

# Counselling Service

## Annual Report 2017-18



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## 2017-18 overview

**Individual counselling** remains the largest element of our provision to students. The Service has continued to see **growth of demand for counselling** in 2017/18 with the proportion of students attending counselling was up 10.4% on the previous year, to 11.7% of the student body. This increase is completely in line with similar increasing numbers of students seeking counselling and other welfare provision in terms of mental health across the UK university sector. To accommodate this demand within available resources, it was necessary to further reduce the number of counselling sessions available to each student. This has now reached an all-time low of 3.1 sessions, although the clinical staff work with every student to assess the numbers of sessions depending on clinical need. This can be seen in the breakdown of figures which show that 71.4% of students were seen for 3 or fewer sessions, and 28.6% of students were seen for 4 or more sessions. The view of our clinical staff team is that we are approaching a watershed with any further reduction in number of sessions likely to mean the type of counselling will necessarily change into a very different enterprise as has happened in many other university counselling services. If the counselling service was to move to becoming a mainly triage service it would undermine the enterprise of brief therapeutic work and vastly reduce the effectiveness to make positive change for each student using the service.

**Building expansion:** Until 2017/18 the ability to respond to increased demand was severely limited by space constraints. In 2017/18, SWSS expanded laterally from 3 Worcester Street into the adjacent building, in the process reconfiguring much of the space and changing working practice within that space (e.g. more use of hot-desk space placed around the building). Some of the new space accommodates the Disability Advisory Service (DAS) and the mentors who previously did not have any dedicated space. However, the move yielded a modest increase in space for counselling with an increase in rooms from 11 to 13 and an increase in the number of seminar rooms, which has enabled us to expand provision of therapeutic groups and psychoeducational workshops. Unfortunately, **delays in completion of building work** resulted in substantial disruption to counselling during the early weeks of MT. This is reflected in service statistics, e.g. those on waiting times for a first appointment.

We completed our move, begun in 2016/17, to an entirely paperless **integrated case management system, Titanium**. This required substantial changes in day-to-day working practices of staff but immediately began to yield significant benefits in terms of reduced burden on the administrative staff and better access to management information.

Following a leadership transition within the Peer Support programme, and consultation with colleges, **we substantially revamped the Peer Support programme**, with training reconfigured from 30 hours to 24 hours to enable delivery within a single term (8 x 3 hour sessions) and at a lower cost; establishing clearer links between the Peer Support programme and college welfare teams; and developing a Peer Support Handbook for designated welfare contacts in each college.

We extended the **Counsellor on Site (College Counsellor) scheme** to a current total of 11 colleges. Counsellors from the central service make counselling available on college premises for up to one day per week. Students in many colleges have expressed a strong desire for access to counselling in colleges. The scheme delivers significant benefits to colleges relative to employing a counsellor independently: the Service provides management and clinical supervision; the central

case management system is used by counsellors which maintains the confidentiality of student records, and counsellors are insured. Simultaneously, this scheme helps the Service by providing additional space for counselling at a time when there is no further space available within SWSS and which would otherwise make increased provision impossible.

The Service continued its extensive programme of **groups and workshops** and maintained the **online resources** to support student personal wellbeing and mental function, and contribute some resources of our own.

**Liaison with specialist NHS services** continues to evolve to help students access onward support where required, with referral pathways and joint service liaison being consolidated with the Eating Disorder Service (Cotswold House). Links continue to be sustained with other specialist NHS and Oxfordshire Council services such as The Adult Mental Health Team (AMHT at the Warneford Hospital), and a view to forge links with TalkingSpace Plus in the year ahead. Future endeavours for service links include Early Intervention Service (EIS; psychosis); the Complex Needs Service (CNS; Oxfordshire) and Turning Point (substance misuse).

Closer working between the **Service and DAS**, with a formalising of referral routes for mentoring students to access a brief counselling intervention as required, and for mentoring referrals to specialist NHS provision

The **Trauma Clinic** has continued to provide a specialist service to students experiencing symptoms of post-traumatic stress. The Clinic offers a very brief intervention, typically 4 sessions, and has been a very valuable resource to students who have experienced sexual assault as well students affected by terrorist incidents, natural disaster, accidents, medical trauma and other traumatic events. Student numbers seen in the Clinic are small, about 20 per year, but we anticipate that numbers are likely to increase following the launch of the new Sexual Harassment and Violence Support Service. One further member of staff has been funded to pursue training in Eye Movement Desensitization and Reprocessing (EMDR), the therapy offered through the Clinic.

**Associate Programme:** The service has continued to offer training placements for students in the final, clinical stage of post-graduate trainings in psychodynamic psychotherapy, cognitive behavioural therapy, and counselling psychology.

The Service continues to operate the **Link Counsellor scheme**, whereby each college has a named counsellor who can serve as a point of contact between the Service and the college for discussion of welfare matters in general, or concerns relating to a particular student. Link counsellors play different roles in different colleges, in response to differences in college welfare structures and needs. The majority of link counsellors contribute in some way to welfare inductions and attend regular welfare lunches or other welfare meetings.

The Service continues to contribute to the national debate about university student mental health and the development of national policy in this area. Senior members of the service have been involved in developing and promoting university counselling and student mental wellbeing through the BACP-UC (British Association of Counselling and Psychotherapy-University and College Division), the MWBHE working group (Mental Wellbeing in Higher Education) and as active members of various Universities UK working groups to help promote their policy initiatives to improve support for student mental health and wellbeing.

The system of having a **Duty Counsellor** and **Duty Manager** always available through service working hours to provide confidential advice, information and consultation to all members of college and departmental staff has increased in usage. This service is very useful to improve engagement with external services, such as NHS medical services as well as family and friends of students so information can be appropriately shared as well as creating a more collaborative and joined up level of support, while still respecting the confidentiality of individual students.

The Service has develop **support for staff**, though staff **Mindfulness sessions** and the introduction of a new management tool, **the 'Assessment Calculator'**, to evaluate individual counsellor workloads and to ensure that counsellors are not working at unsafe levels of intensity.

### Data note

Data between years is not necessarily comparable. The Counselling Service switched to an electronic case management system (Titanium) for 2016-17 which allows for enhanced reporting, however data from pre 2016-17 is not directly comparable to post 2016-17 data. Previous data is included for information only.

### Staffing and resources

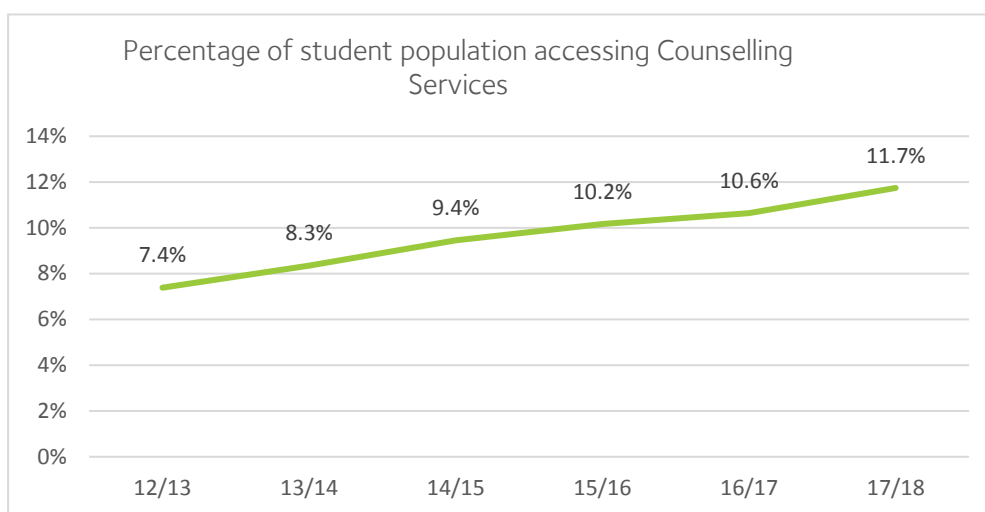
In 2017-18 the Counselling Service employed:

Core counsellors	12.07 FTE
Medical consultant	0.20 FTE

The core counselling staff includes a service head and three deputies. The FTE figure comprises established staffing excluding associates and casual appointments. The service utilises associates, who are trainee counsellors at the latter stages of their training who undertake supervised counselling practise. The associate counsellor programme enables the service to extend its level of provision especially being able to offer students additional long term support.

## Students accessing the service

There continues to be a steady increase in the number of students contacting the Counselling Service, with a 10.4% increase in students 2017-18 to 11.7%.

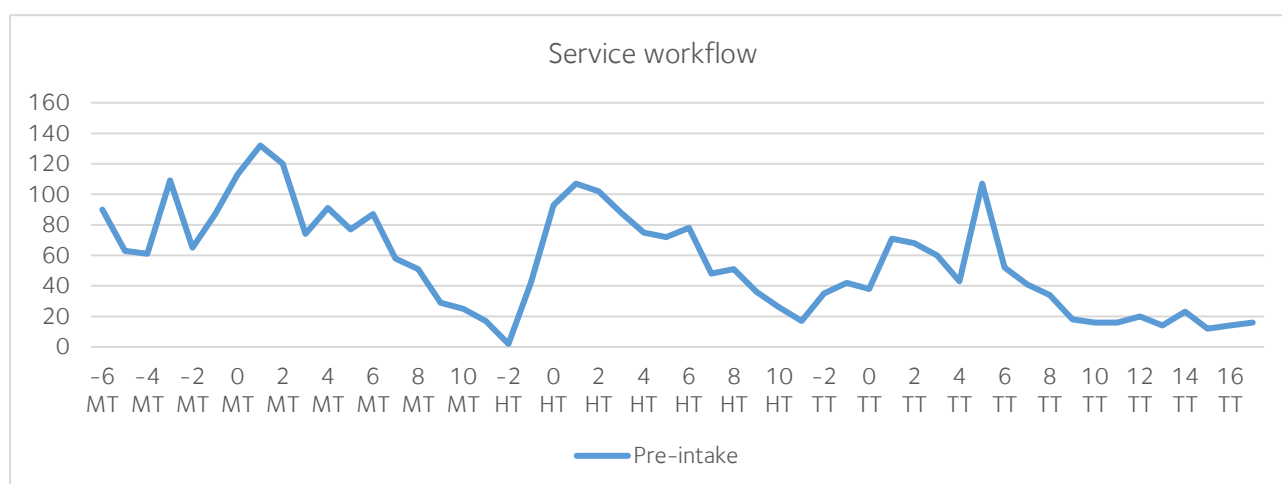


	13/14	14/15	15/16	16/17	17/18
Students offered assessment (IA)	2,268	2,483	2,795	*	2,788
Students who responded	1,832	2,096	2,300	2,419	2,752
Students who did not respond	152	147	221	276	300
Students attending counselling	1,680	1,949	2,079	2,143	2,452

\* No data available for 2016-17

The numbers do not necessarily relate to all students assessed as students seen by the college counsellor are not included for this academic year. Work will be undertaken in 2018-19 to ensure that these figures are captured and can be reported on.

## Demand & workflow

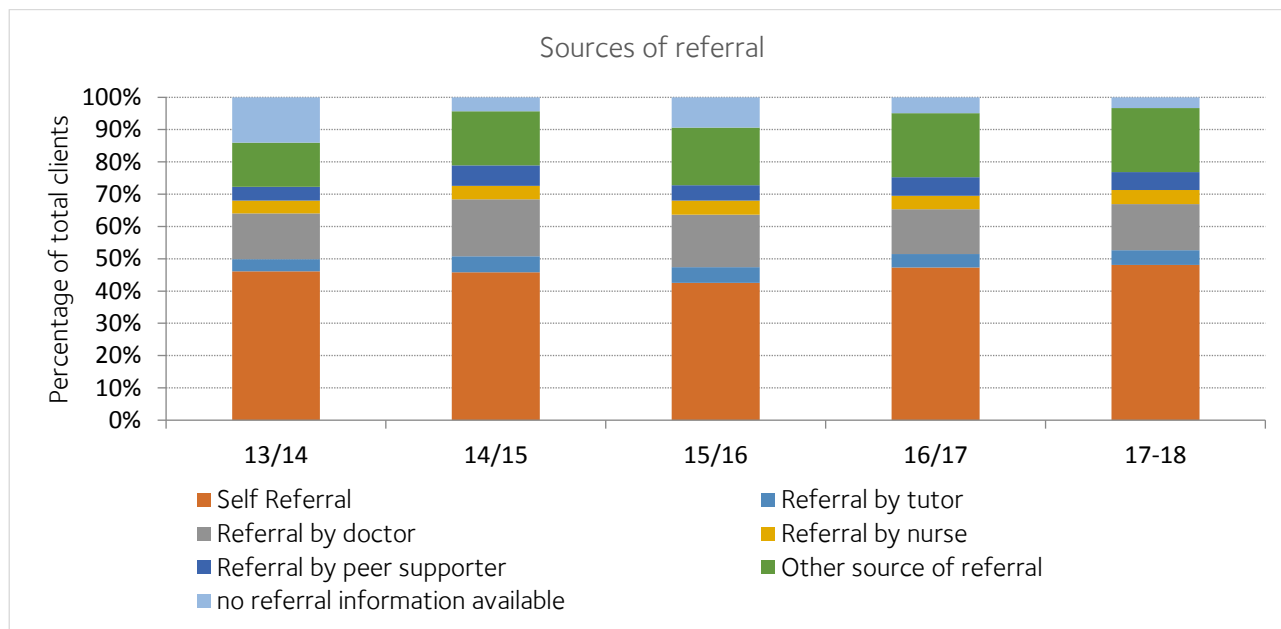


Service demand shows a significant peak over the end of the long vac, which is problematic as most students and counsellors are not present until -1 MT. This means that at the start of term there is a significant backlog of students waiting to be seen with a corresponding impact on

timescales. -2 HT is a point of particular note as this is the period where the service is closed for Christmas. There is also a notable spike in 5 TT, which may be an anomaly in the data.

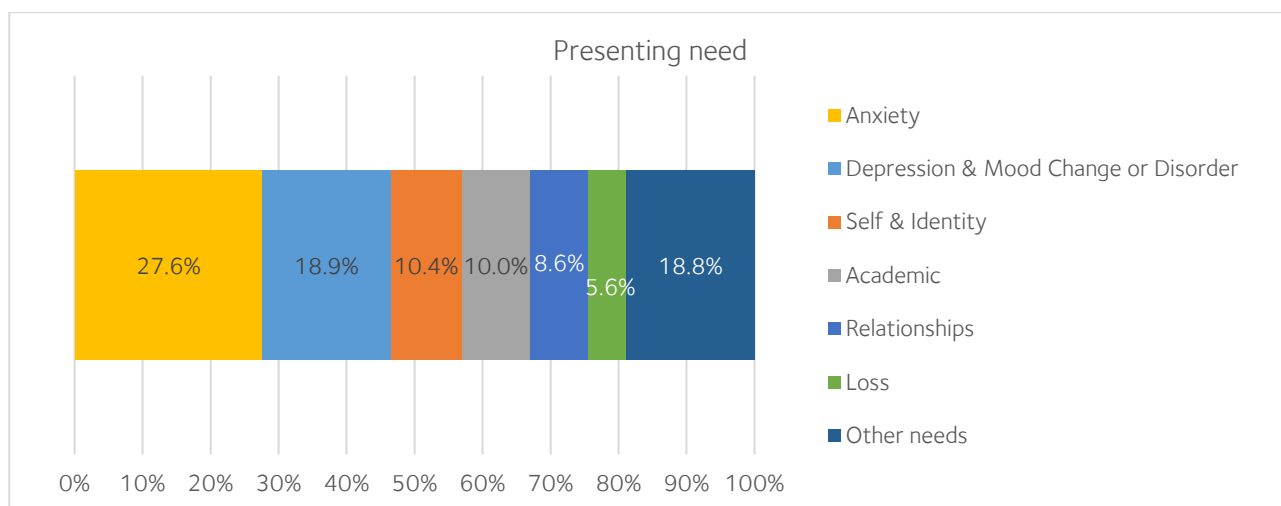
### Referrals

Whilst referrals can be made from a number of sources, virtually all students self-refer but they are given the opportunity to indicate whether anyone has suggested they come, with the referral trend remaining largely unchanged:



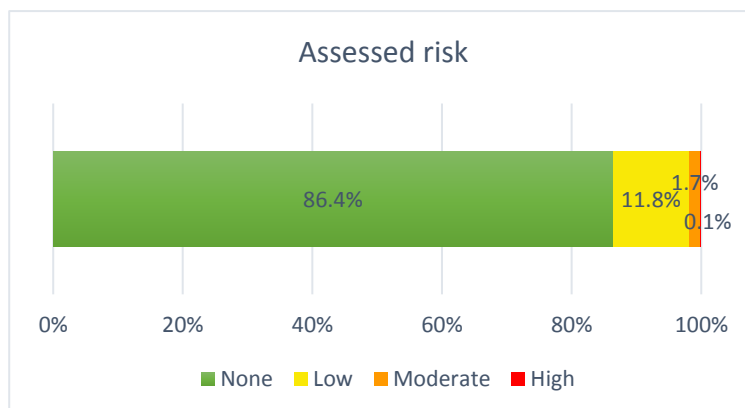
### Presenting need

The core needs of students are presented below with 81.2% of cases being covered in the six main categorisations as shown below. The remaining 18.8% of cases are spread across a further nine categories of the AUCC model.



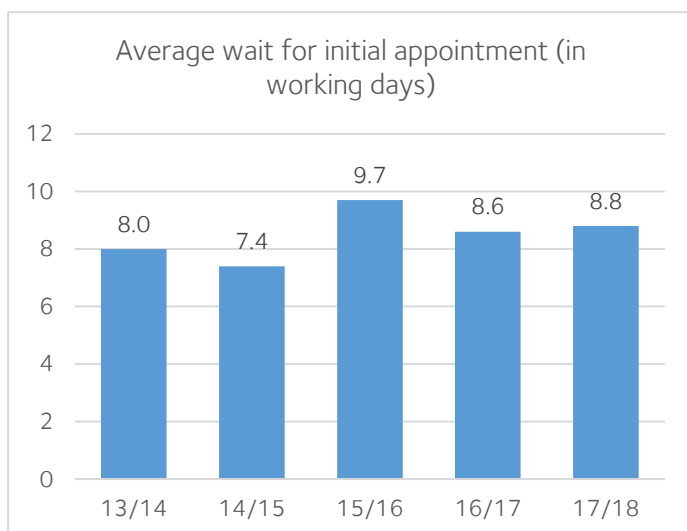
### Risk

Risk is assessed from the CORE data provided by students, based on scores 0-3



### Waiting times

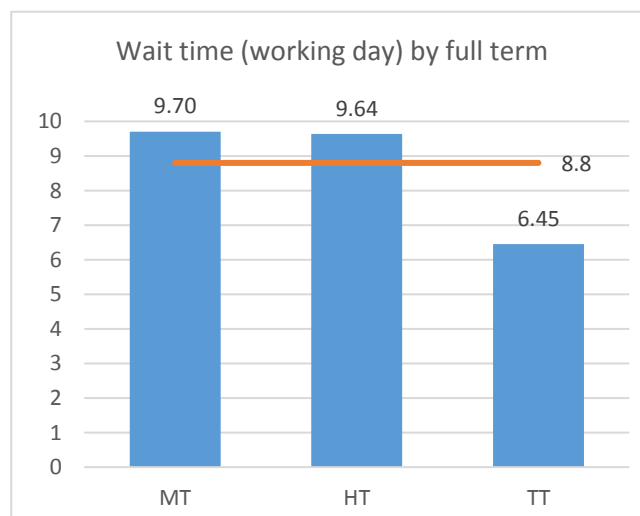
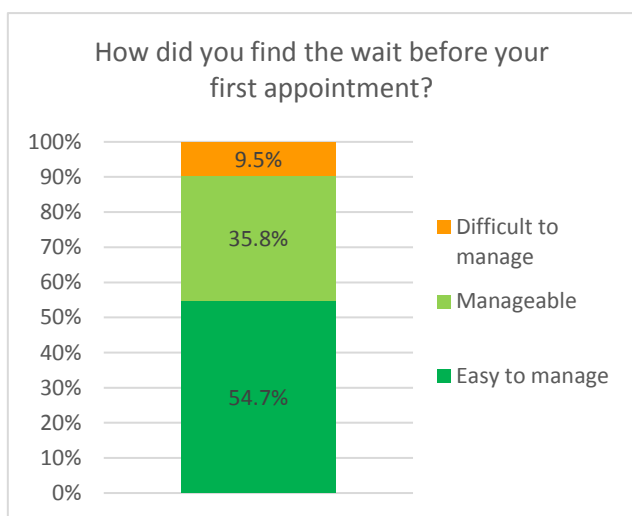
The average waiting time for initial appointments increased slightly in 2017-18 to 8.8 working days. The wait time analysed by full term shows higher than average wait times over Michaelmas and Hilary, but notably lower than average in Trinity.



The proportion of students seen within 5 working days also increased slightly to 39.9%, indicating that extended waiting times in individual cases has reduced.

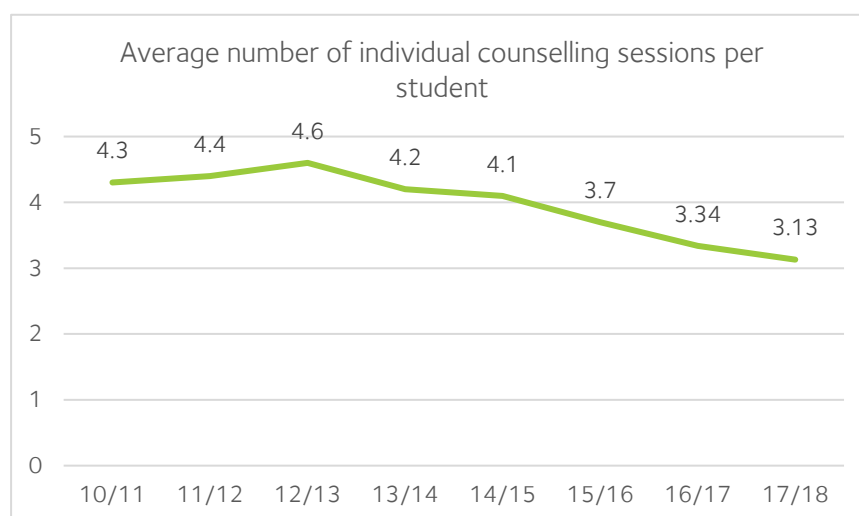
Whilst waiting times depend to some extent on the student's availability to meet, with academic commitments or vacation periods contributing to longer wait times, the number of students seeking support ahead of MT and having fewer counsellors on site may be contributors to this.

The vast majority of student reported that the wait was manageable.





## Average sessions



Average number of sessions has now reached an all-time low of 3.1. The view of professional clinical staff is that we are approaching a watershed. Any further reduction in number of sessions, counselling will become a very different enterprise as has happened in many other counselling services across the country. Without adequate time to work effectively and in-depth with the issues students bring counselling becomes triage, directing students to web-based resources, guided self-help, community-based resources, etc. The service believes this needs to be prevented at all costs, as brief counselling where there is deep specialist expertise in working with adolescents, specifically in a university context, is a much more powerful and effective intervention than available alternatives.

The average of 3.1 sessions does not mean all students get 3 sessions. There is significant variation in the length of engagement, and this is regarded as a strength of the service. The service empowers professional clinicians to make judgments about the length of their engagement with each individual, consistent with the need to maintain a reasonable average. This means counsellors can give considerably more time to individuals whose issues are complex and/or who are dealing with complicated life situations such that they require support over a more extended period, as shown below:

	Number	Proportion
1 session	790	31.4%
2-3 sessions	1,006	40.0%
4-6 sessions	487	19.4%
7+ sessions	231	9.2%

### Appointment types

The type of offered appointments is shown to the right. There has been an increase in initial and returner (students seen in previous years) assessments, along with an increase in final sessions. There has been a decrease in ongoing sessions offered. This would be indicative of fewer sessions per student offered and a focus on closing cases.

Appointment type	16/17	17/18
Initial Assessment	1,757	1,863
Returner assessment	386	452
Ongoing session	4,331	3,769
Final session	751	859
Review	386	175

### Attendance

Attendance at arranged individual counselling sessions has remained stable at 77.0%. The number of student 'no shows' showed a decline, but the number of student cancelled sessions increased, with an overall increase in student-led cancellations to 18.5% of all offered appointments, equating to 1,795 sessions, similar to the previous year.

### Groups and Workshops

A total of 11 groups were run in year alongside 7 workshops run termly, involving 22 staff from the service and externally. Groups for presenting problems are tailored to termly or seasonal variation e.g. exam anxiety workshops in early Trinity Term (pre-examinations) and staff continue to develop relevant thematic groups and/or workshops in response to demand and prevalence of specific issues.

Further work is required to ensure standardised data collection for groups and workshops to ensure that they can be reviewed for efficacy and take up. A minimum data set has been designed and groups and workshops facilitators will complete to inform statistical evaluation and outcomes during academic year 2018-19.

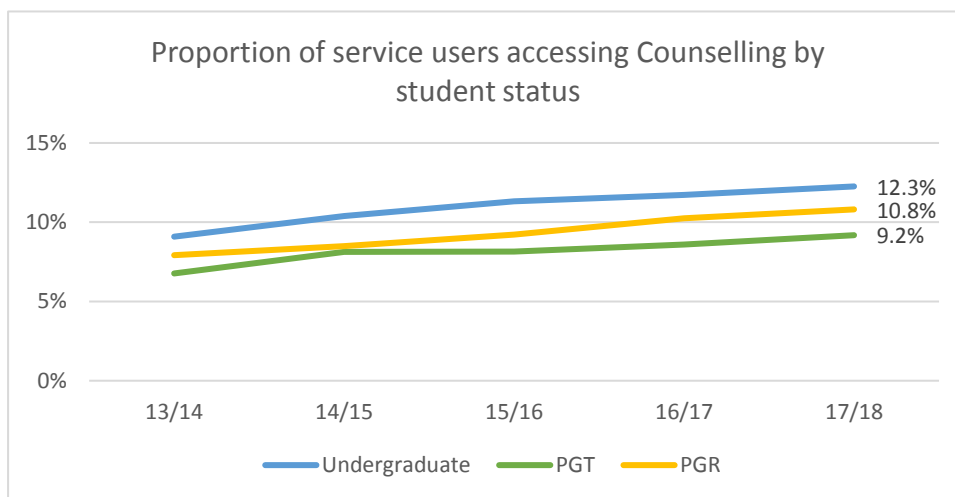
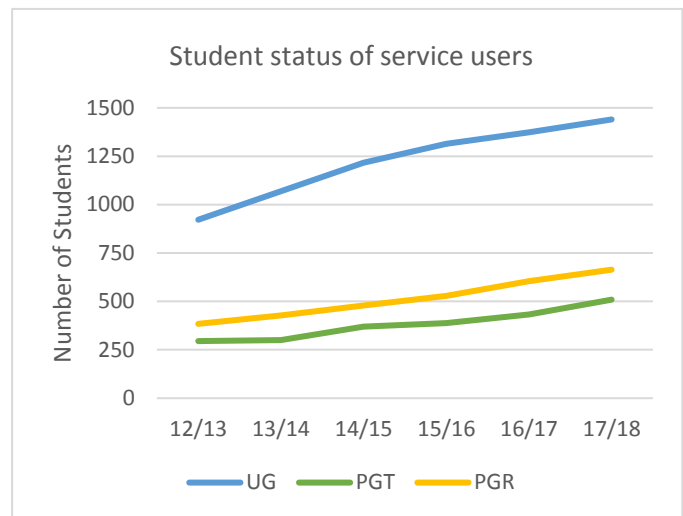
Groups included: DPhil, Masters, Undergraduate, International Students, CBT for Depression / Low Mood, Body Image, Compassion, Finding Your Voice, and Transforming Despair. Workshops included: Relaxation, Exam Anxiety, Mindfulness, and Can't Work

## Demographics

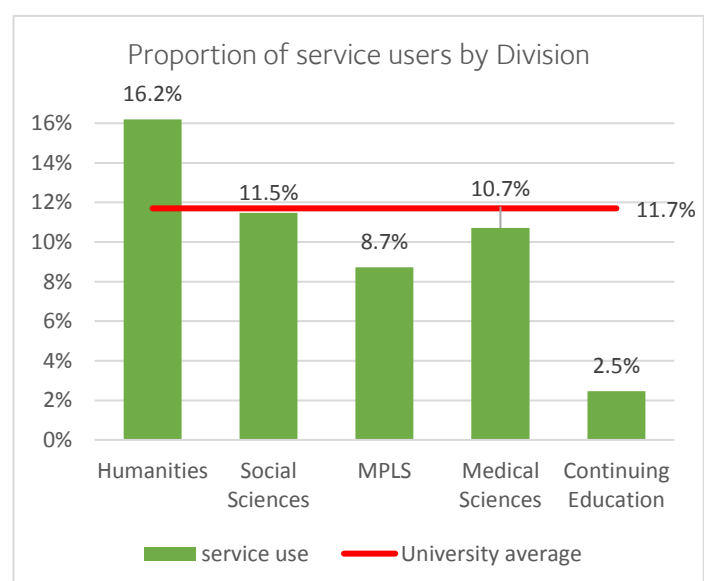
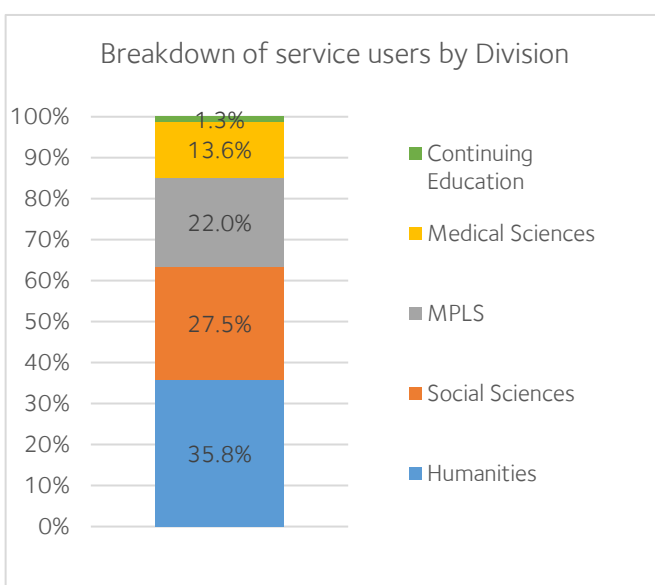
### Level of study

Undergraduate students make up the majority of service users, due to the fact that there are more undergraduate students than postgraduate students. Proportionally undergraduates are slightly more likely to make use of counselling (12.3%) compared to both postgraduate researchers (10.8%) and postgraduate taught students (9.2%).

There are additional factors that may cause lower rates of postgraduate take up of provision, such as limited time on programmes or cultural differences.

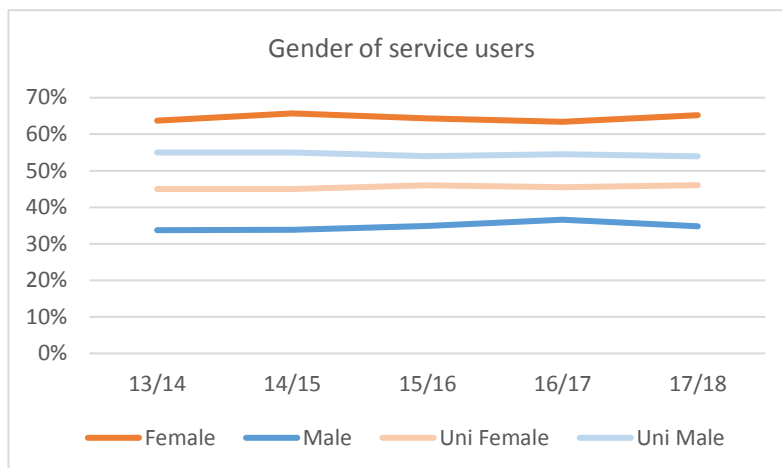


## Academic Division



## Gender

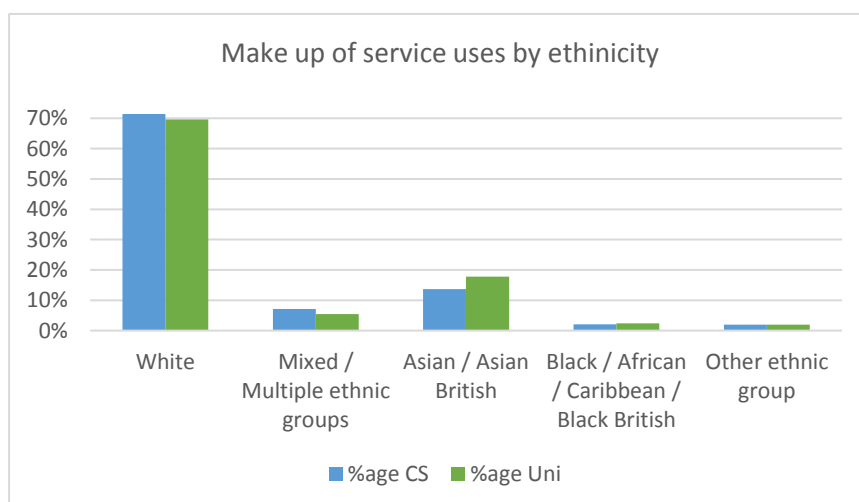
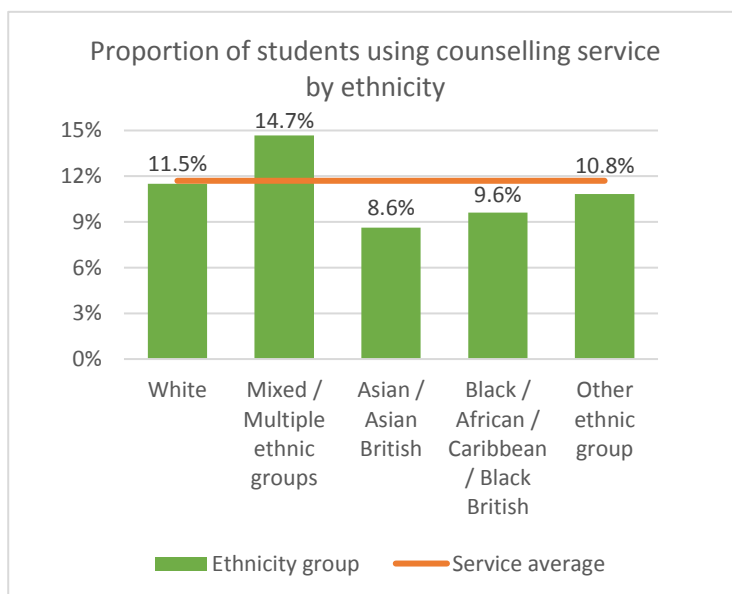
The gender split seen in the service has remained similar to previous years with two thirds of service users female and a third male. This is notably different to the university population where about 55% of students are male and 45% female.



## Ethnicity

Ethnicity data is provided by SDMA rather than collected in service and mapped using student IDs. The data from SDMA is aggregated into the ONS ethnicity groups to mask small numbers in individual ethnicity groups and to provide some statistical validity. The biggest ethnicity group is White, accounting for 71.4% of all service users, followed by Asian/Asian British (13.7%), and Mixed/Multiple (7.1%).

The chart below shows the proportion of students using counselling services by ethnicity compared to overall proportion of students using the service (11.7%). This shows the trends that are often reported that student with an Asian/Asian British ethnicity are less likely to engage with Counselling Services. Of particular interest is Chinese students who historically have lower engagement, and in 2017-18 the proportion of Chinese students who are service users was 7.3% whereas Chinese students make up 8.8% of the student population. This is a significant increase on previous years.



## Clinical Outcomes

### CORE-OM

The services uses Clinical Outcomes in Routine Evaluation (CORE) analysis with students.

CORE (Clinical Outcomes in Routine Evaluation) is an important tool used by the University Counselling Service since 2006 to evaluate the effectiveness of our work with students. It consists of a questionnaire administered before counselling and again after counselling provided the student has had two or more counselling sessions. Since its introduction in the mid-1990s, CORE has been extensively tested in clinical setting and in the general population. It is now established as the most widely used routine evaluation tool used across UK services (NHS and non-NHS).

CORE measures psychological distress in four domains: subjective well-being, problems/symptoms, functioning and risk to self or others. It yields a score for each domain and a single overall score. Scores range from 0 to 136, where 0 signifies 'no disturbance' and 136 signifies 'maximum disturbance'. Scores below 34 suggest a low (sub-clinical) level of distress. Scores above 34 reflect clinically significant disturbance.

CORE enables us to monitor the severity of the symptoms with which our students present for counselling. It also allows us to measure the effectiveness of our work by comparing student's pre-treatment and post-treatment CORE scores<sup>1</sup>.

### CORE completion

CORE is only relevant for students who have received more than one session. Completion rates therefore exclude students who were only offered a single session, giving a CORE completion rate of 44% for 2017-18.

Students with 2+ sessions	1,724
CORE ends completed	758
CORE completion rate	44.0%

It is also possible to track CORE completion by individual students where both a start and end CORE has been completed. Of the 758 end CORE assessments completed we could match 695 start COREs giving a tracked completion rate of 91.7%.

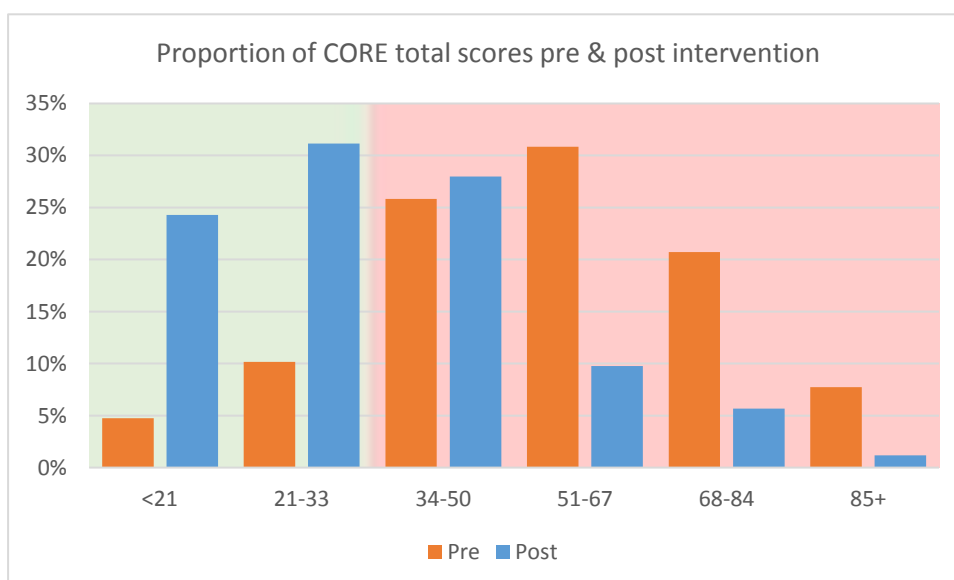
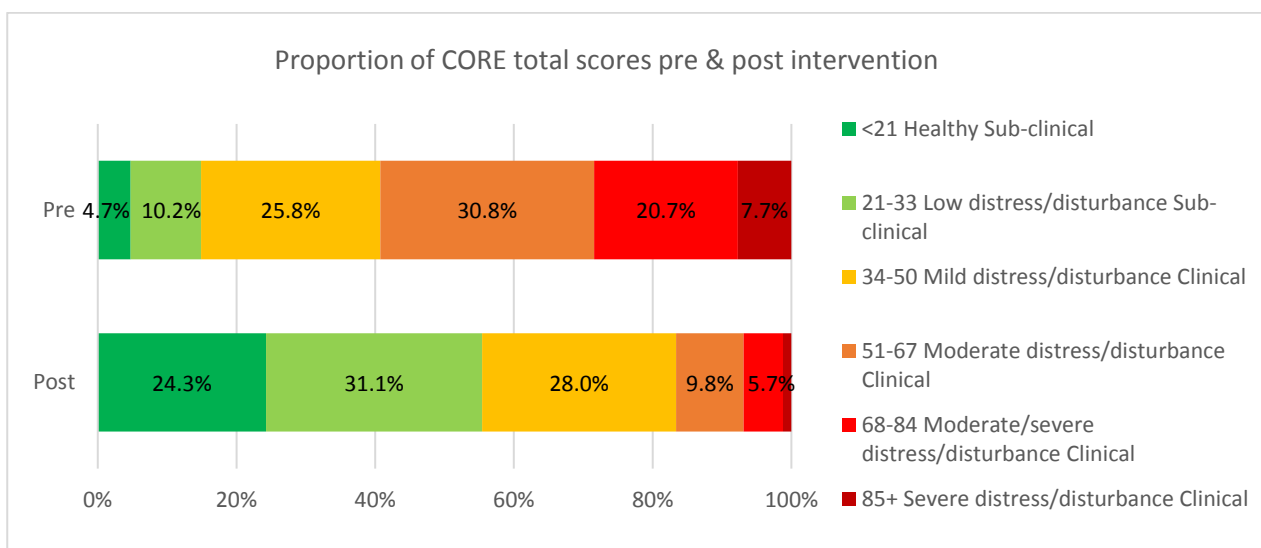
### CORE scores

The mean CORE score for students presenting at the service was 55.5, with an end mean of 34.3. The mean improvement for the service was 21.2 which is statistically significant. More broadly this means that students were moved from having a clinical need to the boundary of not.

	Start mean score	End mean score	Improvement
Wellbeing	8.75	5.42	3.32
Problem	25.33	15.65	9.68
Functioning	19.30	12.38	6.91
Risk	2.17	0.88	1.29
Total	55.54	34.31	21.23

<sup>1</sup> For further information about CORE see Barkham, M. et. al. 'A core approach to practice-based evidence: A brief history of the origins and applications of the CORE-OM and CORE system' in *Counselling and Psychotherapy Research*, March 2006, 6(1) pp.3-15.

Core Score	Category	Clinical need	Proportion pre intervention	Proportion post intervention
<21	Healthy	Sub-clinical	4.7%	24.3%
21-33	Low distress/disturbance	Sub-clinical	10.2%	31.1%
34-50	Mild distress/disturbance	Clinical	25.8%	28.0%
51-67	Moderate distress/disturbance	Clinical	30.8%	9.8%
68-84	Moderate/severe distress/disturbance	Clinical	20.7%	5.7%
85+	Severe distress/disturbance	Clinical	7.7%	1.2%

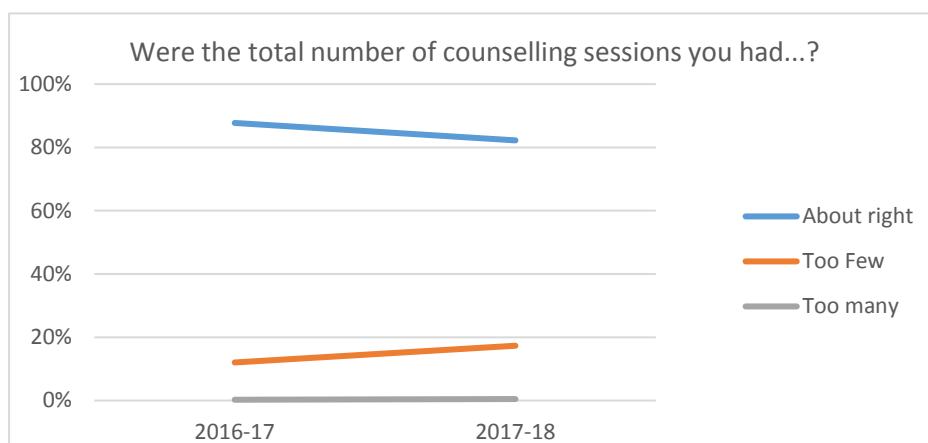


## Service feedback

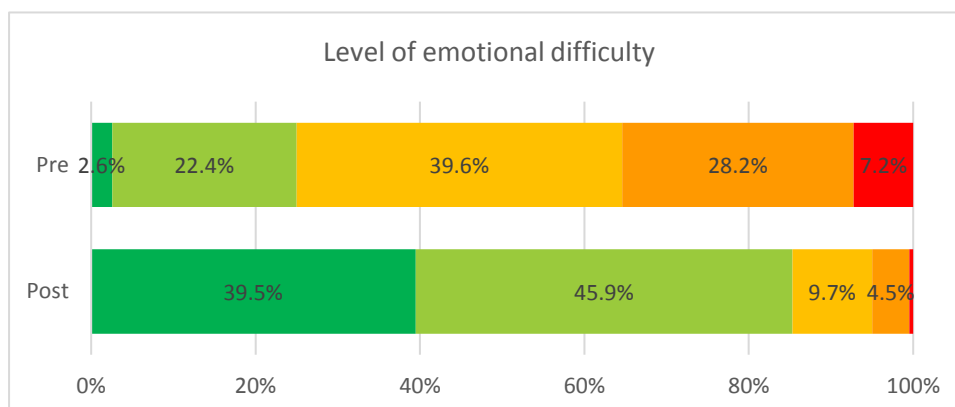
### Counselling Service feedback

The service collates feedback via a survey at the end of any interventions. The overall completion rate for the evaluation survey was 27.2%.

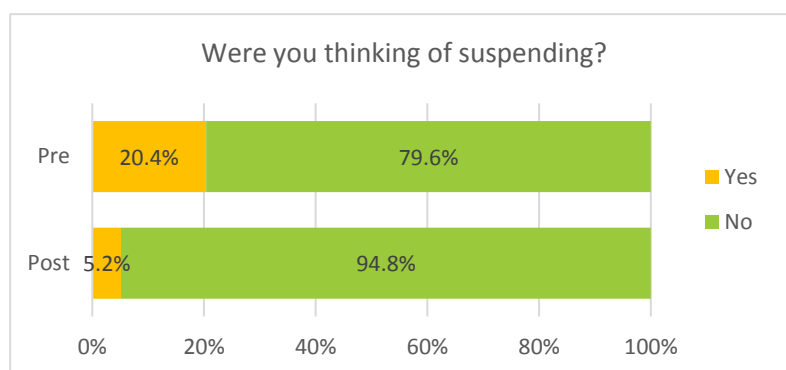
Overall 93.1% of students felt their experience of counselling was very good or good, slightly down from 2016-17 (95.1%):



In line with the CORE data, students reported significantly lower levels of emotional difficulty following an intervention:



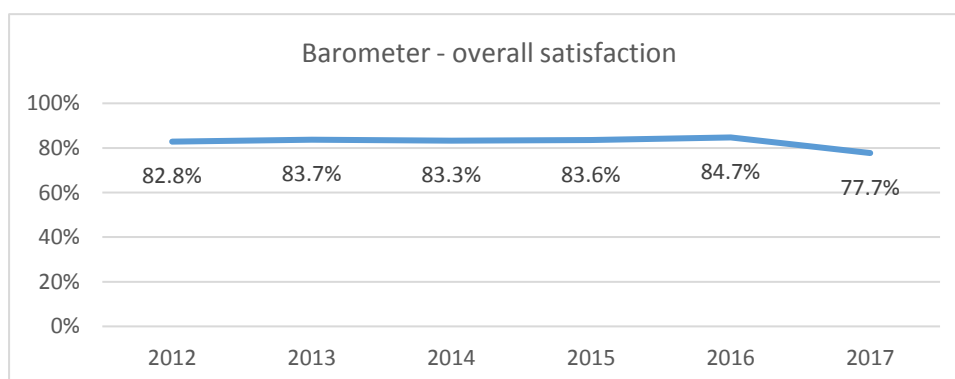
The service feedback asks students whether they were thinking of suspending or withdrawing from their students. 1 in 5 students reported yes prior to an intervention, dropping to 1 in 20 post intervention.



### International Student Barometer

The university contributes to the Student Barometer in late November each year to survey PT and FT students with some exclusions.<sup>2</sup> This, along with the NSS survey, seeks the views of students that are comparable with other HEIs.

The following data covers the % satisfied for the Counselling Service. Note that the data may be skewed by the fact that students who did not use the service may responded to questions related to the service.



The overall satisfaction rate for Oxford Counselling Services is slightly below the Russell Group average (78.7%) and the UK institution rate (81.6%).

The Oxford data from the National Student Survey (NSS) was not released due to a sub-50% response rate, driven by the continued student boycott of the survey.

<sup>2</sup> Undergraduates in their final year - these students are surveyed in the National Student Survey.

b) Students of the Doctor of Clinical Psychology - these students are surveyed separately.

c) Students in years 2 and 4 of the undergraduate medical course -- to prevent over-surveying.

d) Part-time students on non-matriculated courses (these students are surveyed through a tailored form of the Barometer but the resultant data is reported separately).



## Forward view

### Staffing and Provision:

- The expertise and commitment of the clinical staff team is the major asset of the counselling service. Recruitment and retention of both experienced permanent counsellors and sessional temporary staff remains a priority, particularly considering the sustainability of a high caseload turnover within a brief intervention model.
- Giving specific attention during recruitment to actively encourage applications from candidates from ethnically diverse backgrounds.
- Working with stakeholders in the collegiate university to achieve an adequate level of resourcing to provide a level of clinical provision which is able to meet the increasing level of student demand as well as increased level of expectations from the institution of what the service can realistically deliver.
- Benchmarking resources and staffing levels to Russell Group universities to maintain sector norms.
- The Service's medical consultant/psychiatrist plays a vital role in providing a clinical safety net and helps to manage students who have an increased level of risk. The consultant can offer consultations to students who are of concern, and who are not being supported by the NHS psychiatric services, as well as playing a crucial role in keeping the boundary between the Service's work and that of NHS services. This ensures that the Service is not drawn into treating students who would be more appropriately seen within the health service. Current provision is one day per week, however with increased student numbers this time is no longer adequate to meet Service, student or institutional needs.
- To review room use within the SWSS premises to find creative ways to maximise room efficiency and explore with the collegiate university other possible spaces.
- To further develop and expand the college counsellor programme. Importance will be placed on increasing monitoring, data and information gathering of the usage of college counsellors as well as the clinical effectiveness of this programme.
- Work closely with DAS to have a responsive and joined up provision of different types of therapeutic and practical support for students with diagnosed mental health conditions who may receive support both through the Counselling Service and DAS, especially those students with assigned mentors.

### Equality and Diversity

- To continue our commitment to provide staff training and development to enhance the skills, knowledge and awareness to effectively support students from a wide range of diverse backgrounds.
- To conduct a major review of the Counselling Service website to provide more detailed information to encourage greater engagement and usage of the service from students with a wide range of diverse backgrounds. Particular focus will be to promote awareness and engagement with students from the transgender community, and students from BAME communities.

- To offer a placement to a Chinese counsellor from either Beijing or Shanghai universities at the service to help us develop our work and engagement strategies for students from the Chinese community.

#### Links with External Organisations

- To further develop our working relationships, communication and referral procedures with the JR Emergency Psychiatric Department, TalkingSpace Plus (IAPT), early intervention service for psychosis, and Turning Point for drug and alcohol misuse.
- To engage with national bodies such as HUCS, BACP-UC, Universities UK, MWBHE and AMOSSHE to help develop good practice strategies and policies to help implement nation sector wide policies and practice to improve student mental health and wellbeing.

#### Training for University and College Staff

- To review the training courses already provided and to develop, in collaboration with DAS and other university services, a formal training programme to support student mental health and wellbeing. Emphasis will be given to help promote awareness and skills for staff to more effectively support students throughout the collegiate university.
- To continue to work in partnership with the Charlie Waller Memorial Trust (CWMT) to develop specific training packages for all academic and non-academic staff.

#### Monitoring

- To develop an instrument to evaluate the substantial volume of single-session work done by the Service.
- Development of the use of Titanium to ensure operational efficiency and best use of the system and the data to support service development.
- Engage in a sector-led project monitoring the effectiveness of the work of the counselling service in relation to counselling provision across the sector. This is a long term project aimed to develop a national standard of data collection and analysis of standardised metrics.