

University & College

Counselling

For counsellors and psychotherapists in further and higher education

Gathering the evidence



What research
tells us



Breaking point
Colleges in Scotland



SCORE consortium
Counselling and
academic outcome



Service wellbeing
Research from
University of Bristol



Duty of care
A legal perspective

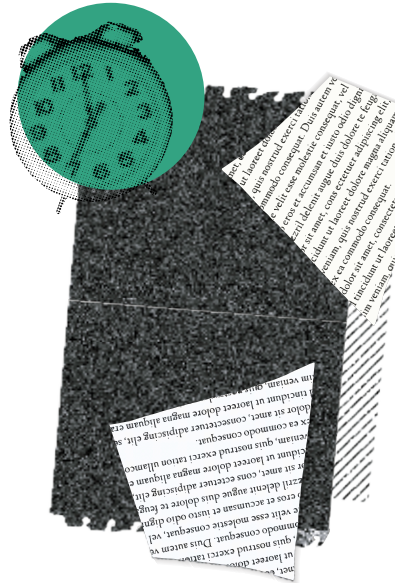


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BACP Universities & Colleges has a number of sub-committees and special interest groups with lively networks and relevant activities. In addition to the Chairs of these groups, the Executive Committee has other members who further the work of BACP Universities & Colleges. All committee members welcome enquiries from members of other interested parties.

Privacy
In our author guidelines, we set out how we will help protect the privacy and confidentiality of any personal information used.

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In February 2002, Donald Rumsfeld, the then US Secretary of State for Defence, stated at a Defence Department briefing: '...we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns—the ones we don't know we don't know.'¹

In this issue we delve into a heap of knowns and unknowns to illustrate the power and value of research. Getting the evidence allows us to make informed decisions about the future.

Grateful thanks to **Fabienne dos Santos Sousa**, **Annabella Feeny**, and **Pierre Musa Halime Wessel** who present a fascinating insight into challenges and opportunities for counselling in Scottish colleges.

Afra Turner, BACP UC Research Special Interest Group (SIG) Chair, and Chair of the SCORE consortium, interviews BACP Research Fellow **Robert Scruggs** about the latest SCORE research published in *Counselling & Psychotherapy Research* journal which reviewed the impact of counselling on academic outcomes.²

David Sibley steps up to share some insightful considerations based on a wellbeing project he undertook at the University of Bristol Student Counselling Service.

There has been a recent debate in several forums about the extent or limit

to which universities have a statutory duty of care to students. **Alice Kendle** from Farrer & Co presents a well-considered legal consideration.

I'm pleased to share a report from the new Staff Counselling SIG, **Ayan Ali**, as well as welcoming back **Afra Turner** (Chair of the BACP UC Research SIG) and **Jane Harris** (Chair of HUCS) for their updates.

Thanks to our brilliant regular columnists **Michael Pearson** and **Sarah Hinds** who write, respectively, about anxiety and artificial intelligence.

I'm pleased to feature **Roxana Parra Sepulveda** from the University of Roehampton as our Profile interviewee, who gives us an insight into her fascinating therapeutic journey.

And finally, thanks to our talented illustrator **Gareth Cowlin** who presents a wonderful perspective of the impact of stammering.

Hopefully it's a known known that you'll enjoy this issue. ■

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News & resources

A summary of current issues and opportunities in our sector

FIVE-YEAR STRATEGY

BACP launches its five-year strategy

An ambitious new five-year strategy with a bold agenda has been launched by BACP to support members and change the lives of more people and communities. It will build on successes and strengths, and work towards BACP becoming a positive force on the global stage for counselling, psychotherapy and coaching professionals.

Anna Daroy, BACP's Chief Executive, said: 'We're extremely proud to launch Increasing Our Reach, which sets out six objectives for a bold agenda for change, improvement and growth.

The six strategy objectives are to:

1. Set the global gold standard for best practice in the counselling professions
2. Support members with new and customised services throughout their professional journey
3. Shape the future of the global counselling professions community
4. Ensure financial and organisational sustainability
5. Promote a diverse and inclusive profession and access to services
6. Establish digital best practice and provide high quality digital services.

Natalie Bailey, BACP Chair said: 'I'm delighted to be able to share our strategic vision for the next five years. I want to thank the BACP team for all the hard work that has gone into shaping it. This included an in-depth research project that involved interviewing and surveying more than 4,000 members, as well as additional independent commissioned research.

'The result is a strategy that is a vital step towards supporting more people and communities at a time when our professions have never been more needed.

'It's also a vital step in making our Association a positive force globally for the counselling professions and the continued championing of our members.'

➔ You can read the strategy summary by visiting: www.bacp.co.uk/news/news-from-bacp/2023/23-may-our-new-five-year-strategy

GROUP WORK

Learn more about group work

When did you last attend a therapeutic or personal development group? Last week? During your training? Never? Did you find it useful when you truly felt touched and understood by another member of the group? Was it frustrating or even soul-destroying when the facilitator kept silent, despite direct requests for input?

A Professional Development Day (PDD) at the Leonardo Hotel Leeds on Tuesday 10 October 2023 aims to broaden your knowledge of the theory and practice of working with groups.

The presenter is Dr Faisal Mahmood, a UKCP registered individual and group Gestalt psychotherapist, an accredited member of BACP and a UKCP-approved clinical supervisor. He currently works as a senior lecturer in counselling/psychotherapy at Newman University (Birmingham). The main aims of the PDD are to:

- Offer a critical introduction to different theoretical concepts of working with groups
- Explore different types of group work interventions
- Consider critical group concepts.

The event will run from 9.30am to 4.30pm. The cost to attend is £95 for BACP members and £170 for non-members. A reduced rate of £60 is available for students, those in receipt of state benefit and the unwaged with no personal income.

➔ Please book your place online at: www.bacp.co.uk/events/pdd1010-professional-development-day-working-with-groups



REVIEW

Ethical Framework review launch

The *Ethical Framework for the Counselling Professions 2018* will be reviewed, and we want to make sure that members are involved in the process.

Our *Ethical Framework* sets out the expected ethical principles, values and good practice standards for BACP members. All our members must work in accordance with the *Ethical Framework* and commit to complying with the *Ethical Framework* as part of their terms and conditions of membership.

The *Ethical Framework* was last reviewed and updated in 2018. Since then, the world, and the way our members work, has changed. Because it's a living document, the *Ethical Framework* needs to continue to develop, adapt to the changing ways our members work and the ethical challenges they face, and encompass current issues and legislation.

We're therefore launching a review of the current *Ethical Framework* with the aim of making it more accessible for all members. We want to ensure that BACP has an evidence-based *Ethical Framework* that is clear, easily understood by members, enables members to embed ethics within their practice and has equality, diversity and

inclusion (EDI) at its heart. The revised *Ethical Framework* will continue to support members' ethical decision-making process.

This is a significant project which will affect all our members and we want to make sure that you are involved throughout. It's important that your voices are heard as part of our review. We're still in the very early stages of the project and are currently reviewing next steps. Members can get involved now by completing our survey on the webpage below and/or by contacting the team at: **efnew@bacp.co.uk** to become part of a focus group. We want our *Ethical Framework* to continue to support members in the best way possible.

For more information about the review and to answer some of the questions you might have please visit our *Developing the new Ethical Framework* web page: **www.bacp.co.uk/developingethicalframework**

➔ In the meantime, if you have any feedback or questions about this review or the current framework, please email the *Ethical Framework* team at: **efnew@bacp.co.uk**.



ANNOUNCEMENT

BACP announces new President



Professor Lynne Gabriel OBE has been appointed BACP's new President. She takes over from David Weaver, who stepped down as President at the end of his five-year tenure.

Lynne is Professor of Counselling and Mental Health at York St John University and was Chair of BACP between 2008 and 2011. She was appointed an OBE in the Queen's Jubilee Birthday Honours last year for services to higher education and mental health.

Lynne says: 'I'm honoured to be asked to be President of my professional body. I'm really looking forward to it. I'll work with our Chair, Natalie Bailey and Chief Executive, Anna Daroy to look at how I can support BACP to move forward.'

'I see my role as being a supportive presence and, maybe occasionally, an appropriately challenging presence to support BACP.'

BACP's Chair Natalie Bailey said: 'Lynne is a respected leading figure in counselling and psychotherapy who has been an inspiration to so many therapists as a university teacher. She brings a huge amount of skills, knowledge and experience to the role. It's an exciting time at BACP with the launch of our new five-year strategy and I'm really looking forward to working with Lynne.'

➔ **www.bacp.co.uk/events-and-resources/bacp-events/share-your-expertise**

RESOURCES

Make use of our Good Practice in Action (GPiA) resources

Our GPiA resources help you implement the *Ethical Framework* in your practice and are reviewed regularly by member-led focus groups and experts in the field. Recently updated resources include:

GPiA 003 Adoption law in England within the counselling professions

GPiA 005 Adoption law within the counselling professions in Northern Ireland and Wales

GPiA 029 Mental health law within the counselling professions in England and Wales

GPiA 112 Mental health in the context of the counselling professions

GPiA 124 Social media, digital technology and the counselling professions

GPiA 125 Working online in the counselling professions.

➔ Find the full list of resources on our website at: **www.bacp.co.uk/gpia**



MENTAL HEALTH

From the Welsh Parliament: Mental health in higher education – what needs to change?¹

Students deserve a consistent standard of mental health support which meets the unique challenges they face. That was the central message from the Children, Young People and Education (CYPE) Committee's report following its inquiry on mental health support in higher education.²

The Committee stressed that while going to university is an exciting and life-changing experience for many students, for others it can induce or exacerbate mental health struggles.

What is the current situation for students' mental health?

The number of students saying they have a mental health condition has risen in recent years. According to the Higher Education Funding Council for Wales (HEFCW)³, the number of students declaring a mental health condition rose from 2,065 (1.6% of students) in 2014/15 to 6,245 (4.3% of students) in 2020/21. Students' rates of happiness and life satisfaction are 'consistently twice as bad ... as the wider UK population.'⁴

The Committee says that while we know that rates of mental health conditions are on the up, it's also highly likely that available statistics underestimate the extent of the challenge as not all students will choose to declare their health condition.

In recent years, the Welsh Government and HEFCW have taken steps which aimed to improve support for students' mental health in higher education. In 2019, HEFCW launched a Wellbeing and Health in Higher Education Policy Statement,⁵ and since 2020/21, the Welsh Government has provided annual funding⁶ (through HEFCW) in support of universities' wellbeing and health strategies, and implementation plans. Welsh higher

education providers must have a student charter⁷ that integrates mental health and wellbeing, and all Welsh universities are signed up to Universities UK's Stepchange framework.⁸

However, as concerns about student mental health concerns continued to be in the spotlight, stakeholders told the Committee there was still work to be done, particularly around the boundaries of the care that can be provided by universities and statutory settings. In May 2022, a joint group of stakeholders from across the post-16 education sector⁹ came together to develop recommendations on how to improve student mental health. These included:

- Parity of experience
- Appropriate and effective information sharing
- Clear roles, remits and responsibilities
- Additional support for transitions
- Sustainable, long-term funding.

It was in this context that the CYPE Committee began its work on mental health support in higher education² with the launch of a written consultation in July 2022.

What needs change?

The Committee makes 33 recommendations including:

- Improving data collection, to build a better understanding of the extent of demand for student mental health support
- Specific action to address the needs of international students and students on healthcare and social care courses
- Building a whole-system approach to mental health across the post-16 sector, with a common framework for higher education that disseminates common expectations and principles
- Keeping staff interests and needs central to planning

- Making it simpler for students to access NHS support, for example by improving ease of GP registration and exploring the feasibility of a student healthcare passport. ■

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Notes from HUCS



As therapists, we attend to the spoken and the unspoken, the conscious and the unconscious. As students share their stories, we listen to how the narrative is

shaped and expressed, and the degree of congruity and incongruity of affect, in our clients and ourselves.

With this as our starting point, and building on the theme of always holding in mind that the university institution is our client, as much as individual students, I would like to share important reflections from our latest HUCS meeting where we considered the current climate and our roles in relation to risk-taking, self-harm and suicidality in the student community.

The meeting, titled '*Containing or compassionately disappointing: making sense of clinical leadership in times of escalating concern for students' psychological and physical safety*', provided a space to focus on our experience of working with both students and concerned staff and family members. We noted the call to action from the LEARN network for a statutory duty of care, and the response from the Department for Education – that this is not currently seen to be the most effective way to proceed. There is a strongly stated expectation that universities provide robust support for student mental health, actively mitigate risk where possible and embed recent best practice frameworks such as UUK'S Safer Universities and Postvention guidance. We heard from Dr Dominique Thompson, who shared her findings from recent work

reviewing student deaths by suicide at a number of universities,¹ in a way that was both necessarily moving and instructive. We discussed our experiences working with students who are acutely worried about their ability to keep themselves safe, and the far greater numbers who express fluctuating degrees of disturbing, frightening thoughts of wishing to no longer be alive, as a way to alleviate intense moments of suffering. What emerged was clarity around two key dimensions of our work.

Firstly, the central importance of establishing trusting, attentive and hopeful therapeutic alliances with individual students, and holding our confidence in the value of talking, listening and creating space to help students tell their stories. We noted the growing emphasis on taking a relational, narrative and client-centred approach, and the helpful update to NICE guidance, confirming that risk assessment tools can never be predictive of future risk, and that we must avoid being pulled into overly bureaucratic, defensive practice. We reaffirmed the importance of authentic exploration of students' worrying thoughts and fears, and the essential role of safety-planning; in a way that facilitates student's capacity to identify their internal and external resources, and make use of informal and formal support networks.

Secondly, we noted an increasingly visible and unintended side effect of the attention being paid to self-harm and suicidality amongst young people – an escalating anxiety, felt acutely in higher education. Academic and professional services colleagues are regularly receiving disclosure of mental distress and feel the weight of

accountability; and are understandably referring students into professional services, and seeking clinical guidance and support at far greater rates than previously seen. While this will be a timely and appropriate action, there is something about the overall trajectory occurring across the sector which we felt was a symptom of a more systemic issue – overall anxiety, fear and helplessness.

I wonder about the idea that there is no such thing as an anxious child, only an anxious parent – I believe there is something in this, with university staff being the worried quasi-parental figures who, positioned in such a way that they are, structurally, being increasingly compelled to escalate student's concerns when they may previously have listened and chosen to respond with 'watchful waiting'. This is not to be complacent in relation to acute and chronic suicidality, but more a word of caution, as the way to reduce risk in the overall system is to empower and entrust staff to take up and occupy their mature authority, to deploy their experiential knowledge. In this context, students would experience their fears and worries as moments that can be heard, tolerated and held by trusted seniors, and from this would experience the deep reassurance that all is or will be well. We need to consider how anxious activity may inadvertently be escalating risk in the student population, and how we can best work to contain and dampen this, in service of students' overall maturation, development and growth. ■

Jane Harris

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Notes from Staff Counselling



I hope we're entering the new academic year having had the chance to take a proper break over summer. The Staff Counselling Special Interest Group (SIG)

last met in June via Zoom. We had representation from nine different FE colleges and universities, and it's wonderful to have new voices in the mix. After a busy year, we noticed that it was a day when people were enjoying lunch in the sunshine. There was a buzz around campus for graduations, including postponed ones. It was a joy to see students and their loved ones celebrating. It was the first academic year since the pandemic in which COVID-19 wasn't at the centre. We offered more in-person counselling sessions and continued to offer online counselling for flexibility. My thanks go to Bridget Hazell (Counsellor, Loughborough University) for her passion and commitment to the Staff Counselling SIG over the years as she steps down.

We talked about the challenges of 2022-2023. We do our best as solo practitioners or in small teams to meet the increased demand for staff counselling. The ongoing industrial action by unions has brought national attention to the pay and working conditions for staff in education. Sadly, we learned of the closure of a few in-house university staff counselling services which are moving to Employee Assistance Programmes (EAPs). However, conversely, other universities are reviewing their staff counselling provision, with a view to bringing back an embedded service.^{1,2} after outsourcing to EAPs. They each

have different strengths e.g. 24/7 EAP helplines and the organisational knowledge of in-house services. We wondered what these changes mean as it's difficult to get a sense of the bigger UK picture.

To join the Staff Counselling SIG JiscMail conversation, BACP UC division members can email: **sig-staff-counselling-uk-request@jiscmail.ac.uk**. We meet each term via Zoom to discuss our work in FE and HE staff counselling (your non-BACP colleagues are also welcome to join the online meet-ups). ■

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COMMITTEE INVITATION

Join the Executive Committee – invitation to the FE community

BACP UC is keen to attract more Executive Committee members from the FE community. This provides a great opportunity to help influence the continued development of the sector.

In future issues of the journal, we will be profiling current members of the UC Executive Committee who will share what they bring to the committee and their aspirations for the division.

➔ To find out more about joining the UC Executive Committee, please go to: **www.bacp.co.uk/careers/work-with-bacp/divisional-executive-member-bacp-universities-and-colleges**



Write for the journal?

As a journal for the BACP Universities and Colleges division, we aim to be a voice for the sector, championing and supporting the work of counsellors and counselling services in HE and FE, bringing us together as a community of practitioners.

➔ We always welcome submissions for the journal, so if you have something you'd like to write about, please do get in touch with the editor at: **ucc.editorial@bacp.co.uk**, who will guide you through the process. While we're happy to consider material on any relevant subject, we are keen to recruit a new volunteer Student columnist who

can share their ongoing experience of counselling training over the next few issues, as well as articles that reflect the value of embedded counselling services.



Notes from Chair of Research SIG



It has become somewhat of a tradition for me to start the new academic year highlighting the work of the **Student Counselling**

Outcomes Research and Evaluation (SCORE) group. SCORE is a collaborative consortium of academic and professional body researchers, counselling practitioners and clinical leads working together to improve the field of student mental health, and determine the impact of current embedded university counselling practice, through data-informed measures.

SCORE is the first large-scale data collection initiative across the higher education sector, amassing and publishing routine outcome data from leading university counselling services, supported by two of the largest counselling professions accrediting bodies, BACP and UKCP. The NHS had been modelling the use of outcome data to ensure counselling services and health professionals are fit for purpose through strategically demonstrating alignment with client need. Now more than ever, university and college counselling services and practitioners are expected to demonstrate a research-informed practice and reading research-related material counts as continued professional development.¹

If you add the link to your browser <https://score-consortium.sites.sheffield.ac.uk/our-work> you can access the published articles. Furthermore, SCORE presents

a huge opportunity for participating members to actively collaborate in research, which is a key stakeholder expectation of healthcare professionals' ongoing development, and brings practitioners in line with the mission statement of their institutions, many of which are now signed up with the University Mental Health Charter, ensuring the good practice of mentally healthy environments based on the latest evidence.²

I and fellow participating colleagues, who have been and continue to be a part of a group dedicated to producing useful knowledge that updates our understanding of students' mental health and promotes the value of an ever-evolving counselling specialism, have benefitted professionally and hope to share our experiences in a collaborative article currently being written. ■

Dr Afra Turner

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Share your expertise

Opportunities to contribute to BACP events and online resources

If your professional or personal expertise and experience could make a significant contribution to our events and online resources, we'd be delighted to hear from you.

Are you interested in presenting your research or sharing your expertise at a BACP event or as part of an online learning resource? We have opportunities available to present live to an in-person and online audience or to work with us to create new continuing professional development (CPD) resources.

Opportunities include online and in-person keynote speakers, workshop leaders and facilitators, webcast presenters, in-person and online panel members, podcast interviewees, audio and video presentation presenters and session chairs.

We consider all proposals and make decisions based on the theme of the event or learning resource, target audience, session or presentation requirements and other applications received.

➔ If you're interested in presenting at one of our forthcoming events or you'd like to contribute to our online CPD resources, please email BACP's Content Lead at: content@bacp.co.uk





Breaking point:

a call for action to support
college counselling services in

Scotland

The last decade has seen a significant increase in the demand for counselling at colleges in Scotland. Research from **Fabienne dos Santos Sousa**, **Annabella Feeny**, and **Pierre Musa Halime Wessel** reveals the current challenges and future opportunities

Background

Scottish college students are facing an unprecedented mental health crisis. In December 2022, the Mental Health Foundation published, *Thriving Learners College Research*, a landmark report which showed that 54% of Scottish college students present with moderate to severe symptoms of depression. Furthermore, 4% of college students indicated that they had attempted suicide in the last six months.¹ Recent figures further show there have been at least 16 student suicides at Scotland's colleges since 2016.²

Existing studies have demonstrated that embedded higher education counselling services are effective in improving mental health and academic outcomes of students. For instance, a study by Murray et al. on a large UK university counselling service indicated that 63% of students showed reliable improvement on clinical measures following counselling intervention.³ Similarly, another study which surveyed two UK university services, found that 83% of students felt that enrolling in counselling improved their academic outcomes.⁴ These findings demonstrate the crucial

role college counselling services play in addressing the student mental health crisis.

Given the severity of the mental health crisis facing students, there is an urgent need to evaluate whether Scottish college counselling services are currently equipped to meet students' needs. In 2020, a report by the National Union of Students showed that only one in five Scottish college students were aware of the mental health and wellbeing support available to them at their institution.⁵ Although colleges have been able to increase awareness for counselling services since then, one in three surveyed college students remain unaware of the wellbeing and counselling support available to them.¹ Further insights into the challenges facing Scottish college counselling services come from the *Thriving Learners College report (2022)*, which included 18 qualitative interviews with college stakeholders in student mental health and wellbeing.¹ A shared sentiment among stakeholders was that there has been an increase in the severity and complexity of cases presenting to college counselling



There has been a 1,828% increase in the number of students requesting counselling services, from 186 students in the academic year 2012/13, to 3,586 students in 2021/22



services since the COVID-19 pandemic. Furthermore, stakeholders criticised that a lack of onward referral pathways hindered adequate support provision for students with complex mental health needs. These findings demonstrate the importance of taking a closer look at the structure and functioning of college counselling services.

Therefore, in April 2023, our research group Phronesis Research published an independent report titled, *College Counselling Services in Scotland: Insights and Perspectives Amidst the Student Mental Health Crisis*, providing further insights into mental health provision across Scottish colleges, and their role in supporting student mental health. We filed Freedom of Information requests to the Scottish Government and all 27 Scottish colleges in February

2023. This report is based on data from 25 colleges, as two institutions did not get back to us within the required timescale. This article discusses key findings and recommendations from the report.

Rising student demand

Our report revealed a sharp increase in student demand for college counselling services over the past 10 years. There has been a 1,828% increase in the number of students requesting counselling services, from 186 students in the academic year 2012/13, to 3,586 students in 2021/22. These findings underline the expanding need for higher education mental health provision across Scotland. However, not all institutions face equivalent demand for counselling services. For example, at one college, more than one in five students requested counselling, while at another college, only one in 20 students requested counselling. There are several reasons why some colleges may face higher demand for counselling services – such as higher mental health difficulties within the student population, or more accessible and appealing counselling services.

Examining mental health disability disclosures across colleges can provide further insights into the predicted demand for student counselling services over the coming years. In 2021/22, a staggering 7% of the total college student body disclosed a mental health disability to their institution. In consideration of these findings, it is essential that college counselling services are adequately equipped to support rising student demand.

Waiting times for counselling services

Increased demand for counselling services has led to longer waiting times at some colleges. At four colleges, the average waiting time for counselling was more than 30 days. Further, a closer look at maximum waiting times revealed that students at some institutions waited longer than three months for a first counselling session. Prolonged waiting times for counselling services can have a detrimental impact on students' mental health and academic performance, emphasising the urgent need for increased resources in addressing the mental health concerns of college students.⁶

Understanding the sociodemographic characteristics of counselling users

Understanding the sociodemographic characteristics of counselling users can help colleges to identify gaps in service provision. Our report showed that in the academic year 2021/22, 63% of students who received counselling at Scottish colleges were female.



Contrastingly, only one in three students who received counselling were male. Although male students often report higher psychological wellbeing in national studies, they are more likely to die by suicide than female students.⁷ Therefore, colleges should consider the potential role of stigma in understanding the lower uptake of counselling services by male students.⁸ Further, colleges should implement targeted outreach efforts to promote the use of counselling services among this demographic.

Gender minority students are a small but notable group (3%) of counselling users. According to prior research from the *Thriving Learners College* report, gender minority students experience higher levels of depressive symptoms, self-harm and serious psychological issues compared to male and female students.¹ Therefore, it is crucial for colleges to provide counselling services that meet the unique needs of this population. This may involve ensuring that counsellors are trained in issues relating to gender identity and expression. By taking proactive steps to support the mental health and wellbeing of gender minority students, colleges can help ensure that all students have access to the care they need to thrive. As an example, one institution has already implemented a clinical group specifically designed to support LGBTQIA+ students.

Supporting students with complex mental health needs

Many of the students presenting at counselling services present with quite severe and complex mental health needs. In 2021/22, 5% of service users reported actively self-harming or experiencing suicidal ideation. Furthermore, anxiety (22%) and depression (15%), which often require sustained support, are the two most common presenting problems at Scottish college counselling services.

Due to a focus on short-term counselling provision, sustained counselling support goes beyond what most college counselling services can provide. Although it is commendable that the majority of Scottish colleges (96%) extend their standard package of counselling support for at-risk students, many students with complex mental health needs may not be able to receive the support they require.

It is essential that colleges establish external referral pathways into community mental health teams to refer students who require further support. However, only 11 colleges are currently able to make direct referrals, indicating that a considerable number of at-risk students may not be receiving the necessary support. Colleges looking to establish pathways may wish to collaborate with local NHS branches, CAMHS services or mental health charities.

Colleges must make counselling services accessible to all students

Ensuring that college counselling services are accessible and inclusive to all students, including those with disabilities, is a core responsibility for

Scottish institutions. Our report showed that most colleges are unable to offer adequate counselling support to deaf or hard of hearing students. While some colleges are able to offer counselling in British Sign Language, alternative provision solutions were often limited to email or text counselling or instant messages. Furthermore, two colleges reported not being able to offer any counselling provision for

deaf or hard of hearing students, highlighting a lack of accessible mental health provision.

Colleges are in need of more counsellors

One integral challenge facing Scotland's colleges is that students have less access to counsellors than their university peers. While the average counsellor-to-student ratio across Scotland's universities is one counsellor to 2,087 students, the ratio is more than twice as high at Scotland's colleges (1:5,629). Although these figures are concerning, it is important to note that some colleges offer both internal and external counselling streams, which means it is not always possible to evaluate the true availability of counsellors.

The availability of counsellors varies significantly across Scotland's colleges. While one institution has a ratio as low as one counsellor to 1,273 students, the highest ratio stands at one counsellor to 14,169 students. Several colleges rely on external services to provide counselling support to students. Overall, to meet the growing demand for counselling services, there is an urgent need to employ more counsellors across Scotland's colleges.

Existing studies have demonstrated that embedded higher education counselling services are effective in improving mental health and academic outcomes of students



An uncertain funding future

The Scottish Government plays a pivotal role in supporting Scotland’s college counselling services. Since 2019, at least 41 FTE mental health counsellors have been appointed by colleges using government funding. Remarkably, government funding was used to introduce counselling services at several colleges in Scotland that previously did not provide any form of internal counselling provision to students.

In March 2023, 21 college principals wrote to the Scottish Government requesting that sustained investments be made to support the future of counselling services.⁹ Several colleges stated that they will not be able to continue to employ their counsellors without government funding. In July 2023, the Scottish Government confirmed an additional £3.21 million to extend student mental health funding at colleges and universities for the next academic year. However, the purpose of this funding is to offer a one-time provision to assist colleges and universities in transitioning to a more comprehensive framework for addressing students’ mental health needs.¹⁰ Considering rising mental health disability disclosures and increasing student demand for counselling services, the withdrawal of long-term

funding will considerably undermine colleges’ capacity to support student mental health.

Recommendations

The Scottish Government must commit to sustained long-term investments in college counselling services. This commitment is crucial for ensuring that colleges are able to provide effective mental health support to students. With the rising demand for counselling services, it is imperative that the Government recognises the importance of college counselling services and provides the necessary funding to sustain them.

College counselling services should set clear targets in waiting times and evaluate them on an annual basis to ensure student needs are consistently being met. Annual evaluation of average and maximum waiting times should inform service design and development.

College counselling services should improve the quality standards of routinely collected data to better understand demographic differences in service utilisation and student demand to ensure equitable access to mental health support. Routinely collecting and analysing data on the sociodemographic

The Scottish Government must commit to sustained long-term investments in college counselling services

characteristics of counselling users (e.g., gender, ethnicity, year of study) can help colleges to identify gaps in service provision, and address potential barriers to accessing counselling services.

College counselling services must ensure that their services are accessible and inclusive to all students, including those with a disability. Nearly one in five Scottish college students disclose a disability to their institution. The example of deaf and hard of hearing students showed that not all colleges are currently able to accommodate the needs of disabled students. Colleges must take proactive steps in understanding the disability characteristics of their total student body, and prepare to accommodate diverse accessibility needs.

External referral pathways to community mental health services must be established at all college counselling services to support students with complex mental health needs to acquire sustained care. While it is encouraging that some colleges already collaborate with local NHS branches and charities to establish direct referral pathways, it is critical that these pathways are established across all Scottish colleges. ■

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The
relationship between
counselling and
academic
outcomes



Newly published research¹ by the SCORE consortium, led by BACP research fellow **Robert Scruggs**, explores the relationship between counselling and academic outcomes. **Afra Turner**, BACP UC Research Special Interest Group (SIG) Chair and SCORE Chair, interviews Robert on the paper, published in *Counselling and Psychotherapy Research* journal

Afra: Could you tell us a little of how you came to be interested in student counselling practice-based research?

Robert: I've always been interested in 'studenthood' broadly, having been in and out of university for most of my adult life. There's this learning endeavour that students are engaged with, and a lot of personal change and growth, that I find fascinating. My own experiences, and those of my peers around me during my various stints as a student, have had me thinking about the links to wellbeing and learning. In 2017, I started training to become a counsellor, completing an MA in Person-Centred Experiential Counselling and Psychotherapy, very much with the goal of going on to work in a student counselling service. I trained at a research clinic and remained very interested in research throughout my course. When a position with the research team at BACP came up, I knew I had to apply and, fortunately, I got the job.

It was here that I learned of the SCORE consortium,² and straight away I knew that I wanted that to be a major part of my work. Prior to BACP, I'd worked at a university and knew that, across the country, there were vast amounts of data being collected by student support services, but very little resource within individual counselling services to analyse them.

Practice-based research is important for building a more genuine understanding of counselling processes and outcomes. When data collection is a normal, routine part of practice, rather than something added to satisfy a specific research project, we get more natural results on which to base conclusions and recommendations.

Afra: What particularly interested you about the dataset in question?

Robert: A great deal of counselling data come from

outcome measures including, but not limited to, CORE-OM, GAD-7 and PHQ-9. These three measures in particular focus on measuring changes in psychological distress, anxiety and depression, respectively. The Counselling Impact on Academic Outcomes (CIAO) survey data target a missing piece of the picture – does counselling help students study and complete their courses? More broadly, does counselling help people achieve what they set out to achieve? Some readers might recognise the CIAO survey as the 2012 creation of Patti Wallace³, who was the BACP University and College sector lead advisor. I think it's great that we're continuing this work and supporting research in the sector.

Afra: In layman's terms, what are the results of your study?

Robert: In short, psychological distress goes down after a period of university counselling; students' ratings of the impact of problems on their ability to study, thoughts of leaving university and overall student experience improve; and 83% of students think counselling is effective for supporting academic outcomes to at least 'a limited extent'.

Afra: The results are interesting feedback for practitioners, could you say a little more?

Robert: I think this research is interesting because it challenges us to think about the relationship between wellbeing and learning. Students come to university with, and encounter at university, experiences that will shape their educational experience. A wide range of events and stressors can affect how a student is able to engage with their studies – relationship difficulties, victimhood, and more clinical issues, to name but a few.



By building a strong dataset that can support bids for funding, we want to support practitioners with specialist interest, experience and expertise in working with higher and further education students to keep doing what they do



Likewise, studying itself proves to be a stressor which affects wellbeing, which in turn affects studying, and so on. What we know from this research is that whatever problems students come to counselling with, they affect their educational experience, and counselling can help mitigate that impact. I hope practitioners have the opportunity to reflect on their position within the educational journey of their clients as part of the psychological whole that is 'the student'.

Afra: Could you say a little about the impact the research could have on practitioners working in the sector?

Robert: I think the main objective of this paper, and the SCORE consortium at large, is to establish the value of specialised student counselling services which are directly part of universities and colleges.

By building a strong dataset that can support bids for funding, we want to support practitioners with specialist interest, experience and expertise in working with higher and further education students to keep doing what they do.

Further, universities are increasingly signing up to charters, such as the University Mental Health Charter developed by Student Minds.⁴ These charters typically commit the university to demonstrate the support on offer is effective, which this research helps to evidence.

Afra: What are the limitations of this research and what could be done to address these?

One limitation is that we haven't linked counselling to more objective measures of academic outcomes, like

grades or attendance rates – it's all based on students' perceptions of change. Primarily, this is because those data weren't available in this dataset, and they rarely are in the sector. Additionally, it's very hard to isolate the relationship between counselling and, say, grade change – there is a lot going on that could affect grade change, for example. This 'limitation' might, therefore, be considered a strength – we go straight to the source: the student. We could certainly question the accuracy of students' ratings of the impact of counselling, but I think we must give value to the subjective experience of students and what they tell us about it, even in a numbers-driven, statistical piece of research such as this one.

Additionally, the CIAO survey is currently completed at the start and end of therapy only, known as a 'pre-post' survey. This means that only students who attended a final session completed the survey – we call these 'students with planned endings'. This means the results completely omit students who have unplanned endings such as those who drop out. It's just as important to know the trajectory, and the story, of students who don't attend a final session and, therefore, the SCORE consortium strongly advocates for outcomes measures to be collected at every session. This means that all student-clients would be represented within research studies, and we would be able to ask much more sophisticated and interesting research questions.

Lastly, whilst not strictly a limitation, I think it's important to remember that being at university can be exceedingly challenging, even traumatic, for some students. In such cases, staying at university might not be the best outcome; I quit a course of study myself many years ago, and it was absolutely the right decision for me at the time. It's far beyond the scope of this research to be prescriptive about what good outcomes are for clients – that's for clients to decide as part of their therapy and, to me, remains paramount. I think it's important we consider this as we progress with this project.

Afra: Does this research translate into innovation for the wider academic community?

Robert: While not unique to this paper specifically, the larger dataset we used to develop this paper shows us the power of collaboration. Our paper features data from two universities, and the larger dataset was formed from data from four universities. There is a great deal of appetite for consistent data collection across the

university and college counselling sector, which would allow us to build a strong, nationwide understanding of campus-based counselling and psychotherapy. This research demonstrates the value of pooling data.

Additionally, the SCORE consortium (as you will be well aware, Afra!) brings together researchers and practitioners, intentionally blurring that boundary to promote the involvement of ‘researcher-practitioners.’ It’s been really beneficial, in general and to me personally, to work with experienced practitioners who are so passionate about university and college counselling, as well as research in the sector. It’s rare that individuals have the time to manage both practice and research at the same time, but by working together, we can share expertise and achieve good research, which is informed by practical clinical and service management, as well as research, experience.

Afra: How could student counselling practitioners use the research to form CPD ideas?

Robert: I’m obviously biased but reading research can be a great source of CPD.⁵ Sadly, it’s not always accessible financially, and can sometimes be complex in its language, especially with regards to technical aspects such as the analysis. Fortunately, our paper is published open access, so anyone can read it for free, and hopefully it’s reasonably easy to read, although there is some mandatory ‘stats-speak’ in there. Additionally, everything published in our journal, *Counselling and Psychotherapy Research*, is free to BACP members.

Expectations of evidence-based practice, and therefore research-informed CPD, are increasing from universities, students, parents and governing bodies. Leveraging research resources can be really valuable to underpinning practice and developing specialist sector knowledge. ■

➔ The full research paper can be read at: <https://onlinelibrary.wiley.com/doi/10.1002/capr.12640>

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Thinking about service *wellbeing*

Counselling services exist to provide care and support to our students. But the wellbeing of the staff who deliver this service is equally important. **David Sibley** shares some important considerations based on a wellbeing project he undertook at University of Bristol Student Counselling Service



Universities operate in a turbulent environment.¹ The post-pandemic world is being rocked by the effects of climate change, the cost-of-living crisis, and the ongoing effects of technology and the internet that is reorganising society into a networked world.² To provide counselling and mental health support to students in this environment, we must consider how to create supportive organisations to care for our clients as well as ourselves.

This academic year, I designed and implemented a wellbeing project in the Student Counselling Service at the University of Bristol. I spent time listening to and thinking with staff about how we make wellbeing a central part of our service for students and staff. In this article, I will share some ideas, resources and tools that might help you to think about wellbeing in your service.

The unconscious at work

Organisations are not governed by rationality; they are not machines but alive sociotechnical and ecosystems³ – humans and structures interacting with each other. It's advantageous to have some good tools to help you make sense of your experience at work.

Therapeutic approaches can be helpful, but many modalities are often individualistic. I recommend the book, *The Unconscious at Work*.⁴ It provides a wonderful introduction into 'systems-psychodynamics'. The framework set out by Obholzer and Roberts supports deep enquiry into the complexity of organisational life, by utilising ideas from psychodynamic theory, the study of groups and systems theory.

The effect of the task

Francesca Cardona in her book, *Work matters*, describes the idea of 'the team as a sponge'.⁵ That the nature of the work we do affects our mental life, even our behaviour. Individually and as a team, we can ask ourselves, what do we 'soak up' from the students we work with? How might this impact our own and our team's wellbeing? Just bringing these things to mind can be helpful as such processes are often unconscious and can go unnoticed. The concept underpinning this is Melanie Klein's theory of projective identification. It describes how unbearable feelings can be put into another person unconsciously.⁶ This can help us to think about how distress can move through

organisational systems through our interactions with our clients and each other.

Container and contained

Bion⁷ developed Klein's idea of projective identification into an intersubjective communication, the theory of the 'container and the contained'.⁸ He described how a mother's mind acts as a container into which an infant, via the process of projective identification, puts unprocessed overwhelming experience into her.

If successful, this experience is contained, digested, and cycled back to the infant transformed into a meaningful experience. So, to disentangle ourselves from these projections and support our wellbeing, ideas of containment can be very useful.

Leadership has an important role to provide containment. However, there is also a great resource available in our collegiate relationships with each other. We can ask, who contains our work? However, containment isn't only something offered by people individually. Structures such as reflective spaces, duty systems, supervision and risk processes are very important containers.

What or who acts as a container to support us to stand back and think about the emotional experiences at work? Once you have this information, you can consider how effective such measures are.

Identity

We know from our work with students, how much discrimination and prejudice impacts wellbeing with evidence from minority stress research,⁹ and the oppressive impacts of racism, sexism, homophobia

and transphobia. We must think about intersectionality and difference when discussing workplace wellbeing. We can ask ourselves and others, how is identity seen and experienced at work?

Thinking systemically

As mentioned, stress in organisations can travel through an

organisation's structure, authority lines and even get located into certain teams or individuals. A services structure, role designs, authority and management systems will affect staff wellbeing. When thinking about wellbeing at work, you need to think systemically. If you're a manager or leader in your

“ Organisations are not governed by rationality; they are not machines but alive sociotechnical and ecosystems – humans and structures interacting with each other ”



service, you will have access to a lot of rich service data. This can be thought of in terms of what comes in and out of your service. For example, the number of referrals, method of service delivery, clinical caseloads, staff sickness, staff turnover and exit interviews. Remembering that nothing exists in isolation, locating different systemic pressures can be insightful in addressing service wellbeing.

Wellbeing survey

Surveys are a practical way to take stock of wellbeing and staff needs. We have recently used the Work-Related Quality of Life (WRQoL-2)¹⁰ measure with our staff team of 40. This includes all admin, counsellor, mental health adviser and manager roles.

A note of warning – It is important that a survey is run ethically, it needs to be confidential, and participation should be optional. The WRQoL-2 can be used with all members of clinical and non-clinical staff. The measure can report on different subfactors such as wellbeing, home-work interface, job satisfaction, control at work, working conditions, employee engagement and stress. However, it is a snapshot in time and surveys need to be understood in the context of your service and other data.

Focus groups

What is working well and what may need attention in your service? Focus groups can provide staff a space to explore and think about wellbeing at work, different pressures on roles, the services culture and group behaviour. Confidentiality is important here again, creating a listening space where staff can express their differing experiences of work. No organisation is perfect and a manager or leader approaching this needs to be open and non-defensive. Identifying themes from focus groups can provide important information that can be reviewed alongside service and survey data.

Framework for change

Action research¹¹ provides a collaborative framework for organisational change. It sets out a reflective cycle as follows:

1. Constructing: Engage collaboratively, in constructing what the issues are in your service. Ensuring that all voices are heard, utilising service data, staff surveys and focus groups
2. Planning action: Make a clear collaborative action plan
3. Take action: Implement changes and interventions
4. Evaluating action: Evaluate all outcomes from actions, then feed these into the next cycle. What was the impact? What has been learnt?

Conclusion

In this article, I have introduced a few ideas to consider when thinking about wellbeing in a student counselling service. The project here at Bristol has supported a deep enquiry into wellbeing and an opportunity for all staff in the service to voice and share their experiences of work. Utilising these data, we have formed a service action plan, to make wellbeing a central part of our service for students and staff. ■



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Universities' statutory duty of **care** for students

There has been an increasing debate over the extent or limit of the duty of care that universities should afford students. **Alice Kendle** from Farrer & Co LLP explores the legal perspective

The mental health and wellbeing of university students has been a focus of growing attention, with consequent scrutiny of the supportive measures taken by universities. In the case of tragic student suicides, questions have been asked about whether universities could and should have done more. Against this backdrop, the existence and scope of universities' duty of care towards students has been tested, with campaigners calling for a new statutory duty of care.

Online petition

On 5 June 2023, Parliament debated a new statutory duty of care for students in Higher Education. The debate was triggered by an online petition,¹ which received 128,292 signatures, calling for a statutory duty of care akin to universities' existing duty of care for employees and students under the age of 18.

Government response

The Department for Education (DfE) stated in their response to the petition that universities currently have a general duty of care 'to deliver educational and pastoral services

to the standard of an ordinarily competent institution' and that in doing so 'they are expected to act reasonably to protect the health, safety and welfare of their students'. They said that: 'This can be summed up as providers owing a duty of care to not cause harm to their students through the university's own actions'.

The limited nature of the current duty reflects the judgment in the *Natasha Abraham* case.² It was argued on behalf of Natasha's estate that the university owed a duty 'to take reasonable care for the wellbeing, health and safety of its students. In particular, the [university] was under a duty of care to take reasonable steps to avoid and not to cause injury, including psychiatric injury, and harm'. The Court described this as essentially an argument that the university owed a duty of care to protect Natasha from herself. The Court found that no such duty was owed. The Court noted that Natasha was not in the care of the university, in contrast to a pupil in the care of a school. We understand that this case is being appealed, though it remains good law at the time of writing.

The DfE concluded in their response that further legislation to create a statutory duty of care

on universities would be a 'disproportionate response'.

Universities UK (UUK) response

Universities UK echoed the Government's response in their briefing.³ UUK believes that the current statutory framework (including the general duty of care, Equality Act 2010, and contractual duties) is 'proportionate and practical, commensurate with [universities'] role in education settings' and that a further statutory duty would not be the best approach to improve student outcomes. Nonetheless, UUK emphasised that universities need to show that they are implementing good practice and to demonstrate progress against agreed frameworks (see further below).

Parliamentary debate

In the parliamentary debate,⁴ Robert Halfon, the Minister for Skills, Apprenticeships and Higher Education confirmed that while it shares the petitioners' fundamental aim to protect students and prevent future tragedies, the Government does not support the introduction of a statutory duty of care.

Mr Halfon set out other measures, short of a statutory duty, to improve

student outcomes. He said he had written to all universities urging them to sign up for the University Mental Health Charter by September 2024. To ensure that lessons from student suicides are shared more widely, he explained that the Government would commission an independent national review of student suicides. He referred to the appointment of Professor Edward Peck as the first 'Student Support Champion' in 2022 (and areas for development identified by Professor Peck are referred to in our practical tips below). He also referred to a new Higher Education Mental Health Implementation Taskforce, to be chaired by Professor Peck, which will prepare an interim plan by the end of 2023, and a final report by May 2024. The report will cover early identification of students at risk, a University Student Commitment on dealing with students sensitively on disciplinary issues, and a set of clear targets for improvements in practice.

Significantly, Mr Halfon indicated that if universities' responses are not satisfactory, he would ask the Office for Students (OfS) to look at the merits of a new registration condition on mental health. As discussed in our previous article,⁵ the OfS has recently consulted on the introduction of a new registration condition related to harassment and sexual misconduct. This is therefore potentially part of a wider shift towards a more interventionist regulatory approach, and universities should act now if they want to persuade the Government and regulator that a new registration condition is not required.

What should universities be doing now?

In view of the parliamentary debate, here are the key steps universities should be taking now:

- First and foremost, ensure that student wellbeing and mental health are strategic priorities and have appropriate leadership attention and resources. This underpins the other steps below

- Commit to the University Mental Health Charter,⁶ which supports universities to adopt a whole-university approach to mental health. This is not a silver bullet but a programme for continuous improvement
- Familiarise yourself with and adopt UUK's Suicide-Safer Universities Guidance,⁷ and supplementary guidance on Sharing Information with Trusted Contacts,⁸ Support for Placement Students⁹ and Postvention (responding to a student suicide)¹⁰
- Create an action plan for identifying students at risk early, with pastoral support being offered before they reach crisis point
- Review and update student policies and procedures (including your student disciplinary policy, fitness to practise: policy, and process for delivery of academic results) through the lens of providing a personalised and compassionate academic experience. ■

This article is a general summary of the law. It should not replace legal advice tailored to your specific circumstances.

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Our bodies tell us the therapist is not real when we experience the ‘uncanny valley’ feeling of unreality.⁴ Companies aim to reduce this effect and AI characters appear increasingly human. I find this disconcerting. As it becomes less obvious that we’re not interacting with another sentient being, how will this affect our ability to trust our bodies, and relate to ourselves and each other?

Humanist and futurist Gerd Leonhard speculates that ‘When our bodies are no longer central to our identity we will have crossed the threshold into becoming like machines.’⁵

AI therapy is described as providing a place where clients open up quickly, talk more frankly and feel less judged. AI therapists will be available on demand, be multilingual, have greater memory capacity and ‘recognise and analyse nuances in the diction, phrasing and word usage of conversation in a way that exceeds the capabilities of the human brain.’⁶ They can be programmed to check in on a client, who can feel cared for without fear of being a burden.

This both appears to perfect the therapist while removing problematic human relating. It’s sold as positive when people feel convinced that the bot cares about them. In disconnecting from our need for each other we treat the symptoms of the mess we’re in, rather than its causes. I find this disturbing.

Imagine a chatbot therapy user accessing their therapist at 3am to then put them on snooze when not wanting to engage. An ethics bot saying it’s OK to do something unethical if it makes you happy or a therapy bot user feeling ‘super happy’ that the bot checked in on them. Clearly people develop distorted relationships with AI.

AI is not a friend. It doesn’t create new knowledge, but uses whatever is fed into it; including errors, biases, prejudice, colonialist values and racism. AI can’t discern what is true or false, has no values or morals, and is based on language, not wisdom or understanding.

AI developers imagine systems based on their perception of the

most impressive aspects of humans. Thinking, understanding, reason and creating things. This ignores much of what makes us human. While marketing colludes with the happiness industry ‘Is happiness just a tap away?’⁷

Developments often focus on data-driven ‘precision’ ways of working, resulting in evidence-based treatment models that replicate the laboratory in the therapy room.⁸ Therapy chatbots become ‘medical devices’ that often aim to improve systems such as triage.¹

Even assuming AI can be helpful, it will impact working conditions.

Dr Cotton has concerns about the digitalisation of care. She is part of a team working on the Digital Therapy Survey, in collaboration with Data & Society (USA), Psychotherapy Action Network (USA), Manchester University, Stirling University and Counsellors Together UK. They aim to understand therapists’ and users’ experiences of digital therapy, including tele and video therapy, mental health and wellbeing apps and use of online therapy platforms.⁹

Dr Cotton expresses concerns about the industrial models behind the platformisation of therapy and how they change the nature of our work, with a focus on marketisation and standardisation. She describes the potential for increased surveillance, micromanagement, bullying, excessive performance management and the gaming of performance data.

In engaging with AI as a therapeutic tool, we need to think carefully about how and why we are using it. Otherwise, we may end up heading to a machine-led future where human error and inefficiencies are removed. Both client and therapist won't be good enough until they are optimised, made efficient and their messy humanity is removed. We need the complexity of our human relating, emotion, spontaneity, intuition or imagination.

Gerd Leonhard asks: 'How much of your humanness are you willing to surrender in order to tap into the convenience of those magical machines?'¹⁰ ■

Footnote

To take part in the Digital Therapy Survey, please go to: https://cardiffmet.eu.qualtrics.com/jfe/form/SV_8vUQU420XJxOoKy. The survey will close on 31 October 2023.

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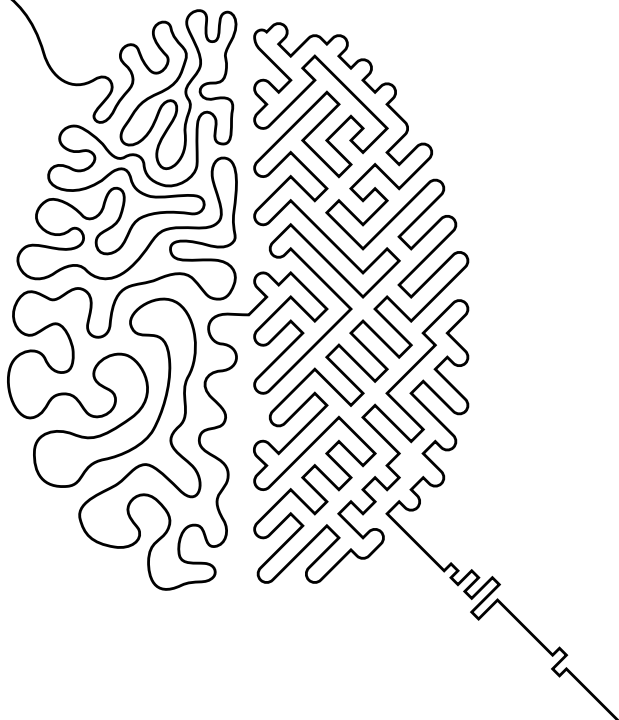


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A conversation about anxiety

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Myles!!' is the first thing I shout down the microphone. A familiar and wonderful face that I know well appears. Myles-Jay Linton is the Vice Chancellor's Research Fellow at the University of Bristol, among many other talented things, and I've known him as a friend for several years. He knows a significant amount about young peoples' mental health and is the perfect person to talk about the growth of anxiety in young adults.

Anxiety is on the rise

There has been an explosion of anxiety since 2008; financial crash, austerity, Brexit, climate change and social media could all be responsible to influence. It has trebled amongst young adults in the UK and increased among the under 55s.¹ 'Something is going on with the pace of change, and I feel with the way we're interacting, there might be less room for compassion,' Myles says in his always considered and subtly confident tone. 'Our digital connection might feel less

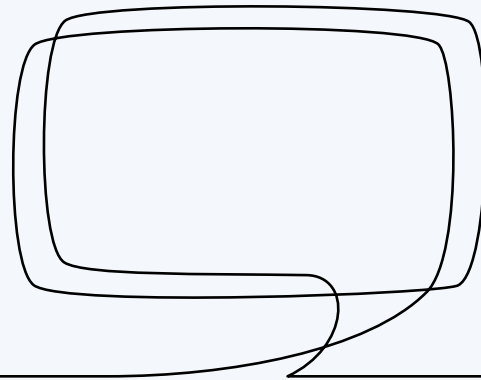
and less human.' I nod and agree, but Myles always gives a balanced response and adds: 'I wonder if there is a difference that needs to be made between digital and in-person social skills; they're both valuable.' I might have a cynical view towards social media at times, but I agree with the need to distinguish between the benefits of both in-person and online interactions. With a forward trajectory of increased digital socialisation, we must learn how to work with it and not against it. This takes us onto the first area of research...

Online interventions

'I'm co-leading a research project funded by Innovate UK to explore the experience of users of Tellmi' he *tells* me. He's clearly an advocate of online tools and interventions. Tellmi is an award-winning app and community, improving the mental health of young people. With the sheer numbers of young adults

requesting anxiety support in the education sector, we know services are looking for innovative ways to support more and more students. There is more evidence emerging showing that online, brief interventions can be highly effective and have a long-lasting impact on not only anxiety but also suicidality.² 'You wouldn't expect brief interventions to have such long-term impacts,' Myles says. I agree. But it shows there are innovative ways of working, to compliment traditional therapy, that improves the overall effectiveness of what counselling services can do.





Perfectionism, anxiety and self-compassion

'It can feel like there is no room to misstep due to how competitive the world is; we live in a popularity and attention economy and there's just no ceiling on this.' The thought makes me shudder because it's all too true. And there is no cap on perfectionism... we can theoretically always do *better*. Perfectionism anxiety is on the rise as well. Again, social, economic, financial and social media factors, paired with definitions of success (popularity and money) are all contributing. As unrealistic expectations increase, self-esteem can plummet.³

Self-compassion, and self-compassion focused therapy, is evidenced as an effective intervention that can improve self-esteem, and lower depressive and anxiety symptoms.⁴ Studies have also confirmed that self-compassion successfully counteracts anxiety in sexual minority men,⁵ and I suspect further studies would show the same for many marginalised groups.

Tolerance and perception

How much control we have over our anxiety is difficult to define. On one hand, we want the ability to tolerate and reduce our anxiety, and on the other we need to recognise the limits of what we

should tolerate and what is out of our control. 'It made me think about the importance of spreading mental health literacy skills. It can really empower people to be actively responding to symptoms... if you have the resource to do it.' And Myles makes an important point. Ability is one thing and the capital to utilise that ability is another. If we are able, and with the support of a therapist, the 5-factor model is a great way to focus on specific areas of tolerance and how we might improve them. These are: a) negative emotion, b) physical discomfort, c) uncertainty, d) frustration, and e) ambiguity.⁶

The way we view anxiety will have a big impact on the anxiety itself. I make a half-joke to Myles and say, 'a great way to increase anxiety is to talk about anxiety.' We both laugh and there's a quiet understanding that there's something to it. The challenge versus threat model of perception delves into our ability to regulate anxiety through understanding our ability to deal with it.⁷ To perceive it as a threat is to say *I don't have the resources to deal with this challenge*; we can't cope, and anxiety will rise. To see something as a challenge is to say *this might be difficult, but I have the resources to deal it*; we can cope, and anxiety will likely reduce. How we view our resources and how far they are spread is another important point. Myles points out: 'It makes me wonder how

much of our resources, specifically our 'mental bandwidth', is stolen from us by highly stimulating environments.'

Socialisation

In-person social skills are recurring protective factors for anxiety and other mental health issues, including suicidality.⁸ Similarly, Myles identifies, 'online communities offer valuable peer support to those facing escalating mental health issues.'

I refer to research on the importance of direct eye contact for positive affective reactions that we might not get online,⁹ and Myles raises his eyebrows in interest. We both recognise that more research needs to be done to understand the impact of online eye contact and socialisation. Research shows that in-person eye contact can reduce anxiety when increased, particularly for individuals who are socially anxious.¹⁰ Conversely, 'the reduction of eye contact can reduce cognitive load' Myles points out. 'Particularly when considering specific types of a neurodiversity,' I add.

When anxiety and cognitive load is high, it can also reduce our desire to share resources; essentially, we become more *selfish* to protect and meet our own needs; self-preservation.¹¹ It raises a conundrum; socialisation decreases anxiety and sharing resources, but anxiety decreases the ability to socialise and resource share.



The way we view anxiety
will have a big impact
on the anxiety itself



What did we learn?

We finish the conversation with answers and many more questions. It is clear, research on anxiety is expanding quickly, but there is far to go in understanding how new ways of interacting are impacting us. We say goodbye and end the call with familiar smiles. Here's some of what we learnt:

Resource – individuals need resources and reduced cognitive load to engage in supportive interventions effectively, and this needs to be a key consideration in support

Complexity – the intersections of other mental health issues, neurodiversity, identity, and more, add complexity to treatment that needs to be considered with every intervention

Perceptions – increasing mental health literacy and empowering individuals to respond to their own symptoms are a vital component in support and treatment

Interventions – having multiple interventions, including online, that meet needs in a variety of ways is crucial

Normalisation – a functional amount of anxiety is a normal experience that we should expect to encounter and understand, and cannot eradicate. ■

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family therapy unit at St Pau Hospital. When I moved to the UK, I started doing volunteering work with refugees and Latin American women, who were all survivors of a variety of abusive and traumatic circumstances. That experience led me to study at the Tavistock and Portman NHS Foundation Trust in London, and deepen my understanding of trauma and trauma-focused work. Soon after, I started working as a coordinator, progressing to manager of therapeutic services within the VAWG (Violence Against Women and Girls) sector. During that time, I qualified as a clinical supervisor and co-wrote the first *Guidelines to Work Therapeutically with Survivors of Genital Mutilation*.¹ After working for about 10 years in that area, I moved to the HE sector. Nowadays, I have left my managerial responsibilities and work as an independent counsellor/ psychotherapist and clinical supervisor for universities and NGOs.

While I continue doing therapy in my private practice and at Roehampton University, I have developed my latest and most exciting project yet: *Mind your Mind* podcast,² which aims to encourage all professionals working in the helping and caring professions to develop their personally meaningful self-care strategies, and to avoid the potential emotional and psychological impact of their work. In every episode, my guests and I talk about different aspects of self-care and burnout prevention, with a strong emphasis on taking action, one step at the time. We give tips and ideas for everyone to practise.

Q What are some of the highlights on that journey?

The highlights on my journey are also associated with some challenges: every new placement and every new country put me in the position to reach my limits as a person and as a practitioner, but also gave me a hugely valuable experience with regards to understanding multiculturalism, multilingualism and the work with



Above Altiplano in the North of Chile near Arica city

Roxana Parra Sepulveda

trauma survivors in different settings and languages. As a multilingual psychotherapist, I have been examining multilingualism for several years, culminating in a co-edited publication called *Tuning In: an anthology of unheard experiences of multilingualism and psychological therapy*, currently available as a free download.³ My journey has led me to meet amazing people along the way; those who believed in me when I was new to the country and those who respected me and welcomed me, allowing me to give continuity to my work and grow as a therapist.

Q Which book has most inspired you?

Many, but one of the books that did have a big influence in my work with survivors of trauma is *Trauma and recovery* from Judith Hermann⁴ and now I am reading her latest book, *Truth and repair - How trauma survivors envision justice*.⁵ I really like her approach to the work with survivors of abuse, her application of feminism to therapeutic practice, and the clarity when sharing her knowledge.

Q How did you get into student counselling?

I have always found fascinating the energy learning institutions have offered. I enjoyed my experiences studying at university, and I am aware that these periods in life can be full of fun and change, but also emotionally demanding at times. I had the opportunity to be the manager of a university wellbeing service and that gave me the opportunity to work in the HE sector.

Q Tell us about your current role and where you work

I work as a counsellor at Roehampton University within the wellbeing team. I love to work with young adults and engage in reflective dialogues, allowing me to witness their changes and evolution while facing adversity. I simply love therapeutic work. I am also developing my independent career and always looking for new projects and organisations to work with.

Q Why do you enjoy working in your institution?

The team I am part of is amazing, very committed to what they do, and we have

managed to create a synergy of collaboration and support for each other. Roehampton University is located in a beautiful area of London and the environment we work in is conducive to maintain a positive work-life balance. We have been through very difficult periods but now the service has increased capacity to become even more effective in service delivery.

Q How do you practise self-care?

Self-care is a fundamental part of my work. With the experience I have gained over the years, I have come to the conclusion that the only way to achieve a fulfilling career (in any field) is to have a healthy self. My self-care strategy has changed over the years coinciding with different moments in my life. Currently, I have been tuning in with my hormonal rhythms, understanding my stressors and being more conscious about what I eat in order to enhance my immune system and to keep a healthy gut. Cycling is always part of my selfcare; my bicycle balances me as well, as it helps me to maintain connection with nature.

Q What are the current challenges you face?

I am a strong believer in change and the possibility to become stress resilient. I feel persistently privileged about the trust my clients invest in me, and although the challenges related to childhood trauma are difficult, I have been able to persist with a sense of hope in my approach to therapy.

I am aware of the potential impact on myself from witnessing the suffering of others, so the challenge for me is to keep myself in the best shape mentally, in order to be a good-enough, secure base for all my clients, in my current role and my private work.

Q Can you identify better ways of working as a result of COVID-19?

One of the good outcomes of the pandemic is the new way we are able to work with the assistance of technology.

We have gained flexibility that allows us to give continuity to the work we do with our students; we have the possibility to be available either online or face to face, and that has given access to students who might not otherwise have accessed our services.

Q Who currently or in the past has inspired you as a counsellor?

It is difficult for me to name just one person because I have met many inspiring therapists during my career. When I first came to London and volunteered to provide therapy for Refugee Action Kingston, I worked with an amazing service manager who supported me to transition and adapt to the UK modalities and ways of working. Soon after that, with the support of new managers and my supervisor, I was able to complete the BACP accreditation process. While working in the charity sector, I have been particularly inspired and honoured to be part of services working alongside a great number of women, with a strong commitment to end violence against women and girls.

Q What are your hopes and fears for the future of student counselling?

My hope for student counselling is that each university finds a way to have strong collaborative relationships with their local community services. I believe that the route towards providing integral support is working in partnerships. I have led successful partnerships with community services, and found that it gives a good balance and clarity with regards to expectations, but most importantly, this allows the development of smooth referral pathways which benefit students, especially when they are struggling with severe mental health difficulties.

We constantly have the challenge of long waiting lists, which provides an opportunity for service managers to innovate, and introduce new modalities of working therapeutically. I hope senior

management in universities realise that investing in staffing to respond to increasing service demand is a wise business decision, not only for student satisfaction and retention but also for staff wellbeing.

And most importantly, I hope all organisations take seriously the importance of care for all their frontline workers supporting students in distress day in and day out. A systemic and consistent approach towards staff wellbeing are fundamental in this line of work to avoid burnout and staff rotation.

Q What do you see yourself doing in five years' time?

I see myself surrounded by people, continuing with collaborations, producing useful material that allows me to share my knowledge, participating in conferences, continuing with my international work and my podcast² with the mission of encouraging frontline workers in diverse fields to develop their personally meaningful self-care strategies to thrive instead of becoming burnt out while doing the job they love. ■

➔ To get in touch with Roxana, please email her at: info@roxanaparra.com

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STUDENT STORIES

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FOOTNOTES AND FURTHER READING

NEGATIVE REACTIONS TO STAMMERING MAKE A LOT OF PEOPLE SEARCH FOR ALTERNATIVE WORDS THEY WON'T STAMMER ON. HAVING TO DO THIS FOR EVERY INTERACTION CAN HAVE A MASSIVE IMPACT ON MENTAL HEALTH. GET MORE INFORMATION AT [HTTPS://STAMMA.ORG](https://stamma.org)

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