

# Gatekeepers' Roles in the Delivery of Quality Community Counseling Services (Ccs) in Nigeria: Implications for Early Years Counseling

OLAOGUN, Ganiyu Olakunle, PhD<sup>1</sup>, OLAGUNJU, M.K.O PhD<sup>2</sup>, BUSARI, Moshood Adekunle, PhD<sup>3</sup>, ADELEKE, Sunday Joseph<sup>4</sup>, ERUOBODO, Modupeola, O.<sup>5</sup>

1. College of Professional and Specialized Education, Department of Early Childhood Care Education, Lagos State University of Education, Oto/ Ijanikin Lagos, Nigeria. [trustfield4@gmail.com](mailto:trustfield4@gmail.com)
2. College of Professional and Specialized Education, Department of Educational Foundations & Counseling Psychology, Lagos State University of Education, Noforija Campus, Epe. Lagos, Nigeria. [hajjhopeful@gmail.com](mailto:hajjhopeful@gmail.com)
3. Researcher.
4. College of Professional and Specialized Education, Department of Early Childhood Care Education, Lagos State University of Education, Oto/ Ijanikin Lagos, Nigeria. [sundayadelekerev1@gmail.com](mailto:sundayadelekerev1@gmail.com)
5. College of Professional and Specialized Education, Department of Educational Foundations & Counseling Psychology, Lagos State University of Education, Noforija Campus, Epe. Lagos, Nigeria. [modupe\\_aruya12@yahoo.com](mailto:modupe_aruya12@yahoo.com)

**Abstract:** *There are increases in the number of psycho-social, emotional and mental health issues for which people require quality and professional assistance to understand and live with. The negative effects of psycho social disorders on individuals threaten healthy living and survival much more than communicable diseases. Individuals imparted by such events, require support such as can be found in counseling. Counseling should not just be curative, it should be preventive, predictive and compensatory in order that, people are assisted to envisage effects of debilitating conditions on healthy living and be prepared to live through the challenges before and when they occur. The trauma and disappointments associated with events like rape, retirement, anxiety and stress, death, divorce, suicide, unemployment, gender based violence, domestic sexual abuse, ill health, terminal and manageable disease conditions, economic losses, kidnapping and banditry can be mitigated through well structured **Community Counseling Services (CCS)**. Gatekeepers are critical in establishing such services, manned by professionally trained counselors in the community. Community counseling services will be beneficial only when there are individuals who have information about those who need the service. Gatekeepers, as custodians of the communal 'register' fit into this role, they must be identifiable and supported with skills that can enable them perform optimally. The paper discusses the effects of community counseling services and the need for gatekeepers to be involved in the planning, implementation and evaluation of the service to promote healthy communal life. Early years counseling will equally be promoted in the understanding of challenges that children aged 0-5 encounter and be assisted to overcome them.*

**Keywords:** Gatekeepers, community, counseling services, trauma, early years, register

## Introduction

Defining who a gatekeeper is and gate keeping as a concept, is moderated by the dimension of usage of the term. Barzilai-Nahon (2017) noted that, literature on gate keeping is fragmented in terms of epistemologies, theories and models, vocabularies, heuristics, and research challenges both within and between disciplines and fields. This happens because discourse on gate keeping is conducted within each discipline and in relative isolation.

Gate keeping is an operational term that runs through most disciplines with peculiar application and meaning. For instance, in a health insurance scheme, the gatekeeper refers to the person in charge of a patient's treatment. In this context, a gatekeeper's duty primarily is to manage and refer the patient to doctors and specialists within the plan network. The Advanced Cambridge Learner Dictionary define gate keeping as the activity of trying to control who gets power or opportunities, and who does not. This definition perfectly depicts the understanding of gate keeping from a political atmosphere, where, individuals who exert some level of authority related to public affairs can be referred to as gatekeepers. Those in this category can be political, military and traditional leaders and their delegated assistants. In another vein, the Open Education Sociology Dictionary define, gate keeping as when an individual or group controls access to goods and services but particularly to information and people with power; and gives examples of gatekeepers to include administrative assistants, limiting who speaks with decision- makers.

Gate keeping has a clearer meaning when applied within the cultural and community approach. Gatekeeper in the traditional mode, are individuals with vast, and reliable details and knowledge of people, events, history and rites in a community. In fostering healthy living, gatekeepers are critical when building and strengthening institutions either as cooperatives or in providing interventions in education, health, security and political inclusiveness. Gatekeepers are easily identifiable within communities and are among the

first line of individuals to be sought at and consulted on communal affairs. They are as important as heads of households in the family; these individuals include traditional heads of the community (obas, obis and emirs) and their delegated assistants, religious leaders. Succinctly defined, gate keepers are individuals who represent the communal register; they have a dossier of peoples' demography, parentage, occupation and challenges. Also included in this category are traditional birth attendants, town criers, chiefs.

Gate keepers are useful in identifying, profiling and giving secured information about individuals without necessarily reverting to documents, and they are useful in supporting and leading community interventions and services including Community Based Counseling services if supported with the skills required to perform designated tasks.

### Challenges of life

The human life is full of mysteries and events that affect individuals in varying degrees; while a good number of individuals are able to shake off the effects of negative events when they occur, many others, find adjusting to psychological losses very difficult. In many instances, inability to find support when one is troubled lead to stress, depression, mental health and many end in committing suicide. Statistics on the effect of mental health disorders in Nigeria is alarming. In a report on the prevalence of suicide in Nigeria, Ogbolu et al (2020) submitted that, Nigeria has the 13th highest suicide mortality rate of 9.5 per 100,000 above the Regional (African) average of 7.4 (World Health Organization, 2018).. Males have a higher suicide rate of 9.9 per 100,000 populations while females have a rate of 9.2 per 100,000 populations. As at 2012, there were 7,238 reported suicide cases in the country – 5,653 males and 1,584 females – with the likelihood that the figures are under-reported (World Health Organization, 2019). Figure 1, below shows the suicide mortality rates from 2000 to 2016.

## Rates per 100,000

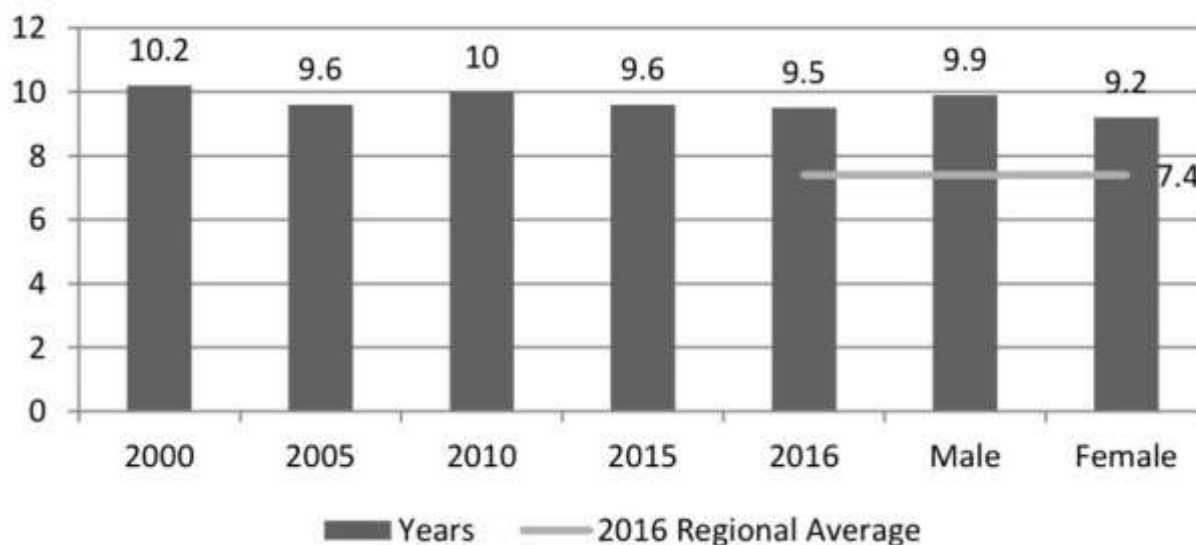


Figure 1: Suicide Mortality Rates

Source: World Health Organization Data (Global Health Observatory Data)

Suicide rates have fluctuated between 10.2 per 100,000 population in the year 2000 and 9.5 per 100,000 population in 2016. Some identified risk factors for suicide include depression, job or financial loss, hopelessness, harmful use of alcohol and other substances, chronic pain and illness, family history of suicide and genetic/biological factors (World Health Organization, 2014). In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behavior. By far, the strongest risk factor for suicide is a previous suicide attempt (World Health Organization, 2019; Blasco-Fontecilla et. al. 2017).

The rate is also similar for depression. Salihu and Udofia (2016) reported that, out of 213 general outpatients in a tertiary health institution in Kano, Nigeria, 200 patients were diagnosed depressed with the prevalence of subtypes of depression as Mild-26.9%,

Moderate-20.4% and Severe-2.5%. Some of these are examples of negative psycho-social and mental issues that people experience and require not only medical interventions but also counseling supports to hasten the healing process and allow the individual adjust and cope with the effects of the scourge and live longer. This is what makes community counseling service imperative and the roles of gate keepers, so significant in the community. Gate keepers are those who can easily identify the troubled clients that will require the service of the counselor in the community.

### **Counseling and Importance**

When and where available and provided by experienced and qualified counselors, counseling services has ample potentials to resolve a myriad of challenges that, more often, lead to perpetual incapacitation among people in different communities. Even though, there are wide spread misconceptions of the importance and relevance of counseling in most communities, particularly by individuals who are less informed, such misconceptions are easily defeated when individuals who have benefitted from the services of professionally qualified counselors give testimonies to the efficacy of counseling interventions in resolving life challenges. Astuti (2020) had observed that, the community still considers that counseling or so-called Guidance and Counseling is identical only in the context of education, while the professional service of counselor can rarely be applied in the life of the community and institution for example in social rehabilitation institution, prison, or community environment. Akinade (2006) had debunked this claim by insisting that, many of the people with such opinion are people who had relied on hearsay or second-hand information in their assessment of the efficacy and relevance of counseling. He suggested the application of the saying : a taste of the pudding is in the eating

Sulaiman (2021) infers that counseling is a personalized assistance provided by the counselor for the client to make wise and realistic decisions on his/her own. In other words, the counselor does not advise, he/ she only provides appropriate intervention strategies, which would lead to worthwhile decision making and adjustment. However, Sulaimon (2020) had aver that a counselor, should sometimes advise- just like the traditional counselor, especially in this era of massive misinformation promoted by social and unregulated media. It is in this way that counseling can be preventive and informing in improving the well-being of all. The counseling process should provide the three essential services of preventive, remedial and compensatory interventions identified by Sulaimon (2021) for it to be holistic. Conyne (1987) as cited by Sulaimon (2021), asserted that, counseling services should not be geared around the model of “rescue each individual”, it should be more efficacious to take the advice of “an ounce of prevention is worth a pound of cure” and begin to teach people collectively the competencies needed so that they can successfully cope with the demands and challenges of life rather than correcting or compensating for the impact or damage the challenges have caused. It is in this direction that the counselor cannot just provide alternate options to the challenges presented by clients; he/ she must advice to lead many uninformed clients out of their challenges. Akinade (2005) listed community counseling as the thirteenth branch of the sixty five speciality target types of counseling.

### **What is Community Counseling?**

Community counseling is listed as the thirteenth branch of the sixty five speciality target types of counseling (Akinade, 2005). Community counseling is a counseling intervention in a community setting that is used as a support system (Gysbers & Henderson, 2012). Problems that arise in the midst of people's life need a community counseling service approach supported by a set of system supports that affords the client a comprehensive understanding of the nature of the problem and drawing solutions from examples of individuals with similar challenges in the community and those that the client may be familiar with. The systems that support quick recovery include listening to people who are respected like the clergy and the elders. Community counseling, as an approach to psychological practice, calls practitioners to review the way they understand and respond to human problems. When located within a community psychology approach, this call, emphasizes the need to understand ‘the person-in-context’, and respond comprehensively – addressing challenges at various levels of the social system (Lazarus, 2016).

Lazarus (2007) informed that the history and development of community counseling, especially in international settings, is intertwined with the history and development of community psychology. Community psychology emerged during the civil rights period of the 1960s in the United States of America (USA). The roots of this approach lie in the social and political changes of the community-based civil rights, anti-poverty and de-institutionalization movements and programmes during that time. Community psychology was an answer to the call for increasing access of the poor and disenfranchised people to mental health services. It was also in response to recognition of a need to address environmental and social factors that impact on the mental health and well-being of people.

### **Focus of services in Community Counseling**

Lazarus (2007) informed that, the umbrella Society for Community Research and Action (SCRA) which includes community psychologists pioneered community counseling services in America. The emergence of this society has lead to the emergence of such associations in other parts of the world including Nigeria. Members of the association are called to promote health and

empowerment, prevent problems in communities and work within four guiding principles: (a) community research and action require explicit attention to and respect for diversity among peoples and settings; (b) human competencies and problems are best understood by viewing people within their broad social and cultural, economic, geographic, and historical contexts; (c) community research and action is an active collaboration among researchers, practitioners and community members who use multiple methodologies; and (d) change strategies are needed at multiple levels in order to foster settings that promote competence and well being (<http://www.apa.org/dvisions/div27>, accessed October 2007) .

In a survey, Lazarus, 2007, reported that, 50 out of the 77 participants from a 14 African countries survey on their involvement community counseling service indicated that, they were involved in various forms of community work, and identified the following key issues and interventions as areas of focus for their work. Most are into free or voluntary counseling and consultation. Many indicated that they train lay people in counseling skills, particularly relating to HIV and AIDS, prevention programmes focusing on mental health and public health issues such as HIV and AIDS, poverty reduction, prisons reforms, substance abuse, violence, street children, trauma, refugees, woman's well-being, disability, and sports. Many are also involved in research focusing on these and other issues such as human rights, family and gender dynamics, and health and ethics. The responses to these social problems are shaped by underlying values, assumptions and models and by the social environment of the work..

Lazarus (2007) informed that in Nigeria, community psychology focuses on health education and communication, exploration of faith values to conflict resolution, mediation of high risk behaviors, community development projects, and specific research. In Ghana, community counseling refers to community work, prevention teaching, and public health practice as being key characteristics of this approach in that context, community counseling services focus on making mental health services accessible to all especially in South Africa, it promotes social justice and human rights issues, emphasis is also on identifying risks and developing health promotion programmes, and the use of participatory action research as key intervention foci and community empowerment programmes.

The most important characteristics of the community counseling service is that, it is comprehensive, it covers a whole lot of services that are beneficial to all members of the community across age brackets, children (Early Years inclusive) and the old, the rich and the poor making it (economic and social status) inclusive, tackles all challenges (health, emotion, mental health) and voluntary (making it ) professional. Community counseling is provided at no or low cost, non discriminatory, qualitative and maintains confidentiality as clients are mostly self referred and seldom only identified by gatekeepers. The service is self sustaining and results are visible in the short term as changes are observed closely at the community level.

### **Benefits of Community Counseling Services**

Counseling can help improve mood, treat mental illness, reduce medical costs, improve communication and relationships, and promote self-esteem and resilience. Many people need counseling. Akinade (2006), cited a few of the instances to buttress this truth:

... If you are traumatized e.g. raped or victim of violent armed robbery, you need counseling,

.....if you are bereaved- you need counseling.

The author subsequently concluded that there is no one that does not require counseling at any of the stages of life and reiterated that "You! Yes, You and You Too Need Counseling".

There will always be challenges that individuals and communities will encounter to which they must find solutions to. The Community counseling service is the best approach to deliver the three important interventions that can promote worthwhile personal life and communal harmony. Sulaimon (2021) presented these interventions as:

**Preventive intervention-** This is the process of keeping potential/at risk or minor issues from becoming a problem by nipping it in the bud. It is the process of enacting daily life best practices in context to optimize functioning and avert significant problems; taking all immunizations before and the delivery of a child to prevent diseases and disabilities; pre- marital counseling to prevent discord/divorce and facilitate harmony; and sexuality education for right and adequate information for worthwhile decision making.

**Remedial intervention-** this focuses on identifiable deficiencies, the process of eliminating the effects of problems through therapeutic counseling strategies. The essence is to ensure that concerned individuals are provided with adequate skills and therapies that will foster their all round positive adjustment and successful functioning in the society, such as self control and token economy therapies for the treatment of truancy and addiction. A remedy is suggested or applied in the hope that the individual will be able to make normal progress and avoid a crisis situation.

**Compensatory intervention-** This is the process of providing adequate supports to facilitate successful functioning. It entails the provision of support- physical, medical or technological facilities- that will assist individuals in removing or overcoming obstacles to full functioning. For example, the provision of ramps, interconnected pathways and brailled orientation, to ease movement for persons with disabilities or adoption/ fostering of children for infertile couples.

### **The Roles of the gatekeepers in the delivery of quality CCS**

Community Counseling Services will be beneficial through the mobilization of gate keepers' abilities to market counseling services as important tool to those who need the service. Gate keepers' skills in advocacy and sensitization to major community stakeholders in the community to key into the programme is apt. Gatekeepers must also be skilled in documentation and correcting biases against the patronage of qualified counselors. People often fail to patronize counseling services due to ignorance, cultural and believe stereotypes, lack of confidentiality, cost and unavailability of qualified counselors. When gatekeepers are properly inducted into the unlimited opportunities in counseling in moderating the effects of psycho social, mental and environmental challenges with such opportunities in their neighborhood, there will increase patronage of Community Counseling Services in societies where such is available. The effects can be numerous, including decreased numbers of divorce, depression, suicide, drop in out of school syndrome, financial stress, alcoholism addiction, banditry, prostitution, teenage pregnancies, reduced abortion, HIV/ AIDS.

### **Implications for Early Years**

Early years counseling is not attracting the desired attention as applicable to adolescent /adult counseling; even though, developmental psychologists and early years' practitioners have affirmed the distinctiveness of the age brackets from other age ranges. The National Commission for Colleges of Education (2012) minimum standard for Early Childhood Education (2012), informed that,

*The early years (0-5) are crucial for the development of an individual and any support given at this stage helps to promote development. This period requires people who are knowledgeable, such as specialist care givers and teachers.*

The early years are loaded with developmental tasks that the child is expected to complete before moving the next stage of life, while some children are able to complete these tasks with ease, others may require support through their parents to attain the tasks. It is clear that the twin factors of heredity and environment impact on children differently. Hence for late matures and families of children with special needs, a significant part of the support required by both parents and the child will be found in counseling.

As observed by Fareo (2015), parents of children with disability experience many challenges as trauma, grief, guilt aggression, rejection, stress, and strain, and even inclination towards murder and suicide. The effects of community counseling can rub on the promotion of early years counseling whereby, trained counselors can use gatekeepers to identify families requiring supports for their children and are assisted to go through the stress and storm of parenting. Fareo (2015) suggested that families of children with special educational needs through counseling, social services, family education, skill training and advocacy activities. These efforts can best be promoted through a community based counseling programme where the individual can be guaranteed support by a large number of people in the community.

### **Conclusion**

The feat achieved in lowering negative impacts of psycho social, emotional and mental issues in societies that have workable community counseling services cannot be under rated. It is clear that community counseling can be implemented optimally if the counselor has academic competence and as a professional counselor, (Depdiknas, 2007). The successes of the Indonesian and American studies) are worthy of emulation in developing countries like Nigeria (Astuti, 2020),

### **Recommendations**

The patronage of qualified and functional counseling services is low in most communities in Nigeria. Even in educational institutions where counseling is perceived to be relevant and with paid counselors a lot of events requiring counseling interventions are left unreported to the counseling unit. Therefore, there is the need for the frontline counseling associations in the country like (CASSON), (APROCON) and others to:

- Set up a minimum of one community counseling service centre in each of the seven hundred and seventy four (774) local government areas across the nation to sensitize people on the importance of counseling services in improving healthy living. Each of these centers should be manned by members of the associations as volunteers to begin this crusade.
- The leadership of the associations should conduct advocacy and sensitization to government agencies in health, education, women affairs, poverty alleviation, local government and several line ministries that have direct relationship with people to speak on the benefits of embracing community counseling services in their vicinity.
- The associations along with government and traditional leaders in the communities should work together to identify and empower gate keepers that can be useful in administering the community counseling services.
- Early childhood educators should begin to see the need to work closely with counseling psychologists to promote the importance of counseling in early years through associations such as Early Childhood Association of Nigeria (ECAN) and Association for Childhood Education Practitioners (ACEP).

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