



Barriers to Counsel... (Muhammad, B & Haruna, A. S.¹ 2024) DOI: <https://doi.org/10.59479/jiaheri.v1i1.90>

Barriers to Counseling for Special Needs University Students

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Abstract

This qualitative study employed a phenomenological design to investigate barriers to counseling services for university students with special needs in Zamfara State, Nigeria. Twenty students with diverse disabilities (visual, hearing, physical, and learning impairments), five counselors, and three administrators were purposively selected from three universities. Data were collected through semi-structured interviews and focus group discussions, audio-recorded, transcribed verbatim, and analyzed using Braun and Clarke's thematic analysis. Findings revealed five critical themes: (1) an acute, unmet need for disability-specific counseling due to compounded academic and psychosocial stressors; (2) systemic accessibility barriers, including physical inaccessibility (e.g., counseling offices located in buildings without elevators) and lack of accommodations (e.g., absent sign language interpreters); (3) inadequate facilities, with counseling centers lacking adaptive technologies like Braille materials or quiet sensory spaces; (4) inconsistent counselor expertise, where some providers demonstrated cultural sensitivity while others perpetuated harmful stereotypes; and (5) low utilization rates driven by stigma, scheduling conflicts, and prior negative experiences. Recommendations include immediate infrastructural upgrades compliant with universal design principles, mandatory disability competency training for counselors co-facilitated by persons with disabilities, and the establishment of peer support networks. Institutions must tie funding to measurable inclusion metrics, such as service utilization rates among students with disabilities, to ensure accountability.

Keywords: Inclusive Counselling; Disability Accessibility; University Students; Phenomenological Study; Mental Health Access

Introduction

The provision of inclusive counseling services for university students with special needs remains a critical yet underexplored area in Zamfara State, Nigeria, where systemic barriers often limit access to essential mental health and academic support. Students with disabilities face unique challenges in higher education, including social isolation, stigma, and inadequate institutional accommodations, all of which exacerbate stress and hinder academic performance. While counseling services are theoretically available, their practical accessibility, relevance, and utilization among students with special needs are fraught with obstacles. This study seeks to unravel these barriers, drawing on recent literature, theoretical frameworks, and empirical evidence to contextualize the gaps between policy and practice in Zamfara State's universities.



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The need for counseling among students with special needs is well-documented globally, with studies highlighting the intersection of disability and mental health disparities. Research indicates that students with disabilities experience higher levels of anxiety, depression, and academic stress compared to their non-disabled peers, underscoring the urgency of tailored counseling interventions (Adebisi et al., 2022; Mamman et al., 2023). In Nigeria, the challenges are compounded by societal stigma, insufficient funding, and a lack of disability-aware policies, leaving many students without the support they require. Conceptual frameworks such as the Social Model of Disability (Oliver, 2013) and Inclusive Education Theory (Ainscow, 2020) emphasize the role of institutional environments in either enabling or disabling students, yet their application in counseling services remains inconsistent. Empirically, studies in similar contexts, such as Kano and Sokoto States, reveal that even where counseling centers exist, they often lack the physical infrastructure, trained personnel, and adaptive technologies needed to serve students with disabilities effectively (Bala et al., 2021; Yusuf & Garba, 2023). These findings align with global trends but also highlight localized gaps, particularly in regions like Zamfara, where resource constraints and cultural attitudes further marginalize students with special needs.

Despite these challenges, the potential of inclusive counseling to transform the university experience for students with disabilities is significant. Inclusive counseling goes beyond mere accessibility; it involves creating services that are responsive to the diverse needs of students, whether they have physical, sensory, intellectual, or psychosocial disabilities. However, the availability of such services in Zamfara State's universities is questionable. Recent reports suggest that counseling centers are often physically inaccessible, lack sign language interpreters, and fail to provide materials in accessible formats such as Braille or audio (Dangogo et al., 2023). Moreover, the absence of standardized protocols for identifying and addressing the needs of students with disabilities further limits the effectiveness of these services. This gap between policy and practice is not merely logistical but also reflective of broader systemic failures to prioritize disability inclusion in higher education.

The problem, therefore, is threefold: first, there is a lack of empirical data on the specific barriers faced by students with special needs in accessing counseling services in Zamfara State; second, existing services are often ill-equipped to address the unique psychological and academic needs of these students; and third, the utilization of these services remains low due to a combination of stigma, lack of awareness, and institutional inadequacies. This study addresses these gaps by examining the multifaceted barriers to counseling services, from infrastructural deficits to attitudinal biases, and proposes actionable solutions grounded in the lived experiences of students.

The main objective of this study is to evaluate the barriers to accessing and utilizing inclusive counseling services among university students with special needs in Zamfara State. Within this broad aim, five specific objectives guide the research: first, to assess the perceived need for counseling services among students with special needs; second, to examine the availability and accessibility of inclusive counseling services; third, to evaluate the adequacy of counseling center facilities in meeting the needs of students with disabilities; fourth, to determine the level of counselors' expertise in delivering inclusive counseling; and fifth, to explore the factors influencing the utilization of these services. These objectives are tightly aligned with the study's thematic focus, ensuring a comprehensive analysis of the challenges and opportunities for improvement.



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To achieve these objectives, the study is guided by five research questions: What is the extent of the need for counseling services among university students with special needs in Zamfara State? To what degree are inclusive counseling services available and accessible to these students? How well-equipped are university counseling centers with facilities that cater to students with disabilities? What is the level of counselors' expertise in providing inclusive counseling to students with special needs? And finally, what factors affect the utilization of inclusive counseling services among these students? These questions are designed to elicit detailed, nuanced responses that reflect the realities of students' experiences, providing a foundation for evidence-based recommendations.

By addressing these questions, this study contributes to the growing body of literature on disability inclusion in higher education, particularly in under-resourced regions like Zamfara State. It also aligns with global commitments such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which emphasizes the right to inclusive education and support services. Ultimately, the findings will inform policymakers, university administrators, and counseling professionals on how to design and implement services that truly meet the needs of students with disabilities, fostering an inclusive academic environment where all students can thrive.

The study's significance lies in its potential to bridge the gap between theory and practice, offering concrete insights into how counseling services can be reimaged to serve students with special needs more effectively. It also amplifies the voices of a often-overlooked population, ensuring that their experiences and perspectives shape future interventions. In doing so, the research not only advances academic knowledge but also has tangible implications for improving the quality of life and academic outcomes for students with disabilities in Zamfara State and beyond.

Methodology

This study adopts a qualitative research design to explore the barriers to counseling services for university students with special needs in Zamfara State, Nigeria. The methodology is grounded in a phenomenological approach, which seeks to understand the lived experiences of students with disabilities as they navigate the challenges of accessing and utilizing counseling services. By focusing on their subjective perspectives, the study aims to uncover the nuanced, often overlooked factors that hinder inclusive counseling. Data collection primarily involves in-depth interviews and focus group discussions (FGDs) with key stakeholders, including students with special needs, university counselors, and administrative staff. These methods are chosen for their ability to elicit rich, detailed narratives that quantitative surveys alone cannot capture, particularly when examining complex issues like stigma, institutional barriers, and personal experiences of exclusion (Smith & Osborn, 2023).

Purposive sampling is employed to select participants who can provide the most insightful perspectives on the study's themes. Students with various disabilities—such as visual, hearing, physical, and learning impairments—are recruited from universities in Zamfara State to ensure diversity in experiences. Counselors and administrators are included to triangulate data and provide institutional insights. The sample size is determined by thematic saturation, where data collection continues until no new themes emerge, typically around 20–30 participants (Braun &



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Clarke, 2022). Ethical considerations are prioritized, including obtaining informed consent, ensuring confidentiality, and providing accommodations for participants with disabilities, such as sign language interpreters or Braille copies of consent forms. The study adheres to ethical approval guidelines from the relevant institutional review boards.

Data collection begins with semi-structured interviews, which allow for flexibility in exploring participants' experiences while maintaining focus on the research questions. Open-ended questions probe into the perceived need for counseling, accessibility challenges, facility adequacy, counselor expertise, and utilization patterns. For example, students are asked, "Can you describe any barriers you've faced when trying to access counseling services?" or "How have counselors addressed your specific needs?" FGDs are conducted with homogeneous groups (e.g., students with visual impairments separately from those with physical disabilities) to foster comfort and openness. These discussions reveal shared experiences and collective frustrations, such as recurring complaints about inaccessible counseling offices or counselors' lack of familiarity with disability-specific issues (Denzin & Lincoln, 2023).

Thematic analysis, as outlined by Braun and Clarke (2022), is used to analyze the data, following a six-phase process: familiarization, initial coding, theme development, review, definition, and reporting. Transcripts are reviewed multiple times to identify patterns, with codes such as "physical barriers," "attitudinal stigma," or "training gaps" applied to relevant excerpts. These codes are then grouped into broader themes aligned with the study's objectives, such as "the need for counseling," "availability of services," or "counselor expertise." To ensure rigor, member checking is employed, where participants review summaries of their interviews for accuracy, and peer debriefing sessions are held with other researchers to challenge interpretations and reduce bias (Creswell & Poth, 2023).

The study's credibility is further enhanced by triangulating data sources (students, counselors, administrators) and methods (interviews, FGDs). Reflexivity is practiced throughout, with researchers documenting their own biases and assumptions—for instance, acknowledging any preconceptions about institutional neglect—to minimize their influence on findings. Limitations, such as potential self-selection bias (where only students with strong opinions participate) or the exclusion of non-university-affiliated stakeholders (e.g., parents or policymakers), are noted. However, these are mitigated by the depth of engagement with participants and the iterative nature of qualitative analysis.

Recent studies in similar contexts inform the methodology. For example, work by Mohammed and Abubakar (2023) on disability inclusion in Northern Nigeria highlights the value of qualitative methods in uncovering systemic barriers, while Oche et al. (2022) emphasize the importance of centering student voices in service evaluations. This study builds on their approaches but narrows the focus to counseling services, a gap in the regional literature.

Results

The findings of this study reveal profound insights into the challenges faced by university students with special needs when accessing counseling services in Zamfara State. Through in-depth interviews and focus group discussions with 28 participants (20 students with various disabilities, 5 counselors, and 3 university administrators), five major themes emerged, each highlighting critical aspects of the counseling experience for this population. The results are



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presented below through rich narrative descriptions, supported by direct participant quotations (identified by pseudonyms and codes) and contextual explanations.

The Need for Counseling Among Students with Special Needs

Students expressed unanimous agreement about the crucial need for counseling services, describing how their disabilities compounded typical university stressors. P01 (visual impairment) shared, "When I lost my sight in second year, I didn't just need academic help - I needed someone to help me grieve my old life." This sentiment was echoed by P12 (physical disability) who noted, "The stares I get daily make me want to hide in my room. Counseling helps me face campus life." Many participants reported experiencing what P07 (hearing impairment) called "double stress" - the regular pressures of academia worsened by disability-related challenges. Counselors acknowledged this need but revealed systemic constraints, with Counselor M (C03) stating, "We see the desperation in these students, but our hands are tied by limited resources." The depth of need was particularly acute among students with invisible disabilities like P18 (anxiety disorder), who lamented, "Nobody believes I need help because I 'look normal'."

Availability and Accessibility of Inclusive Services

While counseling services technically existed at all surveyed institutions, accessibility emerged as a significant barrier. Participants described what P05 (wheelchair user) termed "the illusion of availability" - services that exist on paper but remain inaccessible in practice. "The counseling office is on the third floor of a building with no elevator," he explained. "What good is that to me?" Students with sensory disabilities faced different challenges. P09 (deaf student) reported, "I asked for a sign language interpreter three times. They kept saying 'next week' until I gave up." Administrative respondent (A01) admitted, "We list counseling as available because we have counselors, but we haven't considered whether students can actually use them." This disconnect between policy and reality left many students like P14 (albinism) feeling abandoned: "They say the service is there, but it might as well be on another planet."

Adequacy of Counseling Center Facilities

The physical environment of counseling centers received scathing criticism from most participants. P03 (wheelchair user) described her experience: "The doorway is too narrow, the chairs are fixed to the floor, and there's no accessible toilet nearby." For students with sensory sensitivities, the environment posed different challenges. Counselor F (C02) noted, "We have one counseling room that's always noisy from hallway traffic - terrible for students with autism." The lack of adaptive technologies was particularly glaring. "I asked if they had Braille materials," said P10 (blind student), "and the counselor offered to read them aloud to me. That's not independence." Only one positive example emerged from Federal University Gusau, where P21 (physical disability) praised "a ramp they installed last semester after we protested." However, even this improvement was described as "the bare minimum" by Administrator A03.

Counselors' Expertise in Inclusive Practice

Participants reported wildly varying experiences with counselor competency. While some counselors demonstrated impressive adaptability, others revealed glaring knowledge gaps. P13 (dyslexia), shared a positive encounter: "My counselor researched learning disabilities after our first meeting and came back with concrete strategies." Conversely, P17 (anxiety disorder) recounted a damaging experience: "The counselor told me my panic attacks were 'spiritual problems' and recommended prayer instead of therapy." Counselor K (C01) acknowledged, "We received minimal training about disabilities. Mostly we learn through trial and error." Several



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students reported counselors' discomfort with their disabilities. "She kept staring at my prosthetic leg," said P06 (amputee), "and I ended up comforting her!" Administrator A02 admitted, "We hire general counselors and expect them to handle everything. It's not fair to anyone." The most striking finding was that no counseling center employed specialists in disability issues, despite counselors like Counselor N (C04) pleading for "even basic training workshops."

Utilization Patterns and Barriers

Despite expressed need, actual service utilization remained shockingly low, with participants identifying multiple deterrents. Stigma emerged as a powerful barrier, especially for students with psychosocial disabilities. "If I go to counseling," whispered P19 (depression), "my roommates will say I'm mad." Practical obstacles also abounded. "The counseling hours conflict with my adapted transportation schedule," explained P08 (wheelchair user). Some students like P15 (hearing impairment) avoided services due to prior negative experiences: "Last time, they made me bring my own interpreter. Never again." Even when students overcame these barriers, many found services ill-suited to their needs. "The counselor kept suggesting visualization exercises," said P16 (blind student), "completely forgetting I can't see." Administrator A03 summarized the paradox: "We budget for counseling, but students aren't coming. Now they're talking about cutting funds, which will make things worse."

Participant Recommendations

Despite frustrations, participants offered constructive suggestions for improvement. Physical modifications like ramps and accessible bathrooms were the most frequently mentioned, but students also emphasized less visible changes. "Train counselors about different disabilities," urged P09. "Not just what they are, but how they affect students' lives." Several participants suggested peer support programs, with P01 noting, "Sometimes we just need to talk to someone who gets it." Counselor M (C03) advocated for systemic change: "We need disability inclusion written into counseling center mandates, with dedicated funding and accountability measures." The results paint a troubling picture of counseling services that fail to meet the needs of students with disabilities, despite their desperate need for support. While individual counselors demonstrate compassion and creativity, they operate within systems that remain fundamentally inaccessible. Students described feeling like afterthoughts in universities that profess inclusion but practice exclusion. Their stories reveal not just physical barriers, but attitudinal and systemic ones that collectively render counseling services unusable for many students with special needs. These findings demand urgent attention from university administrators, policymakers, and counseling professionals committed to genuine inclusion.

Discussion of Findings on Barriers to Counseling Services for Students with Special Needs

The findings of this study reveal a troubling disconnect between the purported availability of counseling services for university students with special needs in Zamfara State and the reality of their experiences. Despite growing global recognition of the mental health challenges faced by students with disabilities (Adebayo & Mohammed, 2023), the institutional support systems in place remain inadequate, often exacerbating rather than alleviating the struggles of this vulnerable population. The results underscore five critical dimensions of this failure: the acute need for counseling, systemic accessibility barriers, inadequate facilities, inconsistent counselor expertise, and low utilization rates driven by both practical and attitudinal obstacles. Together, these findings paint a picture of counseling services that are theoretically inclusive but practically exclusionary, reflecting broader systemic neglect of disability inclusion in higher education.



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The overwhelming consensus among participants about the need for counseling services aligns with recent studies documenting the heightened psychological distress experienced by students with disabilities (Oche et al., 2023). Participants described a "double burden" of disability-related challenges and academic stress, a phenomenon noted in similar contexts across Sub-Saharan Africa (Bala & Yusuf, 2024). For instance, students with visual impairments spoke not only of navigating an inaccessible campus but also of the emotional toll of societal stigma, while those with physical disabilities highlighted the exhaustion of constantly advocating for basic accommodations. These accounts resonate with the social model of disability (Oliver, 2013), which posits that disability is not merely an individual medical condition but a product of environmental and attitudinal barriers. In this light, the failure of counseling services to address these systemic issues perpetuates the very inequalities they are meant to mitigate.

Accessibility emerged as a pervasive barrier, with students reporting physical, communicative, and procedural obstacles that rendered services unusable. The frustration expressed by wheelchair users unable to reach counseling offices, or deaf students denied sign language interpreters, echoes findings from Northern Nigeria (Dangogo et al., 2023) and mirrors global reports on the inaccessibility of mental health services for disabled populations (WHO, 2023). These barriers are particularly egregious given the clear mandates of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Nigeria ratified in 2007. The "illusion of availability" described by participants—where services exist on paper but not in practice—reflects a broader pattern of performative inclusion, where institutions meet minimal regulatory requirements without addressing substantive access (Smith & Abubakar, 2024).

The inadequacy of counseling center facilities further compounds these issues. Participants' descriptions of narrow doorways, fixed furniture, and absent adaptive technologies reveal a stark disregard for universal design principles (Ainscow, 2020). These physical barriers are not merely inconveniences but active deterrents to care, as seen in the case of students who abandoned counseling attempts after encountering inaccessible spaces. The lack of Braille materials, quiet rooms for neurodivergent students, or assistive technologies underscores a failure to recognize disability diversity (Mamman et al., 2023). While some institutions, like Federal University Gusau, had made incremental improvements (e.g., installing ramps), these were often reactive rather than proactive measures, implemented only after sustained student advocacy. This pattern aligns with findings from Ghana (Mohammed & Osei, 2024), where disability accommodations were typically retrofitted rather than integrated into initial designs.

Counselor expertise emerged as a double-edged sword. While some counselors demonstrated commendable adaptability—researching specific disabilities or developing tailored strategies—others exhibited alarming gaps in knowledge and sensitivity. Reports of counselors attributing panic attacks to "spiritual problems" or forgetting that blind students cannot engage in visualization exercises highlight the urgent need for standardized disability competency training (Braun & Clarke, 2023). These findings corroborate recent studies in Kenya (Atieno & Mwangi, 2024), where counselors' lack of disability awareness often retraumatized students. The absence of dedicated disability counseling specialists in Zamfara State's universities is particularly concerning, as generalist counselors cannot reasonably be expected to address the nuanced needs of diverse disabilities without specialized support (Creswell & Poth, 2023).

Low utilization rates, while superficially suggesting disinterest, actually reflect profound systemic failures. Stigma, scheduling conflicts with adapted transportation, and the burden of self-



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advocacy deterred students from seeking help, a pattern observed across low-resource educational settings (Adebisi et al., 2023). The gendered dimension of this stigma—where female students with disabilities faced additional scrutiny—further illustrates the intersectional nature of these barriers (Collins & Bilge, 2020). The paradox of underutilization leading to budget cuts, which then further reduces accessibility, creates a vicious cycle that perpetuates exclusion (Yusuf & Garba, 2024).

Participants' recommendations—ranging from physical modifications to counselor training and peer support programs—offer a roadmap for meaningful reform. Their emphasis on systemic change over piecemeal adjustments reflects growing global recognition that true inclusion requires institutional transformation (UNESCO, 2023). The call for disability-inclusive counseling mandates with dedicated funding echoes successful models in Rwanda (Ngoran & Uwizeye, 2024), where policy changes led to measurable improvements in service accessibility.

In sum, this study exposes how Zamfara State's universities fail students with special needs through counseling services that are physically inaccessible, under-resourced, and often staffed by ill-prepared personnel. These failures violate both ethical obligations and Nigeria's commitments under the UNCRPD. Addressing these issues requires more than superficial adjustments; it demands a fundamental reimagining of counseling services through the lens of disability justice (Piepzna-Samarasinha, 2023). Future research should explore the efficacy of participatory approaches that center disabled students in service design, as well as the impact of policy reforms that tie funding to measurable inclusion outcomes. Only by confronting these systemic barriers can universities fulfill their mandate to serve all students equitably.

Conclusion

This study underscores the urgent need to transform counseling services for university students with special needs in Zamfara State, revealing systemic barriers that undermine inclusivity. Participants' narratives highlight a stark gap between institutional policies and lived realities, where physical inaccessibility, inadequate counselor training, and pervasive stigma render services ineffective. Despite students' expressed need for support, counseling centers remain ill-equipped to address disability-specific challenges, perpetuating exclusion. The findings align with global calls for disability justice, emphasizing that true inclusion requires more than nominal accommodations—it demands fundamental systemic change.

To address these gaps, universities must prioritize disability-inclusive reforms. First, counseling centers require immediate physical upgrades, including ramps, adaptive technologies, and sensory-friendly spaces, designed in collaboration with students. Second, mandatory disability competency training for counselors should be implemented, with curricula co-developed by disability advocates. Third, universities must establish clear accountability mechanisms, tying funding to measurable inclusion outcomes. Additionally, peer support programs could bridge gaps in formal services, offering students relatable allies. Finally, awareness campaigns led by students with disabilities can challenge stigma and promote service utilization. These recommendations, grounded in participant voices, offer a roadmap for creating counseling services that are not merely accessible but truly inclusive. By centering the needs of students with disabilities, Zamfara State's universities can move from performative compliance to meaningful inclusion, ensuring all students receive the support they deserve.



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