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MENTAL HEALTH COUNSELLING, SUSTAINABLE LIVELIHOOD AND NATIONAL DEVELOPMENT IN POST-COVID-19 NIGERIA

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ABSTRACT

The COVID-19 pandemic intensified psychological, educational, social and economic pressures in Nigeria, yet the relationship between mental-health counselling and sustainable livelihood is often discussed without clearly distinguishing empirical evidence from conceptual claims. This conceptual/narrative review synthesizes relevant theoretical, empirical and policy literature to examine that relationship. It considers post-pandemic mental-health challenges; counselling pathways relevant to resilience, adaptive coping, self-efficacy, decision-making, career development and social functioning; and applications in educational, healthcare, workplace, community and digital settings. The paper integrates Cognitive Behavioural Theory, Self-Efficacy Theory and the Sustainable Livelihood Framework and develops six conceptual propositions about the conditions under which counselling may complement livelihood resources and national development. Existing Nigerian studies document psychological distress among healthcare workers, associations between eHealth literacy and mental-health outcomes, and implementation opportunities and barriers in primary-care mental-health programmes. These findings support the importance of accessible services but do not establish that counselling by itself produces employment, income growth or macroeconomic development. The paper's conceptual contribution is to specify indirect pathways and contextual conditions: counselling may strengthen psychosocial and behavioural capacities, while livelihood outcomes also depend on education, finance, decent work, infrastructure, safety and supportive institutions. The review identifies shortages of trained professionals, stigma, limited funding, weak referral systems, unequal access and gaps in local outcome research. It recommends coordinated counselling services, professional supervision, practical livelihood linkages and stronger Nigerian intervention, implementation and longitudinal research.

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INTRODUCTION

Mental health is a component of individual well-being and social development. It influences how people think, feel, relate to others, manage stress, learn, work, make decisions and participate in their communities. The World Health Organization (WHO, 2022a) frames mental health in terms

of well-being, coping, productive functioning and contribution to community life. This framing is relevant to development because psychological distress can constrain participation in education, employment, family life and community activity. Nevertheless, mental health should not be reduced to productivity: access to care, dignity, rights and quality of life are important outcomes in their own right.

The relationship between mental health and livelihood is especially important where households face economic insecurity and limited access to services. Sustainable livelihood concerns the capabilities, assets and activities through which people secure the necessities of life while maintaining or enhancing their resources over time (Chambers & Conway, 1992; Department for International Development [DFID], 1999). Psychological capacities—including adaptive coping, self-efficacy, decision-making and interpersonal functioning—are not livelihood assets in the same sense as financial, physical, natural or social capital. They may, however, influence how people access and use those assets and respond to shocks. The central issue is therefore not whether counselling can replace economic resources, but whether it can complement them in ways that support participation and resilience.

The COVID-19 pandemic exposed and intensified the interaction between psychological vulnerability and socioeconomic insecurity. Movement restrictions, school disruption, reduced economic activity, employment losses, bereavement, fear of infection and social isolation created overlapping stressors. Nigerian research documented substantial psychological distress, anxiety and depressive symptoms among healthcare workers during the pandemic (Ibigbami et al., 2022). A study of Nigerian adolescents during the third pandemic wave also reported high levels of stress, anxiety and depressive symptoms, although findings from a cross-sectional online sample should not be treated as national prevalence estimates (Oloniniyi et al., 2022). These studies provide evidence of distress during the pandemic; they do not, by themselves, establish the long-term effects of counselling on livelihood outcomes.

Although the acute emergency phase of COVID-19 has passed, some pandemic-related effects—such as bereavement, disrupted learning, altered work patterns and heightened awareness of mental-health needs—continue to shape recovery. Other pressures, including poverty, unemployment, insecurity, unequal access to healthcare and shortages of trained professionals, pre-date the pandemic and should not be described as consequences of COVID-19 alone. The distinction matters for policy: recovery measures should address pandemic-related distress while also responding to longstanding structural conditions that restrict access to support and sustainable livelihood opportunities.

Mental-health counselling is one component of a broader response. Depending on need and professional competence, counselling can support emotional regulation, problem-solving, adaptive coping, interpersonal relationships, educational and career decisions, and appropriate referral. It cannot independently create jobs, increase household income, provide infrastructure or remove insecurity. Its possible contribution is indirect: psychological and behavioural capacities may help people engage with education, employment, entrepreneurship, healthcare, social protection and community-development opportunities when those opportunities are accessible.

This paper examines the conceptual relationship between mental-health counselling, sustainable livelihood and national development in post-COVID-19 Nigeria. Its purpose is to clarify the concepts, integrate relevant theories, review selected Nigerian and international evidence, identify plausible counselling pathways, and derive propositions and policy implications. The contribution is a bounded conceptual account of how counselling may complement livelihood assets and institutions, rather than an assertion that counselling directly causes economic growth. The review also identifies where evidence is currently too limited to support strong causal conclusions.

This paper uses a conceptual/narrative review approach rather than a systematic review or meta-analysis. It brings together foundational theoretical works, selected peer-reviewed empirical studies relevant to Nigeria, and authoritative policy publications on mental health, counselling, work and sustainable development. The literature is discussed thematically under mental-health challenges, counselling-related capacities, service settings, barriers and policy options. Empirical findings are identified as findings from particular studies; the six propositions are the authors' conceptual interpretations developed by integrating the literature. Because the paper does not report a reproducible database search, formal screening process or quantitative synthesis, it does not claim to be exhaustive and does not infer causal effects where the underlying studies are cross-sectional, small-scale or implementation-focused.

CONCEPTUAL CLARIFICATION

Mental Health

Mental health refers to a state of well-being that enables individuals to recognize their abilities, cope with ordinary stresses, learn and work, and contribute to their communities (WHO, 2022a). It includes emotional, psychological, and social dimensions of functioning. Mental health exists on a continuum and can change over time in response to personal, social, environmental, and economic circumstances. Consequently, mental-health promotion is relevant not only to people experiencing diagnosable disorders but also to the general population.

In Nigeria, mental health is influenced by poverty, unemployment, family and interpersonal stress, insecurity, displacement, stigma, limited access to professional services, and social inequalities. A comprehensive understanding therefore requires attention to both individual psychological processes and the conditions in which people live and work.

Mental Health Counselling

Mental health counselling is a professional helping process in which trained counsellors use evidence-informed approaches to assist individuals, couples, families, groups, or communities in addressing emotional, behavioural, relational, educational, and adjustment difficulties. Counselling may involve assessment, goal setting, psychoeducation, skills development, cognitive and behavioural interventions, supportive work, career guidance, and referral where specialist or medical treatment is required (American Counseling Association, 2014; Corey, 2021).

Counselling is distinct from psychiatric medical treatment, although counsellors may work within

multidisciplinary teams. Its contribution to livelihood should therefore be understood through psychological and behavioural pathways such as coping, self-efficacy, decision-making, social functioning, and career development.

Psychological Well-Being

Psychological well-being concerns positive functioning, including the ability to manage emotions, maintain meaningful relationships, develop competence, exercise autonomy, and experience purpose and growth. It is relevant to sustainable livelihood because persistent psychological distress can interfere with concentration, motivation, interpersonal relationships, educational participation, and occupational functioning. Counselling can contribute to psychological well-being by helping clients identify maladaptive patterns, develop coping strategies, strengthen supportive relationships, and build realistic goals.

Sustainable Livelihood

The sustainable livelihood perspective emphasizes the capabilities and assets that people use to pursue living, together with institutional and environmental factors that shape livelihood opportunities. Chambers and Conway (1992) and DFID (1999) highlight livelihood assets and people's capacity to cope with shocks and maintain or improve resources over time. Assets commonly include human, social, financial, physical, and natural capital.

Mental-health counselling does not substitute for financial capital, employment opportunities, infrastructure, education, or natural resources. Instead, it may strengthen aspects of human capability that help individuals and groups make effective use of available assets and respond to shocks.

Sustainable Development

Sustainable development involves meeting present needs without compromising the capacity of the future generations to meet their own needs (World Commission on Environment and Development, 1987). The United Nations Sustainable Development Goals connect health, education, decent work, reduced inequalities, and inclusive institutions within a common development agenda (United Nations, 2015). Mental-health promotion is therefore relevant to several dimensions of sustainable development.

National Development

National development refers to broad and sustained improvements in social, economic, institutional, educational, health, and human-capital conditions. It involves more than economic growth and includes improvements in human well-being, social participation, equity, institutional capacity, and quality of life. Mental-health counselling may contribute indirectly by supporting functioning and participation, while national development also depends on governance, security, infrastructure, employment, education, healthcare, and social protection.

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Post-COVID-19 Nigeria

Post-COVID-19 Nigeria refers to the period following the most acute phase of the pandemic and includes continuing consequences of the disruption. These include psychological distress, altered educational and occupational experiences, economic pressures, changes in service delivery, and heightened awareness of mental-health needs. The context should therefore be understood as a continuing recovery and adaptation period.

THEORETICAL PERSPECTIVES

Cognitive Behavioural Theory

Cognitive Behavioural Theory proposes that emotions and behaviours are influenced partly by the patterns of interpretation, automatic thoughts and underlying beliefs. Beck (1976) argued that maladaptive cognitive patterns can contribute to emotional difficulties; contemporary cognitive behavioural approaches combine cognitive and behavioural techniques to help clients test unhelpful interpretations and develop more adaptive responses (Beck, 2021). The theory does not imply that distress is merely a thinking error: material hardship, violence, discrimination and unsafe environments can be real sources of distress and require practical or structural responses as well.

For livelihood-related functioning, cognitive behavioural approaches may help individuals manage fear, hopelessness, avoidance, excessive worry, and self-defeating beliefs. A person facing unemployment, academic failure, business difficulty, or post-pandemic adjustment may benefit from structured problem-solving, behavioural activation, realistic goal setting, and cognitive restructuring. These processes may improve engagement with opportunities, but they do not remove structural barriers. The theory is relevant to the study because it explains how mental-health counselling can help individuals develop adaptive thinking, emotional regulation, and problem-solving skills to cope with psychological distress and livelihood challenges in post-COVID-19 Nigeria.

Self-Efficacy Theory

Bandura's (1977, 1997) Self-Efficacy Theory emphasizes beliefs about one's ability to organize and carry out actions required to manage particular situations. Self-efficacy may influence effort, persistence and responses to setbacks, but it is not equivalent to actual skill, employment or access to resources. Counselling can support realistic confidence through achievable goals, skills practice, feedback and reflection; it should not blame individuals when structural barriers prevent success.

In livelihood contexts, stronger self-efficacy may support career exploration, educational persistence, entrepreneurship-related behaviour, and adaptive responses to economic shocks. Self-efficacy should not be confused with employability or income itself because labour-market opportunities remain important. The theory is relevant to the study because it explains how counselling can strengthen individuals' confidence, persistence, and decision-making, thereby supporting their participation in education, employment, entrepreneurship, and other livelihood

activities.

Sustainable Livelihood Framework

The Sustainable Livelihood Framework emphasizes livelihood assets, vulnerability contexts, the transforming structures and processes, livelihood strategies and livelihood outcomes (DFID, 1999). It helps prevent an overly individualistic interpretation of counselling by locating personal capacities within economic, social, institutional and environmental conditions. The framework therefore supports a complementary model: counselling may contribute to human capability and social functioning, while sustainable livelihood also depends on productive resources, markets, education, healthcare, infrastructure, social networks, safety and supportive institutions.

The framework suggests that psychological capacities should be considered alongside financial, physical, natural, social, and other forms of capital. Counselling may strengthen human capability and social functioning, but sustainable livelihood outcomes require access to productive resources, markets, education, healthcare, infrastructure, social networks, and supportive institutions. The framework is relevant to the study because it explains how psychological capacities developed through counselling may complement livelihood assets and institutional support in promoting sustainable livelihoods and contributing to national development.

Integration of the Theoretical Perspectives

The three perspectives can be integrated into a single conceptual pathway. Cognitive behavioural approaches explain how counselling may modify unhelpful thinking and behaviour; Self-Efficacy Theory explains how counselling may strengthen confidence and persistence; and the Sustainable Livelihood Framework explains how those capacities interact with wider livelihood assets and institutional conditions. Together, they suggest that counselling can be a supportive component of livelihood resilience without being treated as a direct cause of economic development.

MENTAL HEALTH CHALLENGES IN POST-COVID-19 NIGERIA

Anxiety and Depression

Anxiety and depressive symptoms may arise or intensify when individuals experience prolonged the uncertainty, bereavement, unemployment, financial stress, social disruption, or health concerns. The Nigerian evidence during the pandemic documented substantial psychological distress among healthcare workers (Ibigbami et al., 2022). Such symptoms can affect concentration, motivation, sleep, interpersonal functioning, and occupational performance.

Psychological Distress and Trauma

Psychological distress can result from cumulative exposure to illness, death, job disruption, the insecurity, displacement, and uncertainty. Trauma-related reactions may persist beyond immediate events, especially where individuals have limited access to supportive services. Counselling can provide psychoeducation, emotional support, coping skills, and referral for specialized trauma treatment when required.

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Substance Misuse

Economic hardship, stress, social disruption, and untreated psychological difficulties can interact with the substance-use risks. Counselling can contribute to prevention, early identification, motivational support, relapse-prevention planning, and referral. Substance-use problems requiring medical or specialized treatment should be managed through appropriate multidisciplinary services.

Social Isolation and Disrupted Social Support

Pandemic restrictions and subsequent socioeconomic pressures disrupted social relationships and the community routines. Social isolation can reduce access to emotional and practical support. Counselling can strengthen communication, interpersonal problem-solving, family functioning, and appropriate use of social-support networks.

Educational Disruption

School closures and learning disruptions affected students, teachers, and families. Educational recovery requires academic interventions, but psychological adjustment is also important. Counsellors can support students with anxiety, grief, motivation, study habits, career planning, and transition difficulties and can refer students with more severe needs.

Unemployment and Economic Insecurity

Unemployment and unstable income can affect psychological well-being through financial uncertainty, loss of routine, reduced self-esteem, and family stress. Counselling cannot create jobs, but it can assist individuals to manage distress, clarify goals, develop career plans, build adaptive coping, and connect with relevant training or employment services.

Structural Mental-Health Challenges

Nigeria continues to face barriers to mental-health care, including stigma, unequal geographical distribution of professionals, limited funding, low awareness, inadequate referral systems, and weak integration of mental health into some levels of care. These barriers constrain the potential contribution of counselling and require policy responses beyond individual-level interventions.

MENTAL HEALTH COUNSELLING AND SUSTAINABLE LIVELIHOOD

Psychological Adjustment

Counselling can help people interpret major life changes, manage emotional reactions, identify the practical goals and develop adaptive routines. In post-pandemic settings, adjustment may involve returning to school or work, coping with bereavement or responding to changed family and financial circumstances. These are plausible counselling mechanisms, but the strength and duration of any benefit depend on the intervention, the person's circumstances and access to continuing support. The present paper treats improved livelihood participation as a potential downstream

outcome, not as an established consequence of counselling in every setting.

Resilience and Adaptive Coping

Resilience refers to the capacity to adapt to adversity while maintaining or recovering functioning. Counselling may teach coping strategies, problem-solving, emotional regulation, relaxation, cognitive restructuring and help-seeking. Nwaogu and Chan (2022) reported relationships between coping, individual resilience and anxiety/depression among construction supervisors; this supports the relevance of psychological resources to occupational well-being, but it is not direct evidence that counselling causes better livelihood outcomes. The distinction between association and intervention effect should be maintained when applying such findings to policy.

Self-Efficacy and Decision-Making

Effective livelihood strategies often require choices under uncertainty. Counselling can help individuals distinguish controllable from uncontrollable factors, set achievable goals, evaluate alternatives, and develop action plans. By strengthening self-efficacy, counselling may support persistence when individuals encounter setbacks.

Career Development and Employability

Career counselling can assist with self-assessment, career exploration, educational planning, job-search strategies, interview preparation, workplace adjustment and career transitions. These activities can improve the quality of career decision-making and readiness, but claims that they increase employment or income require outcome studies that measure those outcomes. Actual employment depends on labour-market demand, qualifications, transport, access to finance, employer practices and wider economic conditions. Career counselling is therefore most defensible when linked to vocational training, placement services, entrepreneurship support and decent-work initiatives.

Entrepreneurship and Livelihood Resilience

Entrepreneurial and self-employment activities involve uncertainty, financial risk, interpersonal negotiation, and repeated decision-making. Counselling may support emotional regulation, realistic risk appraisal, problem-solving, goal persistence, and coping with business setbacks. Such support should be linked with financial literacy, vocational training, market access, mentoring, and enterprise-development programmes.

Social Functioning

Social relationships can provide information, emotional support, practical assistance, and access to opportunities. Counselling can improve communication, conflict resolution, empathy, and interpersonal effectiveness. Stronger social functioning may therefore complement social capital within livelihood strategies.

The Nigerian evidence base is promising but uneven. Ibigbami et al. (2022) documented

psychological distress, anxiety and depression among healthcare workers during COVID-19, while Akingbade et al. (2023) reported an association between eHealth literacy and anxiety/depression outcomes in Nigeria. In primary healthcare, the HAPPINESS programme has been examined as an implementation approach for integrating mental-health care, and the later evaluation reported implementation outcomes and clinical impact in Nigeria (Iheanacho et al., 2024). These studies support the relevance of service access, workforce capacity and digital capability. They do not establish a direct causal chain from counselling to entrepreneurship, employment, income or national economic growth. This gap strengthens the case for prospective studies that measure both psychological outcomes and concrete livelihood indicators.

CONCEPTUAL PROPOSITIONS OF THE PAPER

Proposition 1: Mental health counselling is more likely to contribute to sustainable livelihood when it's strengthens psychological capacities that complement, rather than substitute for, livelihood assets and economic opportunities.

Proposition 2: Improvements in adaptive coping and resilience may strengthen individuals' capacity to maintain participation in education, employment, entrepreneurship, and community activities during socioeconomic stress.

Proposition 3: Counselling-related gains in self-efficacy, decision-making, and career adaptability may support livelihood-related behaviour when appropriate education, training, finance, and labour-market opportunities are available.

Proposition 4: The contribution of counselling to livelihood outcomes is likely to be stronger when counselling is integrated with health, education, employment, social-protection, and community-development services.

Proposition 5: Digital counselling can expand access where connectivity, digital literacy, confidentiality, professional competence, and referral systems are adequate; digital delivery should complement rather than automatically replace face-to-face care.

Proposition 6: The contribution of counselling to national development is indirect and multidimensional, operating through improved well-being, functioning, human-capital participation, and social inclusion rather than counselling alone producing macroeconomic outcomes.

APPLICATIONS OF MENTAL HEALTH COUNSELLING

Counselling can be applied across multiple settings in Nigeria. Its value is greatest where it is linked to referral systems, professional supervision, safeguarding, and practical services that address the social and economic circumstances affecting clients.

1. **Educational Institutions**: Schools, colleges and universities can use counselling services to address students' emotional adjustment, academic stress, career decisions, interpersonal

problems and transitions into further education or work. Nigerian adolescent evidence during the COVID-19 period indicates that distress was associated with other difficulties, including sleep and quality-of-life concerns (Oloniniyi et al., 2022). Such findings support attention to student well-being, but do not prove that counselling alone improves grades or employability. Effective school counselling should be linked with safeguarding, referral pathways, parent engagement, teacher support and inclusive educational interventions. In Nigeria, inadequate counsellor-to-student ratios, large enrolments, limited facilities and weak referral systems can constrain service quality.

2. **Healthcare Institutions**: Healthcare settings provide opportunities for early identification and psychosocial support. Counsellors can assist patients and families with adjustment to illness, grief, treatment adherence, stress management, and referral. The HAPPINESS intervention in Nigeria provides evidence that mental-health care can be integrated into primary healthcare using community and technology-supported approaches (Iheanacho et al., 2024).

3. **Workplaces**: Workplace counselling and Employee Assistance Programmes can provide confidential support for the occupational stress, burnout, interpersonal conflict, adjustment difficulties and personal concerns affecting work. Relevant outcomes for evaluation include job satisfaction, attendance, retention, functioning and employee-reported well-being; claims about productivity gains should be supported by workplace-specific evidence rather than assumed. WHO (2022b) and the International Labour Organization (2022) emphasize that workplace on mental health also requires attention to psychosocial risks and working conditions. Counselling should therefore complement, not replace, reasonable workloads, fair treatment, safe environments, supportive supervision and effective organizational policies.

4. **Community-Based Counselling**: Community-based approaches can extend support to populations facing geographical, financial, cultural or informational barriers. Collaboration with primary healthcare workers, community organizations, youth groups, women's groups, religious and traditional institutions, and civil-society organizations may strengthen mental-health literacy, early identification, referral and social support. In Nigeria, community engagement can use locally trusted channels, including community meetings and religious institutions, while making clear that spiritual support and professional counselling can complement one another but are not interchangeable in every clinical situation. Programmes must protect confidentiality, avoid coercion and stigma, use trained personnel, provide supervision and maintain clear referral arrangements.

5. **Digital Counselling**: Digital and tele-counselling can extend services across geographical boundaries and reduce some access barriers, especially when travel is costly or specialist

services are distant. Onu and Onyeka (2024), in a scoping review of digital psychiatry in Nigeria, found that the available literature included implementation and intervention studies and reported generally promising acceptability, while also identifying gaps in evidence quality and geographic coverage. Digital delivery should not be treated as universally accessible: connectivity, data costs, device access, digital literacy, privacy, cybersecurity, informed consent and crisis-response arrangements all affect feasibility. Digital services should be evaluated for reach, acceptability, safety, clinical outcomes and equity, and should complement rather than automatically replace face-to-face care.

CHALLENGES TO MENTAL HEALTH COUNSELLING IN NIGERIA

1. A major challenge is the limited availability and uneven distribution of trained mental-health on professionals. Rural and underserved communities may have fewer services, while transport costs, consultation fees and time away from work can reduce access. Research on Nigeria's HAPPINESS primary-care initiative identified stigma, misinformation, inadequate funding and access barriers as obstacles to service integration (Iheanacho et al., 2024). These findings illustrate that service expansion requires more than the availability of counselling techniques: it also requires staffing, supervision, referral arrangements, affordable access and implementation support.

2. Stigma and misconceptions can discourage help-seeking. Public education should normalize appropriate help-seeking while respecting cultural contexts. Counselling services should protect confidentiality and avoid practices that expose clients to discrimination.

3. Funding and institutional support are important constraints. Sustainable services require staffing, professional development, supervision, referral networks, monitoring systems, and infrastructure. Digital counselling introduces additional challenges involving electricity, internet access, device affordability, digital literacy, confidentiality, and cybersecurity.

4. Nigeria also needs a stronger evidence base on counselling outcomes. Future research should examine intervention effectiveness, implementation feasibility, cost-effectiveness, retention, and longer-term outcomes related to education, employment, social functioning, and livelihood resilience.

OPPORTUNITIES AND FUTURE DIRECTIONS

The growing recognition of mental health creates opportunities for stronger integration of the counselling into health, education, youth development, employment, and social-protection

programmes. Primary healthcare provides an important platform for early identification and referral. Schools and universities can strengthen counselling as part of student support systems, while workplaces can incorporate psychosocial interventions within broader occupational health strategies.

Digital platforms can reach populations that cannot easily access face-to-face services. Expansion should be guided by evidence, ethical standards, professional regulation, data protection, and equitable access. Research should prioritize Nigerian populations through mixed-methods, longitudinal, implementation, and economic-evaluation studies examining psychological and livelihood-related outcomes.

RECOMMENDATIONS

1. Federal and state governments should incorporate mental-health promotion and counselling into broader human-capital and development planning by providing sustained financing, clear implementation plans, defined responsibilities, monitoring indicators, and transparent reporting.

2. Schools and primary healthcare facilities should integrate appropriate counselling, psychoeducation, and referral services into existing programmes, with adequate safeguarding measures and clear pathways for referring individuals who require specialized mental-health support.

3. Counselling services should be linked with vocational training, career guidance, job-placement support, entrepreneurship mentoring, financial literacy, financial services, social-protection programmes, and practical livelihood resources to address psychological and socioeconomic barriers to participation without guaranteeing employment or income gains.

4. Community-based counselling services should collaborate with community leaders, religious and traditional institutions, youth and women's groups, civil-society organizations, and primary healthcare workers to improve mental-health literacy, reduce stigma, promote early identification of psychological difficulties, and strengthen referral mechanisms.

5. Digital counselling services should be expanded responsibly, with appropriate safeguards for privacy, informed consent, data protection, professional competence, accessibility, and referral mechanisms for individuals experiencing urgent psychological or mental-health risks.

6. Government agencies and professional bodies should strengthen counsellor training, professional regulation, ethical practice, supervision, continuing professional development, minimum staffing standards, and equitable deployment of qualified personnel, particularly in underserved communities.

7. Relevant stakeholders should strengthen collaboration across healthcare, education, employment, youth development, and social-protection systems to ensure that counselling forms part of a coordinated continuum of psychosocial and mental-health support. Regular monitoring and evaluation should be conducted to assess service accessibility, quality, ethical compliance, and contributions to individual and community development.

CONCLUSION

Mental-health counselling has a relevant but bounded role in post-COVID-19 Nigeria's recovery and development. The conceptual analysis suggests that counselling may support resilience, adaptive coping, self-efficacy, emotional regulation, decision-making, social functioning and career-related capacities. These pathways are consistent with Cognitive Behavioural Theory, Self-Efficacy Theory and the Sustainable Livelihood Framework, but they should be understood as plausible mechanisms rather than proof that counselling directly produces employment, income growth or national development.

Counselling cannot independently resolve poverty, unemployment, insecurity, weak infrastructure or unequal access to services. Its contribution is most credible when integrated with healthcare, education, employment, social protection and community-development initiatives, and when services are professionally supervised, ethically delivered and accessible to underserved groups. Future Nigerian research should test counselling interventions prospectively and measure both psychological outcomes and concrete livelihood-related outcomes, including education, employment, work retention, social functioning and cost-effectiveness.

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