

Relationship Between Counselling Program Implementation And Mental Health Services Utility among Students in Public Secondary Schools in Borabu Sub- County, Nyamira County, Kenya

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Abstract: This study investigated the relationship between counseling program implementation and mental health services utility in public secondary schools in Borabu Sub County, Nyamira County, Kenya. Guided by Cognitive Response Theory, Stakeholder Theory, the study evaluated guidance and counseling (G&C) frameworks implemented to equip learners with life skills, promote academic and social success, and mitigate behavioral maladaptation. A quantitative cross-sectional survey design was utilized to gather data from a target population of 18,406 students and 25 counseling Heads of Departments (HODs) across 25 public secondary schools. Purposive sampling was used to select 8 schools and 8 counseling HODs, while stratified random sampling was applied to select 392 students. Data collection was executed using structured questionnaires analyzed via descriptive statistics (frequencies, percentages, means, standard deviations) and inferential measures (Pearson correlation and ordinary least squares regression) using SPSS Version 28. The empirical findings revealed a statistically significant, positive relationship between counseling program implementation and enhanced utility of school-based mental health services. Linear regression indicated that counseling program implementation explains 18.8% of the variance in mental health service utility ($R^2 = 0.188$, $F = 79.623$, $p < 0.001$), establishing it as a significant predictor of service engagement. Based on these insights, the study recommends active monitoring of counseling structures to assess effectiveness of counselling programs, appointment of a committed and qualified guidance and counselling department personnel (s) to head program planning and implementation, ensuring proper management of G&C in the Master School timetable, provision and modernization the guidance and counselling facilities, creation of students' support groups, and building trust through confidential practise, and accessible counseling.

Keywords: Counseling Program Implementation, Referral Systems, Communication, Mental Health Services Utility

I. Background to the Study

School management structures on guidance and counseling traces its existence back in time, a couple of years after the introduction of formal education in the US between the 1890s and the early 1900s. Implementation of guidance and counseling suffers setbacks concerning both consumers and the management of the program,

consequently necessitating failures in meeting counseling objectives, including student utility of mental wellness services. Whereas challenges faced by young people seem related globally, geographical, gender, race, religion, and other human orientation variations come into play (Rahmawati et al., 2026). UNESCO (2011), conceived guidance and counseling services and programs as directed to promote the personal/social, educational and career development of students. School management of this noble program entails Ministry of education agents, parents and guardians, the staff and stakeholders are corporately tasked to ensure that the objectives of counselling in schools are optimally met. The main goal is achievement of positive mental health and holistic wellbeing among adolescents. The other objectives are, facilitating behavior change, enhancing coping skills, resolution of problems, promotion of decision making among others.

In order to ensure effective management and staff, Jaafar and Omar (2025) found that most school counselors in Malaysia have been trained in a special counseling training program, as per Ministry of education guidelines and school management partnering collaboration. Most counselors who are providing counseling services in high school have a first degree (Bachelor's) in the counseling field and some even specialize further with a Master's; in line with the Malaysian Counselor's Act (Act 580). UNICEF Malaysia (2022) also found that while counselling is widely accessible in secondary schools, some students have a negative perception towards seeking counselling due to stigma, fear of confidentiality, and misunderstandings about mental health. The report also points out that counsellors have to assume several administrative and disciplinary duties hence have limited time for counselling and psychosocial support. Barriers to successful program implementation and service in USA included: high student-to-counselor ratios, stigma, and lack of parent engagement (Reback, 2021). In China, although the national-level reforms for mental health education are promoted, there is a gap in program implementation and utilization (Li & Hu, 2022).

The Saudi Arabia Ministry of Education established the General Directorate of Guidance and Counseling, improving formal advisory programs across schools throughout the kingdom. Alzahrani and Alqarni (2023) reported that school-based counseling programs in Saudi Arabia improved emotional resilience and peer relationships among students. Despite these efforts, evidence shows that challenges related to widespread stigma, lack of parental involvement, and insufficient monitoring mechanisms continue to affect service effectiveness (Saudi Ministry of Education, 2023). Finning, et al. (2022) states that school counseling was implemented in British schools in reaction to the changes in society, in family life and in schools which created conditions where greater attention to individual needs was necessary. Institutional management of this important program, entails the collaborative effort of all Ministry of education agents, parents and guardians, the staff and stakeholders are tasked to ensure that the objectives of counseling in schools are optimally met.

In Africa, the concept of structured management of Guidance and Counselling although relatively new in educational systems, has been embraced by most governments (UNESCO, 2001). Within the continent still, profound strides have been targeting both management and administrative structures for offering services that focus on guiding and counseling to help learning institutions to improve individual, academic and vocational development of learners.

South Africa has made notable improvement in the incorporation of mental health support into education system in South Africa, which is achieved through DBE and DOH's co-implementation of the Integrated School Health Policy (ISHP). Despite this comprehensive policy framework, the implementation of the policy is uneven, especially in schools where a lack of trained personnel, funding, counselling facilities and equipment and other factors limit the quality of services that can be rendered. The policies are supported but they are not always implemented, especially in township schools with limited funding (Moloi & Mofokeng, 2022) The Federal Ministry of Education and UNICEF Nigeria have stressed the need to enhance the school-based mental health and psychosocial support services. Although policies have been committed, there are indications that the implementation of guidance and counselling programmes are limited by inadequate infrastructure, limited numbers of trained counsellors, high student to counsellor ratio, limited funding, and low awareness of counselling services available to students and other stakeholders (Kukoyi, et al., 2022). According to Ojo and Ajayi (2022), only a few of public basic learning institutions in Lagos State had trained counselors, and suitable counseling facilities. Uganda's Ministry of Education has advanced in incorporating school-based mental health services. Although student awareness of counseling services has increased, stigma, limited access, and a lack of qualified

professionals in rural schools continue to hinder utilization (Nakimera et al., 2023). In addition, the majority of counseling sessions are informal, and students' mental health issues frequently go untreated to a lack of confidentiality and confidence in school personnel (Tadesse & Wondimu, 2023).

In Kenya, secondary school students continue to experience the problems of counseling services. Counseling programs, which ought to be vital support networks, are frequently carried out unequally in different counties. There are differences in how these programs are run, funded, and used, which leads to students' poor utilization of mental health services even when there is an evident need. Schools in Nairobi County were among the first to formally offer counseling services. However, despite having dedicated guidance and counseling departments, many public secondary schools lack the qualified staff needed to effectively manage teenage psychological issues. Major barriers to service utilization were stigma, high student-to-counselor ratios, and limited time allocation for counseling (Wambua & Muiruri, 2022). Although the majority of schools in Kakamega County had teacher-counselors on staff, the quality of services was hindered by the lack of formal training in mental health counseling. Students were reluctant to ask for assistance because they were afraid of teachers' judgmental attitudes and confidentiality violations. Accessibility was further diminished by the fact that many schools lacked actual counseling spaces (Anyango & Simiyu, 2021). From the foregoing discussions, it is important to understand the relationship between counseling program implementation and students' use of mental health services, particularly in Borabu Sub County and Nyamira County where there is currently dearth of empirical data on the subject. Enhancing program implementation could greatly increase the efficacy, accessibility, and trust of mental health services in secondary public schools.

Statement of the Problem

Mental health disorders among adolescents are increasingly acknowledged as a major public health concern globally and locally. According to The World Health Organization (WHO, 2024), between 10-20% of adolescents globally suffer from mental health problems, including depression and anxiety. These conditions are intensified by various socio-environmental factors like poverty, violence, and social exclusion, which increase depression and anxiety amongst the teenagers. In Kenya, problem of mental and substance use disorders, especially depression and anxiety which significantly contribute to Disability-Adjusted Life Years (DALYs). Adolescents with mental health conditions usually experience poor academic performance, absenteeism in schools, risk behaviors, social withdrawal, and even suicide. The Kenya National Adolescent Mental Health Survey (K-NAMHA, 2021) showed that 44.3% of adolescents experience mental health problem every year while 12.2% experienced clinical mental disorder.

Irrespective of the increasing acknowledgement of the significance of mental health services, their utilization in schools is limited. In many public secondary schools, guidance and counseling programs are under-resourced, poorly structured, or managed inconsistently. This undermines their potential to offer preventative and responsive mental health support. In addition, inadequate program management, insufficiently trained teacher counselors in professional and mental health support, stigma related with seeking counseling services, limited accessibility of counselling services also limit their utilization. In Borabu Sub County, Nyamira County, these challenges are very persistent due to the limited mental health infrastructure and the increasing health needs of the adolescents. There is also low utilization of mental health services among teenagers in Kenya. The National Adolescent Mental Health Survey (NAMHS, 2024) reported that only approximately 12% of teenagers in Kenya accessed and counseling or support services in the past one year. In addition, there is dearth of empirical evidence on how the management of school counseling programs affects the utilization of mental health services among students. This study aimed at bridging this gap by studying the relationship between counseling program implementation and mental health service utility in public secondary schools in Borabu Sub County, Nyamira County, Kenya.

II. Research Objective

To determine the relationship between program implementation and mental health services utility in public secondary schools in Borabu Sub County, Nyamira County, Kenya.

Hypothesis

H₀₁: There is no significant relationship between program implementation and the utility of mental health services among students in public secondary schools in Borabu Sub-County, Nyamira County, Kenya

Theoretical Framework

The study was guided by Cognitive Response Theory. Cognitive therapy was developed by Aaron Beck in the 1960s. Cognitive response therapy is characterized as a therapy grounded in the idea that our emotions are directly linked to our thoughts. The theory posits that bad behavior (ineffective, self-defeating actions) is initiated by unsuitable or unreasonable cognitive patterns, known as automatic ideas. Rather than responding to the actual circumstances, a person instinctively responds to his or her own skewed perception of the circumstances (Ong et al., 2022). Cognitive therapy aims to alter cognitive distortions by evaluating the logic and accuracy of the beliefs that underlie them. Cognitive behavioral theory posits that an individual's emotions are influenced by their perceptions of situations, other individuals, and life events, rather than the events or people themselves. Instead of concentrating on altering the external influences viewed as causing issues, cognitive behavioral theory emphasizes transforming individuals' thought processes to improve their emotional well-being. Through adopting a different thinking approach, an individual can cultivate logical self-guidance abilities that can be applied to navigate life.

Cognitive-behavioral theory attempts to change a person's unhealthy behavior through cognitive restructuring (examining assumptions behind the thought patterns) and through the use of behavior theory techniques (Rossiter, 2022). For example, in addressing feeding disorders, therapists can assist clients in altering their attitudes and beliefs regarding suitable body shape and weight; simultaneously, they should also emphasize modifying the client's unhealthy eating habits and substituting them with normalized eating patterns. The cognitive theory's strength lies in its ability to make researchers aware of how situations influence individuals and how individuals, in turn, influence situations. Secondly, it builds from psychological research on learning and cognition. The theory emphasizes the role of the recipient's thoughts, or "cognitive responses," in determining whether a persuasive message is effective. Instead of viewing persuasion as simply receiving and accepting a message, Cognitive Response Theory sees it as an active process where individuals evaluate and process information. The type and nature of the cognitive responses generated in response to a message are seen as the primary determinants of attitude change (Mana, 2020).

The main critique of the theory is that it focuses so much on situations that it fails to appreciate the person's inner traits (personality) as well as emotions (Carlson, 1984). Thirdly, this theory involves many appraisal dimensions, which researchers (Scherer, 1997; Tong, 2015), call confusing. An additional limitation is that evaluating rapid, unconscious evaluations can be challenging. Ultimately, this theory does not clarify if it is possible to feel an emotion without any form of appraisal whatsoever. Various scholars have applied the theory in counseling management among students. Perloff (2003) applied cognitive response theory to modern communication and persuasion, particularly in educational settings. The scholar explained how students' cognitive engagement with messages like those from counselors determines whether those messages lead to attitude and behavior change. Muthomi and Mburugu (2014) study on effectiveness of guidance and counselling services on students' development in secondary schools in Kenya supports the cognitive response theory by showing that students' perceptions, beliefs, and internal reflections on counseling programs influence their behavior and academic performance. Cognitive Response Theory provides a strong theoretical foundation for understanding how students process counseling messages, form attitudes, and make decisions regarding the use of mental health services. These studies demonstrate the theory's relevance in educational and counseling contexts and can be used to support the thesis arguments on the influence of well-managed counseling programs. The theory is applicable to the study since it implies that when students receive guidance and counselling information, that information is cognitively processed, perceived, then liked or disliked (Huibers, et al., 2021). This theory supports the objective on the relationship between program implementation and mental health services utilization through focusing on the mental processes through which students generate opinions, assessments, and explanations in response to program delivery. The theory states that the outcome of implementation affects one's attitude and future behaviors

through the impact of cognitive responses caused by implementation. Therefore, successful implementation resulting in positive cognitive responses will contribute towards greater use of mental health services by students, whereas unsuccessful implementation resulting in counterarguments or indifference will lead to lesser use of such services.

Review of Empirical Studies

Lika (2022) examined the role of facilities and infrastructure in education and support within schools. The data was gathered via a review of the literature. This researcher examined multiple papers concerning guidance and counseling services. Findings indicated that educational institutions aim to develop facilities and infrastructure that meet established standards, thus enabling the achievement of optimal educational objectives. The efficiency of offering guidance and counseling services in schools is significantly impacted by the proper and efficient use of all G&C facilities and infrastructure.

Hako and Bojuwoye (2024) investigated the provision of resources for implementing a school counselling program in Namibia. The research utilized a qualitative method. The sample for the study comprised 35 individuals. Data was collected through detailed semi-structured interviews and focus group discussions. Results showed that teacher-counsellors lacked counselling rooms for individual sessions, did not have a distinct financial plan for the school counselling program, and that file cabinets and display boards were present in only a limited number of schools, proving insufficient for school counsellors. Students were afraid of being ridiculed by others because of insufficient privacy. Insufficient teacher-counsellors can lead to students facing emotional and psychological challenges without adequate assistance. This may lead to depression, anxiety, substance use, and behavioral problems. The absence of teacher-counsellors can lead to students facing emotional and psychological challenges without adequate support.

Kankam and Adinkrah (2023) studied students' attitude towards the use of online information dissemination tools for counseling in Ghana. A survey was carried out and answered by college 411 students. This study revealed a lack of online counseling systems in the colleges of education. Considering these results, it is suggested that offering online counseling alongside face-to-face counseling might be a beneficial approach for counseling departments in educational institutions to enhance service provision and better assist their students.

Rintaugu and Ngalamu (2021) explored the factors influencing implementation of effective guidance (G) and counseling (C) program in secondary schools in the Republic of South Sudan. The study population was 341 respondents which included students, teacher counselors and education administrators. Results revealed that irrespective of the emphasis on G & C in schools, the provision was highly inadequate and/or missing. Teachers are not trained to handle school the program, thus influencing delivery of students' counseling services and utility. The quality of G&C was therefore very poor.

Otwine, Matagi, Kiweewa, and Ainamaani (2022) examined the awareness levels and use of career guidance and counseling services by students, along with how these services were implemented in secondary schools across Uganda. The study utilized a cross-sectional survey methodology. This research consisted of 161 students in their final year of secondary education and 35 educators. The research utilized standardized surveys to gather information. The findings indicated that group counselling was favored over individual counselling. Furthermore, benefits of group counselling include enhanced career decision-making efficacy for students, peer support, minimized manpower gaps, and time savings compared to individual counselling. Group counseling was advantageous for both students and teachers as it encourages them to consider their individual career growth.

Kabutiei, et al. (2022) sought to establish teacher counselors' levels of counseling self-efficacy. The research further sought to establish whether teacher counselors' counseling self-efficacy influence G&C program efficacy. Findings revealed that teacher counselors had relatively high scores in counseling self-efficacy. Teacher-counselors' counseling self-efficacy significantly predicted school guidance and counseling program efficacy. Conclusion was that teacher counselors' high level of counseling self-efficacy influenced school guidance and counseling program effectiveness among certified active classroom teachers with the extra role of counselor. Kituma (2020) evaluated the effectiveness of career guidance and counseling services in high schools. The study utilized a descriptive survey approach. Surveys were utilized to gather data. The research revealed that not every school counselor had completed the personality assessment to assess their students' career fit, and the majority

were burdened with additional responsibilities. Moreover, the results showed that the absence of counseling resources in schools adversely affected the quality of career C&G.

Magero (2020) assessed the challenges facing implementation of guidance and counseling program in public Secondary Schools in Lugari Sub-County. A descriptive survey research design was used. This research employed interview guides and surveys to gather information. Results indicated that the support from principals towards the G&C department was limited. The research also found that schools had Guidance and Counseling departments but were deficient in teachers with appropriate skills, the right mindset, and adequate resources and facilities to effectively run the program. In certain schools, either the principal or the lead teacher oversaw G&C, but they did not possess the necessary skills. The research observed that G&C teachers faced excessive responsibilities, as the majority managed dual roles, including serving as both class teachers and games instructors, in addition to conducting lessons in their subject areas. Students were not part of this study, but the current research aims to include them to assess their use of mental health services

Ndwiga, et al. (2022) sought to determine the influence of guidance and counseling appraisal/assessment services on learners' discipline in public primary schools in Mbeere South Sub County, Kenya. A survey research design was used. Data was gathered through questionnaires. Results indicated that teacher-counselors failed to offer appraisal/evaluation services for students. This research found that teacher-counselors failed to use the necessary guidance and counseling methods, potentially leading to cases of indiscipline within the schools. It was also determined that schools lacked adequate appraisal/evaluation services to improve students' discipline.

Mugai (2020) sought to establish the relationship between counselor's powers and counseling outcomes of learners with behavior problems in inclusive primary schools in Embu County. The study population included 3,572 teachers, 49,440 pupils, 412 counselors and 412 contact teachers. Data were gathered through closed-ended questionnaires and interview schedules. The research found a statistically significant connection between counselors' knowledgeable power, counselors' attitudes, professionalism power, counselors' legitimate power, and counselors' referent power, as well as the counseling results of students with behavioral issues.

III. Methodology

The study adopted a quantitative cross-sectional survey design to investigate the operational relationship between counseling program implementation and the utilization of school-based counseling systems. This approach allowed for the simultaneous collection of data from multiple cohorts to measure behaviors, attitudes, and utility frequencies at a single point in time. The macro-target population for this study comprised 25 public secondary schools housing 25 heads of teacher-counseling (HODs) and 18,406 Form 2–4 students within Borabu Sub-County, Nyamira County. A multi-stage sampling framework was applied as follows:

- Purposive Sampling: Utilized to select eight distinct institutional environments, thereby isolating eight counseling HODs.
- Stratified Random Sampling: Executed to select 392 secondary students to ensure proportionate representation across different class tiers.

Data collection was executed using standardized structured questionnaires tailored for the counseling HODs and students to gather quantifiable data on the frequency, scope, and utility of mental health services. The collected quantitative datasets were coded, cleaned, and processed using the Statistical Package for Social Sciences (SPSS) Version 28. Statistical analysis was stratified into descriptive diagnostics—including frequencies, percentages, means, and standard deviations—to map out baseline stakeholder participation. Inferential statistics, specifically Pearson product-moment correlation coefficients and ordinary least squares (OLS) linear regression, were applied to test the hypothesis and isolate the predictive weight of stakeholder involvement on mental health services utility. The resulting empirical metrics were formatted into clear APA-compliant tables for journal presentation.

Findings

Counseling Program Implementation

Table 1 presents the resources available for school counseling programs implementation

Table 1

Resources for Guidance and Counseling Services

Guiding and Counselling Resources	Low extent %	Moderate extent %	Great extent %	Very great extent %	Mean	Std. Dev
Functional counselling department	14.2	29.2	19.7	37.0	2.79	1.09
Private room for counselling	28.9	26.0	17.6	27.5	2.44	1.17
Guiding and counseling materials	48.3	28.3	13.3	10.1	1.85	1.00

Results showed that functional guidance and counseling departments were moderately available showing discrepancy in departmental operations across the schools. This implied that while some schools had well-structured systems, others had poorly developed counseling departments. Availability of private counseling rooms had lower scores showing that confidentiality which is an essential ethical principle in counseling was poorly supported. Guidance and counseling materials were the least rated item implying that the students had limited access to printed brochures, mental health toolkits, audio-visual content, behavioral management manuals, and professional exploration resources

Table 2

Student's Perceptions on Program Implementation

Statements	M	Std.
There are adequate facilities to support mental health services	2.53	1.20
There are adequate staff to implement mental health services	3.21	1.31
There is a clear and accessible process of enrolling students in mental health services	2.51	1.29
Effective intake and assessment encourage students to use mental health services	3.23	1.29
Mental health services are delivered according to the plan	3.26	1.21
The staff delivery quality mental health services	3.28	1.24
Average	3.00	1.26

The overall mean of 3.00 showed a moderate opinion of effective program implementation which implied that students generally acknowledged the school delivery of mental health services but there were some weaknesses especially in resource provision. The moderate rated statements were, staff adequacy to facilitate mental health services which aligned with the presence of designated counseling department.

Table 3

HoDs' Perceptions on Program Implementation

Statements	M	Std.
The counselors determine the most critical needs and considers urgency in guiding and counseling	4.63	0.52

Counsellors and guidance personnel are distributed across different areas of expertise and service delivery points based on needs	3.00	1.07
Counselling sessions are scheduling effectively to maximize the utilization of counsellor time and ensure accessibility to services.	3.75	0.88
There are adequate funds allocated for various aspects of guidance and counselling services	2.75	1.28
There are clear avenues for students to access counselling services, including individual appointments, group sessions, drop-in hours, and online platforms	4.38	0.74
The school utilizes a referral system where teachers, parents, or peers can refer students to counselling	3.75	0.88
Average	3.71	0.90

The overall mean of 3.71 showed that the HoDs perceived the program implementation to be strong and functional even though there were notable challenges. The high rating of prioritizing critical and urgent counselling needs implied that counsellors were responsive and proactive in addressing students with persistent behavioral, emotional, or academic challenges that showed a structured approach to effective mental health service delivery

Mental Health Services Utility Among Students

The study sought to find out the extent to which the students utilized the mental health services. The students were asked to indicate their level of agreement on statements related to utilization of mental health services. Results are presented in Table 3.

Table 4

Mental Health Services Utility among Students

Statements	M	Std.
I feel comfortable accessing mental health services when I need them, which helps me attend school regularly.	3.80	1.26
Using mental health services has positively changed my attitude toward seeking help for emotional or mental challenges	3.81	1.70
Mental health services have helped me accept myself better, making it easier to choose a career path that suits me.	4.13	1.06
I use the school's mental health services often because they are helpful and easy to access.	3.57	1.26
The mental health services provided at school meet my needs and support my overall well-being	3.55	1.30
Average	3.67	1.31

The findings indicate that students generally perceive the mental health services provided in their schools as useful, with an overall mean score of 3.67 and a standard deviation of 1.31. This suggests a moderate agreement and some variation in experiences. Students reported feeling comfortable accessing mental services, which supports regular school attendance and demonstrates that the services are accessible and reduce challenges to seeking help.

Table 5
Implementation and Utilization of Mental Health Services

Implementation Frequency	Low Utilization	Moderate Utilization	High Utilization	Total (N)	% High Utilization
Weekly	2 (33.3%)	3 (50.0%)	1 (16.7%)	6	16.7%
Monthly	0 (0.0%)	2 (100.0%)	0 (0.0%)	2	0.0%
Total	2 (25.0%)	5 (62.5%)	1 (12.5%)	8	12.5%

Results showed that in schools where guidance and counselling programs were implemented once a week (N=6), 33.3% of students reported low utilization, 50% reported moderate utilization and only 16.7% reported high utilization of mental health services. This showed that even though weekly implementation improved exposure to counselling, it did not automatically translate to high levels of service utilization among students. In schools implementing G&C programs monthly (N=2), all students reported moderate utilization, with none achieving high utilization. Across all schools (N=8), only 12.5% of students reported high utilization of mental health services, while 62.5% reported moderate utilization and 25% reported low utilization. The findings indicated that the frequency of G&C implementation alone was insufficient to guarantee high utilization of mental health services. Even with weekly implementation, most students fell into moderate or low utilization categories.

Table 6
Regression for Implementation and Mental Health Services Utility

Regression for Implementation and Mental Health Service Utility						
Model Summary						
Model		R	R Square	Adjusted R Square		
1		.434 ^a	.188	.186		
ANOVA ^b						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1450.354	1	1450.954	79.623	.000 ^a
	Residual	6268.618	344	18.223		
	Total	7719.572	345			
Coefficients ^a						
Model		Unstandardized Coefficients	Standardized Coefficients	t	Sig.	
		B	Beta			
1	(Constant)	11.602		13.756	.000	
	Implementation	.386	.434	8.963	.000	
a. Dependent Variable: mental health service utility						

a. Dependent Variable: mental health service utility

The model summary indicate that guidance and counseling implementation explains 18.8% of the changes in mental health service utility (R square=0.188). Further, the F-test statistic (F = 79.623, p = .000) shows the fitness of the regression model, which means that G&C implementation is a significant predictor of mental health service utility among students in public secondary schools in Borabu Sub-County. Guidance and counseling implementation is significant since p-values were less than 0.05 giving the predictive model as: Implementation = (B = 0.386, β = 0.434, t = 8.963, p < 0.001). This means that if Guidance and counseling implementation was increased by one-unit, mental health service utility, would on average increase by 0.386 units. The findings confirm that better implementation of G&C programs significantly enhanced students' utilization of mental health services. Effective implementation included adherence to schedules, consistent delivery of planned activities, and ensuring sessions were accessible and relevant. Compared to planning, implementation showed a slightly stronger effect, suggesting that programs execution was as important as how they were planned. The study hence rejected

the null hypothesis since there was statistical evidence to claim that there was significant relationship between program implementation and the utility of mental health services among students.

IV. Discussions

The empirical findings concerning the adequacy of supporting resources like counselling offices, instructional materials, and departmental structures show that while some schools had well-structured systems, others had poorly developed counseling departments. Nyaga (2024) found that national schools had better counselling facilities than the extra county schools in Kenya. The national schools had private rooms and structured counselling plans while majority of the extra county secondary schools lacked functional guidance and counseling departments. Availability of private counseling rooms had lower scores showing that confidentiality which is an essential ethical principle in counseling was poorly supported. Lack of private rooms may discourage students from utilizing counseling services on issues like drug abuse, sexuality, and emotional stress. Findings were in agreement with Chilewa and Osaki (2022) who found that inadequate counselling facilities undermined the credibility and utilization of counselling services in Kenyan secondary schools. Guidance and counseling materials were the least rated item implying that the students had limited access to printed brochures, mental health toolkits, audio-visual content, behavioral management manuals, and professional exploration resources. Lika (2022) showed that schools strived to prepare facilities and infrastructure that were in accordance with standards, thereby facilitating the realization of optimal educational.

Results further show moderate agreement among students (Mean = 3.00, SD = 1.26) and head of departments (Mean = 3.71, SD = 0.90); on implementation of counseling programs; students. The data from the students and Heads of Departments revealed convergence in the perception that G&C programs were actively implemented within public secondary schools in Borabu Sub-County. The students affirmed to a moderate extent that mental health services were offered according to plan; while staff provided quality support, indicating visibility of program implementation at the student level. These converging opinions showed that systematic processes, formal time allocation, and a functional referral system reinforced program implementation in the schools. In addition, both the students and HoD's highlighted inadequate funding's, insufficient materials, and limited private counselling rooms as persistent challenges to successful program implementation. Results concurred with Nguu (2022) that inadequate facilities hindered effective counselling delivery and weakened privacy in Kenyan secondary school. This finding was corroborated by Moore et al. (2025) who also observed that majority of school counsellors lacked professional counselling skills that were needed for intensive counselling. Findings were in support of Kituma (2020) which indicated lack of provision of counseling resources in school impacted negatively on and the quality of career guidance and counseling that they offered to the students. Findings were in support of Kituma (2020) which indicated lack of provision of counseling resources in school impacted negatively on and the quality of career guidance and counseling that they offered to the students.

Ultimately, the ordinary least squares regression model mathematically validated this relationship, demonstrating that counseling program implementation alone explains 18.8% of the changes in mental health service utility ($R^2 = 0.188$, $F = 79.623$, $p = .000$). A single-unit increase in counseling program implementation triggers an average increase of 0.386 units in student mental health service utilization ($\beta = 0.434$, $t = 8.963$, $p < 0.001$). This statistical weight proves that counseling program implementation has a profound impact on service utility. Consequently, the empirical evidence warrants the formal rejection of the null hypothesis (H_0), affirming a statistically significant relationship between counseling program implementation and mental health services utility within public secondary schools in Borabu Sub-County, Nyamira County, Kenya. This matches the baseline findings of Mugai (2020) which found a statistically significant connection between counselors' knowledgeable power, counselors' attitudes, professionalism power, counselors' legitimate power, and counselors' referent power, as well as the counseling results of students with behavioral issues.

V. Conclusion

Although majority of the schools implement guidance and counselling activities frequently, the quality of implementation is uneven. Majority of the schools hold frequent sessions and use guest speakers, but counselling staff are generally small, facilities and materials are limited, and main activities sometimes lack

adequate follow-through. Implementation challenges like limited counselling skills, time allocation, teacher shortages, and inadequate private space reduce the capacity of programs to deliver comprehensive and confidential services. Therefore, although implementation is established in many schools, shortages in human resources, infrastructure, and materials limit the depth and sustainability of service provision.

VI. Recommendations

1. Establish National Standards and Structured Oversight

The Ministry of Education should develop and rollout minimum standards for school-based mental health management within Guidance and Counseling programs, integrating them into the Competence-Based Curriculum (CBC). This should be accompanied by dedicated budgets, monitoring structures to assess program effectiveness and student engagement, and systematic counselor supervision, debriefing, case referrals, and follow-ups.

2. Strengthen School-Level Leadership and Resource Allocation

School principals should appoint qualified personnel to head G&C departments, constitute empowered consultative teams, and ensure counseling programs are properly integrated into the school timetable. They must also provide and modernize counseling facilities, allocate adequate resources, and facilitate teacher-counselors' participation in continuous professional development, workshops, and self-care initiatives.

3. Enhance Counselor Competence and Program Delivery

Teacher-counselors should transition from traditional approaches to CBE-aligned, student-needs-focused counseling. They must actively encourage student participation, create support groups, ensure confidential and accessible services, monitor counseling sessions, upgrade needs-discovery systems, track student well-being, and regularly solicit student feedback to improve service quality and relevance.

4. Enhance Counselor Competence and Program Delivery

Practitioner-psychologists and professional bodies should partner with educational policymakers to develop evidence-based, continuous professional development (CPD) frameworks for teacher-counselors, focusing on emotional counseling, trauma-informed care, and adolescent mental health assessment. This should move beyond basic workshops to rigorous, ongoing training that equips counselors with contemporary skills for effective program implementation

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