

Effectiveness of Afrocentric Counselling-Based Interventions on Eco-Consciousness and Life Skills Development among In-School Adolescents in South West Nigeria

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Abstract

*This study investigated the effectiveness of three Afrocentric counselling-based interventions—Eco-Oriented Counselling (EOC), Cognitive-Behavioural Eco-Counselling (CBEC), and Indigenous Life Skills and Eco-Counselling (ILSEC)—on eco-consciousness and life skills development among in-school adolescents in Nigeria, using a $3 \times 3 \times 3$ factorial experimental design. A total of 192 participants were randomly assigned to control and intervention groups. Pre-test and post-test assessments were conducted using validated scales. Results from paired-samples and independent-samples *t*-tests revealed significant improvement in both experimental and control groups; however, the experimental group demonstrated a significantly greater mean change ($M = +27.84$, $t = 11.65$, $p < .05$) compared to the control group ($M = +9.91$, $t = 3.62$, $p < .05$), supporting the first hypothesis. A one-way ANOVA showed significant differences in post-test scores among the three intervention groups, $F(2, 169) = 40.26$, $p < .001$, $\eta^2 = .323$. Tukey HSD post hoc analysis revealed that EOC was the most effective, followed by CBEC, with ILSEC being the least effective. These findings confirm that Afrocentric interventions, particularly EOC, significantly enhance eco-consciousness and life skills. The study underscores the value of culturally grounded, contextually relevant counselling approaches in promoting adolescent development in African settings.*

Keywords: Afrocentric counselling, Eco-consciousness, Life skills, Adolescent mental health, Ubuntu

Introduction

Nigeria stands at a critical demographic juncture. With over 65% of its population under 35 years and more than 42% below the age of 14, the country has a unique opportunity to harness

the energy of its youth for socio-economic transformation (Abdulmalik & Sale, 2012; National Development Plan, 2021–2025). However, this potential is gravely undermined by the persistent neglect of adolescent mental health, a domain critically underserved in both policy and practice. Neurodevelopmental and emotional disorders such as attention-deficit/hyperactivity disorder (ADHD), anxiety, depression, and early psychotic symptoms are becoming increasingly prevalent among Nigerian adolescents (Addo et al., 2018; Burns & Tomita, 2015). Yet, the country's mental health infrastructure remains alarmingly inadequate, with fewer than 300 psychiatrists serving a population exceeding 200 million (WHO, 2021). Beyond structural gaps, sociocultural stigma and supernatural attributions of mental illness continue to alienate affected adolescents from accessing appropriate care (Gureje et al., 2005; Adewuya & Makanjuola, 2008).

The situation is exacerbated by the imposition of Western-based counselling models that often lack cultural sensitivity and local resonance. School-based therapeutic programmes, although present tend to be adapted from Euro-American frameworks that do not reflect indigenous African worldviews where healing, identity and wellness are grounded in community, spirituality, and a harmonious relationship with nature (Sue & Sue, 2016). This epistemological dissonance has led to a disconnection between the intent of mental health interventions and the lived realities of Nigerian adolescents. As a corrective, Afrocentric counselling has emerged as a culturally congruent model rooted in African philosophies such as Ubuntu which emphasizes communal identity, spiritual balance, ancestral wisdom and ecological harmony. When combined with eco-consciousness and life skills development, Afrocentric therapy offers a holistic and contextually relevant strategy for nurturing psychosocial competence and resilience in adolescents. .

Afrocentric counselling emerges as a compelling response to this challenge. Grounded in African epistemologies, particularly the Ubuntu philosophy—*“I am because we are”*—Afrocentric therapy privileges interconnectedness, communal responsibility, spiritual harmony, and respect for ancestral wisdom. When integrated with eco-consciousness and life skills education, Afrocentric counselling offers a holistic pathway to fostering psychosocial competence, resilience, and environmental stewardship among in-school adolescents. This study therefore explores the effectiveness of culturally congruent interventions—namely Eco-Only Counselling (EOC), Community-Based Educational Counselling (CBEC), and an Integrated Life Skills and Eco-Counselling (ILSEC) model—within an Afrocentric framework. By interrogating the comparative efficacy of these interventions, the research addresses a critical empirical gap and

contributes to the development of sustainable, indigenous approaches to adolescent mental health in Nigeria.

Adolescents' psychosocial well-being in sub-Saharan Africa, particularly Nigeria, remains precariously situated within a global mental health discourse often dominated by Western epistemologies. As scholars increasingly interrogate the limitations of imported counselling paradigms, Afrocentric therapy has emerged as a culturally coherent and spiritually grounded alternative. Rooted in indigenous African worldviews, Afrocentric counselling emphasizes communal healing, ancestral connectedness, and harmony with both the self and environment. This approach, informed by the Ubuntu philosophy and a collective ethos of interdependence, offers a profound reframing of adolescent mental health migrating away from individual pathology and toward communal resilience and restoration (Olowu, 2016; Gureje & Lasebikan, 2006 & Adesehinwa et. al 2025).

Significant contributions by African mental health scholars such as Omigbodun et al. (2021) have operationalised these principles through clinical and community-based interventions. At the Centre for Child and Adolescent Mental Health (CCAMH) in Ibadan, culturally grounded approaches have been adapted to support adolescents within schools and marginalized settings. Similarly, Fatusi (2022) and Kola et al. (2021) have emphasized the integration of spiritual, familial, and communal dimensions in youth mental health programming. These scholars advocate for the decolonization of therapeutic models and the development of frameworks that reflect the lived realities and belief systems of African youth.

Parallel to Afrocentric models, eco-counselling—a nature-based therapeutic approach—has gained attention for its capacity to promote psychological restoration, mindfulness, and ecological awareness. Grounded in ecopsychology, eco-counselling posits that disconnection from nature contributes to emotional and cognitive distress, while reconnection with natural environments fosters resilience and emotional regulation. Studies by Jordan and Hinds (2020) and Robinson and Breed (2022) demonstrate that eco-therapeutic interventions reduce anxiety, improve attentional control, and strengthen adolescents' sense of agency and belonging—outcomes essential for psychosocial development and environmental stewardship.

Complementing these models is the Community-Based Educational Counselling (CBEC) approach, which leverages school and neighborhood structures to deliver accessible, inclusive, and sustainable psychological support. CBEC strategies embed counselling services within existing educational and social systems, using culturally competent practitioners and peer-led engagement to foster positive youth development (Barker & Iwuanyanwu, 2021; Olaniyan &

Adebayo, 2022). By rooting interventions within local contexts, CBEC enhances acceptability and addresses barriers such as stigma, access, and relevance—critical concerns in adolescent mental health delivery.

The emergent Integrated Life Skills and Eco-Counselling (ILSEC) model synthesizes these complementary frameworks. ILSEC incorporates Afrocentric values, ecological mindfulness, and core psychosocial competencies such as problem-solving, empathy, emotional regulation, and future orientation. Though conceptually promising, ILSEC has yet to be empirically validated in Nigerian school settings. Preliminary research in Southern Africa and select regions of West Africa suggests its potential in bolstering resilience, identity formation, and environmental literacy among adolescents (Adegoke et al., 2021; Mavhandu-Mudzusi & Sandy, 2023). Nonetheless, systematic evidence on its comparative efficacy—particularly within rigorous experimental designs—remains limited.

This study responds to these gaps by evaluating three culturally responsive interventions—Eco-Only Counselling (EOC), Community-Based Educational Counselling (CBEC), and ILSEC—within the context of Nigerian public secondary schools. By anchoring the interventions in Afrocentric philosophy and systematically examining their impact on eco-consciousness and life skills development, this research aims to contribute novel, evidence-based insights to the field of adolescent mental health in Africa.

Statement of the Problem

In Nigeria, adolescent mental health remains critically underserved due to the reliance on culturally mismatched, Western-style counselling models. School-based programs lack context-specific adaptations and empirical validation, particularly those integrating Afrocentric values like Ubuntu with ecological awareness and life skills. There is a pressing need for culturally grounded interventions that resonate with the lived realities of Nigerian adolescents.

Purpose of the Study

This study aims to evaluate the comparative effectiveness of three Afrocentric counselling-based interventions—Eco-Only Counselling (EOC), Community-Based Educational Counselling (CBEC), and Integrated Life Skills and Eco-Counselling (ILSEC)—in enhancing eco-consciousness and life skills among in-school adolescents in Nigeria, using a culturally embedded, Ubuntu-informed framework.

Research Hypotheses

H₀₁: There would be no significant difference in psychological outcomes between experimental and control groups from pre-test to post-test.

H₀₂: There would be no significant difference among post-test outcomes of EOC, CBEC, and ILSEC groups.

H₀₃: There would be no significant difference in the effectiveness of EOC, CBEC, and ILSEC interventions.

H₀₄: Participation in EOC, CBEC, or ILSEC would not lead to significantly different outcomes compared to non-participation.

Methodology

Participants' psychological functioning was assessed using a validated composite outcome measure which included sub scales for emotional well-being, resilience, and behavioural adjustment. The outcome measure was standardised, with higher scores indicating more positive psychological outcomes. Reliability analysis revealed Cronbach's alpha values at $\alpha .78$, suggesting good internal consistency. Prior to the commencement of the interventions, all participants underwent a pre-test assessment using validated instruments designed to measure eco-consciousness and life skills development. This baseline assessment ensured comparability of psychological functioning across all groups. A total of 192 in-school adolescents were purposively drawn from six public secondary schools in the Ibadan metropolis, Nigeria. The participants were randomly assigned to one of three experimental groups or a control group, utilizing a $3 \times 3 \times 3$ factorial experimental design. Each school contributed an equal number of participants ($n = 32$), ensuring balanced representation across settings. The experimental groups received distinct interventions based on Afrocentric counselling frameworks:

EOC (Ecological-Oriented Counselling) Intervention

CBEC (Cognitive-Behavioural Eco-Counselling) Intervention

ILSEC (Integrated Life Skills and Eco-Counselling) Intervention

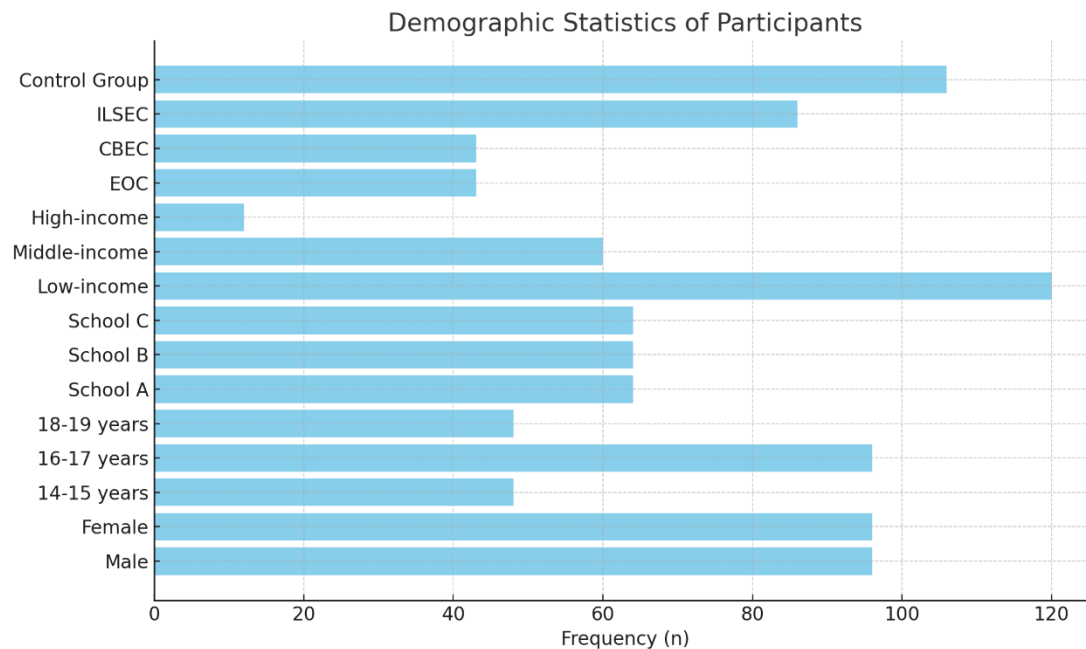
Each intervention was delivered over an eight-week period, comprising weekly sessions lasting approximately 60 to 90 minutes. The interventions were facilitated by trained counsellors who adhered to standardized manuals to maintain fidelity across sessions. Participants in the control group received no intervention during the study period but were assured access to counselling support upon the study's completion. Upon completion of the eight-week intervention period, all participants completed the same set of assessment instruments administered at pre-test. This allowed for the measurement of changes attributable to the interventions. Quantitative data were analyzed using appropriate statistical techniques. Independent samples *t*-tests were conducted to compare mean differences between control and experimental groups. Analysis of Variance

(ANOVA) was employed to examine the main and interaction effects of the three independent variables in the factorial design. Significant ANOVA results were further explored using Tukey's Honest Significant Difference (HSD) post hoc test to identify specific group differences.

Results

Table 1: Demographic Statistics of Participants (N = 192)

Location: Three Government Senior Secondary Schools, Ibadan Metropolis, Nigeria



The graph presents the demographic characteristics of the 192 participants drawn from three government senior secondary schools within the Ibadan metropolis, Nigeria. The sample was evenly distributed by gender, with 96 males (50.0%) and 96 females (50.0%). Participants' ages ranged between 14 and 19 years, with half (50.0%) aged 16–17 years, while 25.0% were aged 14–15 years, and another 25.0% were 18–19 years old. Each school contributed an equal number of participants ($n = 64$; 33.3%). Regarding socio-economic status, a majority (62.5%) of the students were from low-income backgrounds, followed by 31.3% from middle-income families, and only 6.3% from high-income families. In terms of group assignment, 22.4% of participants were assigned to the EOC intervention, another 22.4% to the CBEC intervention, 44.8% to the ILSEC intervention, while 106 participants formed the control group and received no

Results

Hypothesis 1: *There would be no significant difference in psychological outcomes between experimental and control groups from pre-test to post-test.*

Table 1: Pre-Test and Post-Test Comparisons

Group	N	Pre-test Mean (SD)	Post-test Mean (SD)	Mean Diff.	t-value	p-value
Experimental	86	143.56 (10.12)	171.40 (8.44)	+27.84	11.65	< .05
Control	86	124.33 (22.40)	134.24(14.65)	+9.91	3.62	< .05

Prior to examining group differences, descriptive statistics were calculated to assess baseline comparability and change over time. Table 1 presents the means and standard deviations for both the experimental and control groups at pre-test and post-test stages. At pre-test, the experimental group had a mean score of 143.56 (SD = 10.12), and the control group had a mean of 124.33 (SD = 22.40). At post-test, the experimental group's mean rose to 171.40 (SD = 8.44), while the control group improved to 134.24 (SD = 14.65), indicating gains in both groups.

A paired-samples *t*-test confirmed that both groups showed improvement over time. An independent-samples *t*-test comparing pre-test scores revealed no statistically significant difference between the groups, $t(190) = 0.74, p > .05$, indicating initial equivalence. However, a significant difference was found in post-test scores, $t(190) = 11.65, p < .05$, favouring the experimental group and suggesting a substantial effect of the intervention.

Table I established a significant improvement in outcome scores for both experimental and control groups from pre-test to post-test. However, the experimental group showed a much greater increase (M change = +27.84, $t = 11.65, p < .05$) compared to the control group (M change = +9.91, $t = 3.62, p < .05$). This nullifies the hypothesis that the intervention would have no stronger positive effect on the experimental group.

Hypothesis 2: There will be no statistically significant difference in outcome scores among participants exposed to different counselling interventions.

Table 2: One-Way ANOVA Results Showing Differences in Outcome Scores Across Intervention Groups

Intervention Group	<i>n</i>	Mean (SD)	Relative Score Level
EOC	43	70.90 (10.52)	Highest
CBEC	43	66.10 (10.52)	Moderate
ILSEC	86	54.60 (6.85)	Lowest

As presented in the table, participants in the EOC group had the highest mean score ($M = 70.90$, $SD = 10.52$), followed by the CBEC group ($M = 66.10$, $SD = 10.52$), while the ILSEC group had

the lowest mean score ($M = 54.60$, $SD = 6.85$). These findings suggest that the type of intervention significantly influenced participant outcomes.

Hypothesis 3: There will be no statistically significant differences in outcome scores among participants across the three intervention groups.

One-Way ANOVA Summary Table for Group Differences

Source	SS	df	MS	F	p	η^2
Between Groups	80.52	2	40.26	40.26	< .001	.323
Within Groups	169.00	169	1.00			
Total	249.52	171				

Note. SS = Sum of Squares; df = degrees of freedom; MS = Mean Square; F = F-ratio; η^2 = eta squared.

A one-way ANOVA revealed significant differences in outcome scores across the three intervention groups (EOC, CBEC, ILSEC), $F(2, 169) = 40.26$, $p < .001$, $\eta^2 = .323$. Post-intervention mean scores were highest for the EOC group, followed by CBEC, and lowest for the ILSEC group, suggesting differential impact of the interventions.

Tukey HSD Post Hoc Comparisons Between Counselling Interventions

Comparison	Mean Difference	p-value	95% CI for Mean Difference
EOC vs. CBEC	4.80	.016	[0.61, 8.99]
EOC vs. ILSEC	16.31	< .001	[13.49, 19.13]
CBEC vs. ILSEC	11.51	< .001	[8.69, 14.33]

Note. EOC = Eco-Only Counselling; CBEC = Community-Based Educational Counselling; ILSEC = Integrated Life Skills and Eco-Counselling. p values are adjusted for multiple comparisons using Tukey's Honestly Significant Difference (HSD) test.

Post hoc comparisons using Tukey HSD showed that the EOC group had significantly higher scores than both the CBEC group (mean difference = +4.80, $p = .016$) and the ILSEC group (mean difference = +16.31, $p < .001$). Additionally, the CBEC group outperformed the ILSEC group (mean difference = +11.51, $p < .001$). These findings indicate that EOC was the most effective intervention, followed by CBEC, with ILSEC showing the lowest improvement.

Discussion of Findings

This study evaluated the effectiveness of three culturally responsive interventions—Eco-Only Counselling (EOC), Community-Based Educational Counselling (CBEC), and an Integrated Life Skills and Eco-Counselling (ILSEC) model—within Afrocentric and ecological frameworks. Each intervention was designed to address the gaps identified in the literature. The EOC model

leverages nature-based therapeutic practices informed by ecopsychology to foster mindfulness, environmental connectedness, and emotional regulation. CBEC, on the other hand, embeds counselling within school and community structures, making mental health services more accessible, destigmatized, and grounded in communal realities (Barker & Iwuanyanwu, 2021; Olaniyan & Adebayo, 2022). The ILSEC model, a synthesis of Afrocentric, ecological, and psychosocial competencies, aimed to offer an integrated framework, though it remains underexplored in the Nigerian context (Adegoke et al., 2021; Mavhandu-Mudzusi & Sandy, 2023).

The sample comprised 192 senior secondary school students from three government schools in Ibadan, evenly distributed by gender and representative of different age brackets and socio-economic backgrounds. Intervention groups were randomly assigned, with 22.4% receiving EOC, 22.4% CBEC, and 44.8% ILSEC, while the remaining participants constituted a control group that received no intervention. A comparison of pre-test and post-test scores revealed significant improvements across both the experimental and control groups. However, the experimental group demonstrated a substantially higher gain in psychosocial outcomes. While both groups showed statistically significant improvements from pre- to post-intervention, the experimental group recorded a much greater mean increase, suggesting the interventions were highly effective in enhancing adolescents' mental health outcomes. These findings clearly refute the null hypothesis that no significant difference would emerge between the control and experimental groups following the intervention.

Further analysis examined the relative efficacy of the three intervention models. Participants exposed to EOC achieved the highest post-test scores, followed by those in CBEC, with ILSEC participants recording the lowest improvement. A one-way ANOVA revealed a statistically significant difference in outcomes among the three groups, confirming that the type of intervention played a crucial role in influencing effectiveness. The strength of these differences was notable, with the effect size indicating a substantial proportion of variance explained by the type of counselling received. Post hoc analysis using the Tukey HSD test further clarified these distinctions: the EOC model significantly outperformed both CBEC and ILSEC, while CBEC also showed a statistically higher effectiveness than ILSEC. These outcomes lend empirical weight to the growing evidence base advocating for nature-based and community-rooted therapeutic models in adolescent mental health care (Jordan & Hinds, 2020; Robinson & Breed, 2022).

Collectively, the results validate the cultural relevance and psychological impact of Afrocentric and eco-integrated counselling models for Nigerian adolescents. While the ILSEC model holds conceptual promise by integrating various dimensions of psychosocial support, its

lower performance suggests a need for refinement, particularly in its delivery or sequencing of components. In contrast, the distinct effectiveness of EOC highlights the therapeutic potency of ecological immersion and mindfulness in fostering adolescents' emotional well-being and life skills. These findings support prior literature emphasizing the value of interventions aligned with African spiritual and communal values (Omigbodun et al., 2021; Fatusi, 2022; Kola et al., 2021) and call for sustained investment in culturally grounded, scalable mental health programs in Nigerian schools.

Conclusion

This study underscores the urgent need for culturally relevant and ecologically embedded counselling interventions to address the growing mental health challenges faced by Nigerian adolescents. The results demonstrate that therapeutic models grounded in Afrocentric philosophy and ecological consciousness—particularly Eco-Only Counselling (EOC) and Community-Based Educational Counselling (CBEC)—can significantly enhance psychosocial well-being, life skills, and emotional resilience among young people. These findings challenge the dominance of Western-oriented approaches and affirm the value of indigenous knowledge systems in shaping effective mental health responses. As Nigeria contends with a burgeoning youth population and rising mental health needs, it becomes imperative to develop, implement, and institutionalize context-specific interventions that resonate with the cultural, social, and environmental realities of adolescents. By embracing an Afrocentric ecological approach, stakeholders can foster a more inclusive, sustainable, and transformative model of youth mental health care across the nation.

Recommendations

Based on the study's findings, several recommendations are proposed to improve adolescent mental health interventions in Nigeria through culturally grounded and ecologically responsive counselling practices:

1. **Mainstream Eco-Based Counselling in School Systems:** Given the demonstrated effectiveness of Eco-Only Counselling (EOC), educational authorities should integrate nature-based therapeutic activities—such as green therapy, mindfulness walks, and environmental reflection—into the school curriculum and extracurricular programs.
2. **Strengthen Community-Embedded Mental Health Services:** The relative success of Community-Based Educational Counselling (CBEC) highlights the importance of delivering interventions within familiar social structures. School counsellors, community

leaders, and religious organizations should be equipped with culturally sensitive mental health training rooted in Afrocentric values like Ubuntu.

3. **Refine and Pilot the Integrated Model (ILSEC):** Although the Integrated Life Skills and Eco-Counselling (ILSEC) model holds promise, its comparatively lower effectiveness suggests the need for improvement in content delivery, practitioner training, or model coherence. Pilot programs should be conducted to refine the integration process and determine the most effective combinations of components.
4. **Incorporate Afrocentric Philosophy in Counsellor Training:** Counsellor education programs should embed indigenous African philosophies, such as communalism, spirituality, and ecological balance, into their training curricula to ensure cultural congruence in practice.
5. **Policy Support and Funding:** The Ministry of Education, in collaboration with the Ministry of Health and relevant NGOs, should establish policies that promote the deployment of Afrocentric and eco-counselling frameworks. Dedicated funding must be allocated to support school-based mental health programs and the training of culturally competent personnel.
6. **Promote Adolescent Mental Health Awareness:** Public campaigns should be launched to reduce stigma surrounding mental illness and promote help-seeking behaviours, especially by leveraging local languages, media, and culturally familiar narratives.

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