

Original Research Article

Exploring the Importance of Collaborative Approaches to Community-Based Counselling Interventions in Local Communities

Abstract

Collaborative counselling and community-based interventions are recognised as important strategies for addressing various challenges faced by local communities. Aim: This study explores attitudes and perceptions towards collaborative counselling and community-based counselling interventions. Method: Using a qualitative design and semi-structured interview guide, data were collected through interviews with five interviewees. Analysis: The Braun and Clarke's Reflexive Thematic Analysis was employed to analyse and interpret the data. Findings: Collaborative approaches, involving community members and organisations in intervention development and implementation, were perceived as effective and sustainable. Cultural sensitivity and ongoing professional development were highlighted as crucial for the successful implementation of community-based counselling interventions. This study contributes to the growing body of knowledge on the effectiveness and sustainability of such interventions, underscoring the importance of collaborative approaches. Recommendations: Guidance and counselling practitioners should recognise the value of community-based interventions, develop collaborative skills, incorporate cultural sensitivity, advocate for these interventions, and engage in continuous professional development.

Keywords: Collaborative Counselling, Counselling Approaches, Community-Based Intervention, Cultural Sensitivity and Reflexive Thematic Analysis.

Introduction

Counselling in Ghana traditionally followed a top-down approach, with mental health professionals providing services in clinical settings. However, the importance of community-based interventions and collaborative counselling is gaining recognition in some communities (Nyarko & Brenya, 2020). Community-based interventions work with individuals, families, and community leaders to address mental health issues and promote well-being within the community. This approach acknowledges the influence of social and cultural factors on mental health and well-being, emphasising community involvement in the counselling process (Takyi, 2019).

Community-based interventions take various forms, including group therapy, peer support groups, and community education programs. These interventions effectively address mental health issues like depression, anxiety, and trauma. Additionally, they cater for the mental health needs of marginalised groups, such as women and children (Atinga, Adu-Gyamfi, & Koffuor, 2021; Takyi, 2019).

Collaborative counselling in Africa involves working with community members and organisations to develop and implement mental health interventions. This approach recognises the importance of involving community members and emphasises collaboration

between professionals and the community. Collaborative approaches improve access to mental health services and reduce stigma associated with mental illness (Atinga, Adu-Gyamfi, & Koffuor, 2021; Nyarko & Brenya, 2020).

Collaborative counselling and community-based interventions are recognised as important strategies for addressing various challenges faced by Ghanaian communities. These challenges include poverty, and access to basic services like healthcare, education and clean water. Collaborative approaches involving community members and organisations can effectively address these challenges by promoting community ownership, enhancing local capacity and leveraging local resources (Ofori-Dua, 2020).

However, implementing these approaches in Ghana faces significant challenges. Limited funding for community-based initiatives hinders their long-term sustainability. The lack of reliable data and monitoring systems also makes evaluating the impact of community-based interventions difficult and prevents the achievement of the intended outcomes (Ofori-Dua, 2020). Additionally, resistance to change among some community members; accustomed to traditional approaches; poses a challenge (Sakyi-Dawson, 2021).

Addressing these challenges requires a collaborative and holistic approach that engages all stakeholders and promotes greater awareness and understanding of the benefits of community-based interventions and counselling. [19-20] By working together, mental health professionals, development practitioners and community members can create sustainable and effective interventions that promote the well-being of all people.

The term "interviewees" in this study refers to the people who took part in interviews and contributed their ideas, perspectives and expertise, yielding to an insightful and useful data.

Research Questions

1. What are the attitudes and perceptions of community members and professionals towards collaborative approaches to Counselling and community-based interventions?
2. What are the best practices for engaging and collaborating with community members and organizations in the development and implementation of community-based counselling interventions?
3. How can professionals and development practitioners work together to develop sustainable effective community-based interventions that promote the well-being of people?

Theoretical Framework

Community-Based Participatory Research (CBPR)

The Community-Based Participatory Research (CBPR) framework, originating in the 1940s with Kurt Lewin, Orlando Fals Borda, and Paulo Freire, offers a potential theory for studying collaborative approaches to counselling and community-based interventions. CBPR

emphasises collaboration, partnership, and action among researchers, community members, and other stakeholders (Wallerstein & Duran, 2010; Tsui & Lutfiyya, 2016). It prioritises community involvement and participation in all stages of the research process, from identifying research questions to disseminating findings and implementing interventions (Minkler & Wallerstein, 2003).

The CBPR framework aligns closely with the goals of collaborative counselling and community-based interventions, which seek to engage and empower community members and organisations in the development and implementation of interventions. By adopting a CBPR approach, researchers ensure that the needs and perspectives of community members are considered in all aspects of the research process, and that interventions are culturally appropriate, sustainable, and effective (Israel et al., 1998).

Additionally, the CBPR framework emphasises building and sustaining partnerships among researchers, community members, and organisations, contributing to the long-term success of community-based interventions (Cargo & Mercer, 2008). Through partnerships, stakeholders share resources, knowledge, expertise and work collaboratively towards common goals. Therefore, the CBPR framework serves as a useful theoretical approach for studying collaborative approaches to counselling and community-based interventions, aligning with their key principles and goals, and emphasising community involvement and partnership as essential components of successful interventions.

Methods

Ethical considerations were maintained throughout the research process. Informed consent were obtained from all the interviewees, ensuring their confidentiality and anonymity. The study received approval from the interviewees who were all adults. The researcher ensured that the research process caused no harm to interviewees, who were free to withdraw at any time.

A qualitative research approach explored the experiences and perspectives of community members and counsellors regarding collaborative counselling and community-based interventions in Ghana. This approach enabled an in-depth exploration of the topic, focusing on understanding the meaning and context of the interviewees' experiences. A phenomenological design was chosen to explore participants' lived experiences and perspectives related to collaborative approaches. The study aimed to understand the essence of the lived experiences of interviewees and the sense they made of these approaches.

The study took place at Hlefi, a rural community within the Ho West Municipality in the Volta Region of Ghana, with an estimated population of 2,300 (Eshun et al., 2024). The interviewees included two community members who were mental health practitioners and three professional counsellors with experience in collaborative counselling and community-based interventions. Purposive sampling recruited five participants who met the inclusion criteria and were willing to participate. Five interviewees was in line with the guidelines provided by Hollander (2004), Krueger and Casey (2014) and Guest et al (2006), who indicated that interviews for qualitative research should include four to twelve participants.

Therefore, using five participants was within the permissible bounds for interviews. In addition, it will be simpler to manage the study and acquire an in-depth understanding of the topic with a smaller sample size. This sample size was adequate to capture the prevalent viewpoints and experiences because the community is homogeneous. Again, the lower sample size was justified given the limited resources. These justifications are in consonance with Guest et al (2006).

The inclusive criteria were that interviewees should be registered counsellors and practitioners actively practicing in the community and providing formal or informal counselling, with over five years of experience, living and working in the community. Individuals without formal education or those seeking financial benefits from the discussion's outcomes were excluded.

A team of experts in counselling and community-based interventions reviewed a semi-structured interview guide developed based on the research questions; the interviews took place in a private setting with interviewees. Open-ended questions allowed for an in-depth exploration of interviewees' experiences and perspectives.

With interviewees' consent, the interviews were audio-recorded, and field notes captured non-verbal cues and observations. The duration of each interview lasted approximately an hour. An icebreaker was presented at the start of the discussion to help relax the interviewees, build rapport, and create a positive atmosphere to foster unity. We employed probing techniques to elicit further details from the interviewees, guiding them to present shared views on their work and experiences. Thus, allowing them to share their multiple perspectives on collaborative counselling. The interviewees received non-monetary compensation for their time.

Analysis

The interviewees' ages ranged from 45 to 55 years, comprising three females (60%) and two males (40%). Among the counsellors, two were female (67%) and one was male (33%). The community practitioners included one female and one male, each comprising 50%. Counsellors' experience ranged from 6 to 15 years. The Braun and Clarke's Reflexive Thematic Analysis (2019) method was employed to analyse the data to answer the research questions and make informed conclusions. The Braun and Clarke's Reflexive Thematic Analysis (2019) method involves steps such as familiarisation of the data, preliminary coding, making categories, forming the themes, refining themes and writing the reports. The audio recordings were transcribed verbatim and checked for accuracy. We read and re-read the transcripts to identify key themes and patterns. We organised identified themes into a codebook and coded the transcripts accordingly. Subsequently, we grouped the codes into broader themes and interpreted the data in relation to the research questions.

Data Validation

To ensure the collection of trustworthy data, several measures were taken. The discussion took place in a private setting to guarantee participant confidentiality, encouraging open

communication. Reflexive notes were taken and incorporated into the final analysis. To ensure triangulation and the presentation of valid findings, another researcher was invited to observe the interviews and confirm adherence to the interview guide. The discussion was transcribed verbatim immediately after its conclusion. Additionally, we conducted a member audit, presenting the results to the interviewees and discussing them to verify that the captured data accurately reflected their thoughts and statements. Lastly, peer debriefing was carried out to refine the analysis.

Results

Theme: Attitudes and perceptions towards collaborative approaches to counselling and community-based interventions

It was found that both community members and professionals expressed positive attitudes towards collaborative approaches to counselling and community-based interventions, recognising the benefits of working together towards a common goal. Community members emphasised the importance of culturally sensitive and contextually relevant interventions tailored to the community's needs. Professionals highlighted the importance of building trust and rapport with community members, along with the need for ongoing communication and collaboration. The following excerpts were gathered from the respondents.

Respondent 1: *"I believe that collaborative approaches to counselling and community-based interventions are crucial for addressing the mental health and social issues facing our communities. It's important for counsellors and professionals to work closely with community members to develop interventions that are culturally sensitive and responsive to the needs of the community."*

Respondent 5: *"In my experience, community-based interventions that involve active participation from community members are more effective and sustainable than interventions that are imposed from outside. Collaborative approaches that involve ongoing communication and feedback from the community are essential for ensuring that interventions are tailored to the needs of the community."*

Respondent 3: *"As a counsellor, I have seen the positive impact that collaborative approaches can have on the well-being of individuals and communities. Building trust and rapport with community members is essential for creating a safe and supportive environment for counselling and intervention development."*

Theme: Best practices for engaging and collaborating with community members and organizations

Engaging with community members and organisations at the outset of intervention planning was identified as critical for ensuring interventions were responsive to the community's needs and concerns. A participatory approach, involving community members in all stages of intervention development and implementation, was seen as important for building trust, ownership, and sustainability. Flexibility and adaptability in the approach to intervention development and implementation were seen as necessary to respond to changing needs and circumstances. The following excerpts were gathered from the respondents.

Respondent 4: *"I think it's important to start by building relationships with community members and organizations, and to involve them in the planning and implementation of interventions from the very beginning. This helps to ensure that interventions are responsive to the needs of the communities, and that community members feel invested in the success of the intervention."*

Respondent 2: *"In my experience, it's important to approach collaboration with humility and a willingness to learn from community members. We should recognize that community members are the experts on their own experiences and needs, and that our role as professionals is to support and facilitate their efforts to address these needs."*

Respondent 3: *"Clear communication and transparency are key to effective collaboration with community members and organizations. We need to ensure that community members have a clear understanding of the goals and objectives of the intervention, and that they have a voice in decision-making throughout the process."*

Theme: Developing sustainable and effective community-based interventions

The study found that professionals and development practitioners emphasized the importance of taking a holistic approach to intervention development that considered the broader social, economic, and political context in which interventions were implemented. Building local capacity and empowering community members to take ownership of interventions was seen as critical to sustainability and effectiveness. Collaboration between professionals, development practitioners, and community members was seen as key to developing interventions that were responsive to the needs of the community and aligned with local knowledge and practices.

Respondent 1: *"I think it's important to involve community members and organizations in the development of interventions from the outset, and to ensure that interventions are culturally sensitive and contextually*

relevant. We should also focus on building capacity within the communities, so that community members are empowered to take ownership of the intervention and sustain it over the long term."

Respondent 5: *"I believe that sustainable and effective community-based interventions require a holistic approach that addresses not only the individual, but also the social, economic, and political factors that contribute to mental health and well-being. This requires collaboration across sectors and disciplines, and a recognition that mental health is everyone's responsibility."*

Respondent 3: *"To develop sustainable and effective community-based interventions, we need to focus on building partnerships and networks that can support ongoing collaboration and learning. This includes engaging with other organizations and institutions, and investing in the training and development of community members to ensure that they have the skills and knowledge to sustain the intervention over time."*

Discussion

The findings of this study suggest that collaborative approaches to counselling and community-based interventions are important for promoting the well-being of all Ghanaians. Community members and professionals expressed positive attitudes towards these approaches, emphasising trust, communication, and collaboration. Research has shown that community-based interventions with active participation from community members are more effective and sustainable than those imposed externally (Collins, 2016). Respondents echoed this, stressing the need for ongoing communication and feedback to ensure interventions are tailored towards community needs.

The identified best practices for engaging and collaborating with community members and organisations align with previous research on community engagement and participation (Israel et al., 2018; Eshun et al., 2024). These practices include building relationships, recognising community expertise, and promoting clear communication and transparency throughout the intervention process. Developing sustainable and effective community-based interventions requires a holistic approach addressing individual, social, economic, and political factors contributing to mental health and well-being (Patel et al., 2018). Respondents highlighted the importance of involving community members and organisations in intervention development and building community capacity for long-term sustainability.

Collaborative approaches are increasingly being recognised as important for promoting the well-being of individuals and communities. In Ghana, like other low- and middle-income countries, significant challenges exist in providing effective mental health services due to limited resources, stigma, and cultural beliefs (Gureje et al., 2019). Community-based interventions engaging with community members and organisations can address these

challenges by increasing access, reducing stigma, and integrating mental health into broader initiatives.

Findings suggest that attitudes towards collaborative approaches are generally positive, consistent with research emphasising community engagement in mental health interventions (Collins, 2016; Israel et al., 2018). However, the study highlighted challenges to collaboration, including mistrust, power imbalances, and limited resources. A participatory approach involving community members and organisations throughout the intervention process can address these challenges. This includes building relationships, recognising community expertise, and promoting clear communication and transparency. Community members should also be involved in intervention design and implementation to ensure cultural appropriateness and responsiveness to local needs (Gureje et al., 2019).

Community-based interventions are essential for addressing mental health and well-being in Ghana, as highlighted by this study. Professionals and development practitioners must collaborate with community members and organisations to develop tailored interventions, especially given disparities in access to services and a shortage of mental health professionals (Doku & Agyemang, 2016). The identified best practices for engaging and collaborating with community members and organisations are consistent with Israel et al. (2018), who emphasised active participation in all aspects of the research process.

Incorporating local knowledge into community-based interventions ensures cultural appropriateness, sustainability, and effectiveness. By involving community members, interventions are more likely to address social, economic, and political factors contributing to mental health and well-being issues, rather than solely focusing on individual-level factors. Building capacity within the community is another crucial aspect, empowering community members to take ownership and sustain the intervention over long-term. This involves providing training and support, building partnerships, and promoting community participation in decision-making processes.

The findings align with the Community-Based Participatory Research (CBPR) paradigm, prioritising collaboration between counsellors and community members to address community needs and facilitate social change. The study connects to CBPR principles by highlighting the importance of collaborative approaches, community involvement, and a holistic approach to mental health issues in Ghana and other low and middle-income countries. The study's emphasis on community engagement throughout the research process, capacity building, and cultural sensitivity reflects core CBPR principles. Ultimately, the study demonstrates the effectiveness of CBPR in promoting positive mental health outcomes in Ghana.

Limitations and Future Research

This study focused on a small sample size (five participants) from one rural village in the Volta Region's Ho West Municipality. This small sample size could not adequately represent the variety of points of view and perspectives that professionals and community people in Ghana have to offer. Future studies should build on this work by utilising a more extensive and varied sample size, including people from various geographic locations, socioeconomic,

and cultural backgrounds. This would improve the findings' generalizability and offer a more thorough grasp of cooperative counselling techniques and community-based solutions throughout Ghana.

Moreover, although this research investigated the overall attitudes and views of cooperative methods, it needed to examine specific approaches or strategies to deal with the issues found; like mistrust and power imbalances between community members and experts. Future studies might look more closely into these problems, evaluating the efficacy of various approaches to fostering equity, empowering community people in the intervention process, and fostering trust. Further research might examine the effects of certain cooperative initiatives on mental health outcomes in Ghana, offering important data to guide practice and policy.

We can continue to expand our knowledge about cooperative methods to counselling and community-based therapies by addressing these constraints and investigating these research topics, which will eventually improve the wellbeing of people and communities throughout Ghana.

Conclusion

In conclusion, this study highlights the importance of collaborative approaches to counselling and community-based interventions for promoting mental health and well-being in Ghana. To develop sustainable effective interventions, it is essential to: engage with community members and organisations; build partnerships and networks; adopt a holistic approach that addresses the complex social, economic, and political factors that contribute to mental health and well-being; and build capacity within the community. These findings have significant implications for mental health policy and practice in Africa and other low and middle-income countries, where mental health issues remain a considerable public health challenge. The implications for guidance and counselling suggest that practitioners must recognise the value of community-based interventions, develop collaboration skills, incorporate cultural sensitivity, advocate for these interventions, and engage in ongoing professional development. Guidance and counselling practitioners must collaborate with community members and organisations to promote the well-being of all Ghanaians.

Recommendations and Implications for Guidance and Counselling

Based on the findings and discussion of this study, several recommendations and implications can be drawn for the field of guidance and counselling in Africa and elsewhere:

1. To improve the effectiveness and sustainability of community-based interventions, it is essential for counsellors to promote collaboration between professionals and community members. This can be achieved by involving community members in the development and implementation of interventions and creating a sense of ownership and responsibility among community members.
2. The success of community-based interventions relies heavily on building trust and relationships with community members. Counsellors and other professionals should prioritize building strong relationships with community members and organizations to ensure that interventions are successful and sustainable.

3. To enhance the capacity of professionals to collaborate effectively with community members and organizations, there is a need for ongoing professional development. Training programs should be developed for professional counsellors to equip them with the necessary skills to engage in community-based interventions.
4. There is a need for advocacy efforts to promote the adoption of collaborative approaches to counselling and community-based interventions. This could include engaging policymakers and other stakeholders to support the development of policies and programs that prioritize community-based interventions.
5. The study emphasizes the importance of cultural sensitivity in the development and implementation of community-based interventions. Guidance and counselling practitioners need to be aware of the cultural context of the communities they work in, to develop interventions that are sensitive to cultural differences.

Pre-Registration Statement

Though counselling is multi-discipline approach, the practice in the African settings and in particular Ghana, has largely been between the patient and the therapist. In this paper, we explore the contributions of other members that encompass the utilisation of the socio-economic factors in the community to ensure a holistic treatment plan.

Originality Statement

This work is original and that this paper has not been submitted to any other journal for consideration or whatsoever.

Data Availability Statement

The analysed data has been saved in a password-protected electronic file, which is maintained in confidence by the study's principal investigator and is available on request.

Conflict of interest

The authors of this work do not have any conflict.

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Ethics declaration Data Availability:

The authors declare that ethical approval was received from the Institutional Review Board (IRB) of the University of Education, Winneba and informed consent was gained from the participants. The analysed data is saved in a password-protected electronic file, which is maintained in confidence by the study's principal investigator and is available on request.

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Conceptualisation: FLA

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Data Collection & Ethics: SO, MA & GY

Data Analysis: MA & SR

Initial Draft and Proofreading: SO & FLA

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Competing Interest

The authors declare no competing interest in this study and publication.

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References

1. Atinga, R. A., Adu-Gyamfi, S., & Koffuor, G. A. (2021). Exploring community-based mental health services in Ghana: a systematic review of the literature. *International Journal of Mental Health Systems*, 15(1), 1-16.
2. Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589-597.
3. Cargo, M., & Mercer, S. L. (2008). The value and challenges of participatory research: Strengthening its practice. *Annual Review of Public Health*, 29(1), 325-350. <https://doi.org/10.1146/annurev.publhealth.29.091307.083824>
PMid:18173388
4. Collins, P. Y. (2016). Mental health in Africa: Finding a new path for equity. *The Lancet Psychiatry*, 3(4), 298-299.
5. Doku, V. C., & Agyemang, S. (2016). Mental health in Ghana: A health systems analysis. *BMC Public Health*, 16(1), 119.

6. Eshun, E., Attila, F. L., Buabeng, D. N., Asamoah-Gyawu, J., Ray, S., Kudzawu, N., & Peasah, B. S. O. (2024). Influence of Cultural Beliefs and Values on the Provision of Guidance Services. *Asian Journal of Advanced Research and Reports*, 18(6), 119–129. <https://doi.org/10.9734/ajarr/2024/v18i6658>
7. Guest, G., A. Bunce, and L. Johnson. 2006. "How Many Interviews are Enough? an Experiment with Data Saturation and Variability." *Field Methods* 18 (1): 59–82.
8. Hollander, J. A. (2004). The social contexts of focus groups. *Journal of Contemporary Ethnography*, 33(5), 602-637.
9. Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19(1), 173-202.
10. Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., Allen, A. J., & Guzman, R. (2018). Critical issues in developing and following community-based participatory research principles. In *Community-Based Participatory Research for Health* (pp. 31-44). Springer. <https://doi.org/10.1146/annurev.publhealth.19.1.173>
PMid:9611617
11. Krueger, R. A., Casey, M.A. (2014). *Focus groups: A practical guide for applied research*. Sage.
12. Minkler, M., & Wallerstein, N. (2003). Introduction to community-based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 3-26). Jossey-Bass.
13. Nyarko, S. H., & Brenya, E. (2020). Community-based approaches to mental health care in Ghana: the case of the Basic Needs Model. *Journal of Public Health in Africa*, 11(2), 1004-1010.
14. Ofori-Dua, K. (2020). Community-Based Development in Ghana: A Review of Literature. *Journal of Human Security Studies*, 9(2), 45-56.
15. Patel, V., Belkin, G. S., Chockalingam, A., Cooper, J., Saxena, S., & Unützer, J. (2018). Grand challenges: Integrating mental health services into priority health care platforms. *PLoS Medicine*, 15(5), e1002648.
16. Takyi, J. K. (2019). Community-based interventions for improving mental health in Ghana: a review. *International Journal of Mental Health Promotion*, 21(2), 79-87.

17. Tsui, E. K., & Lutfiyya, Z. M. (2016). A review of community-based participatory research (CBPR) in applications of fields of public health: How CBPR is shaping the future of public health. *Journal of Public Health Management and Practice*, 22(5), 393-400.
18. Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*, 100(S1), S40-S46. <https://doi.org/10.2105/AJPH.2009.184036>
PMid:20147663 PMCID:PMC2837458
19. Ohamaeme, C. R., Nwagwu, J., Onwusonye, E. S., & Ohamaeme, M. C. (2018). Social Problems Leading to Internet Addiction and Consequences Arising from Internet Addictive Behaviours among Undergraduates in Imo State, Nigeria. *Asian Journal of Education and Social Studies*, 3(1), 1–8. <https://doi.org/10.9734/AJESS/2019/45606>
20. Maar MA, Erskine B, McGregor L, Larose TL, Sutherland ME, Graham D, Shawande M, Gordon T. Innovations on a shoestring: a study of a collaborative community-based Aboriginal mental health service model in rural Canada. *International journal of mental health systems*. 2009 Dec;3:1-2.