among students. Additionally, the Ministry of Education and university administrations should develop clear institutional mental health policies and strengthen referral systems linking university counselling departments with professional mental health facilities for specialized care.

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