Volume 13 Issue 01
March 2025

University & College Counselling

For counsellors and psychotherapists in further and higher education

Another trick on the wall

Climbing for wellbeing

+

Bouldering therapy
Developments from Cumbria

Early maladaptive schemas
Links with depression and anxiety

Student placements
When theory meets practice

Student Minds
University Mental Health Charter

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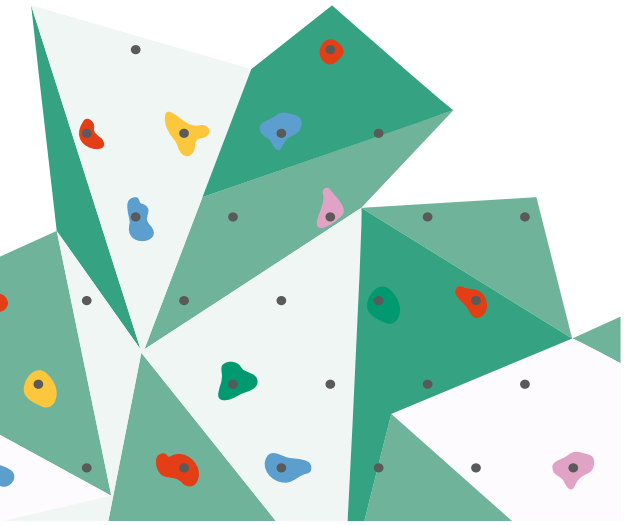

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From the Editor

Kate

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Welcome to the first edition of 2025! This is my first issue as Editor and I'm so excited to be taking on this role.

I'm an integrative therapist in private practice from Bristol, mostly working with LGBTQIA+ and neurodivergent clients. Before my training, I spent just shy of a decade working in higher education and started my career in journalism. You might recognise me from a student column in this journal, which I enjoyed writing while I was studying for my master's in counselling and psychotherapy. It's wonderful to be returning at the helm.

A massive thank you to **Rick Hughes**, our outgoing Editor. His warmth and friendliness, not to mention a keen editorial eye, are hugely appreciated.

In this issue, **Andy Cross** and **Tessa Tilbe** describe an innovative approach to therapy for students – on the 'bouldering' wall. I learnt to climb as an undergraduate and can appreciate the hands-on opportunity to consider how students approach failure and fear.

Sara Dowsett, **Jane Humphreys** and **Tony Ward** present their study on early maladaptive schemas and depression and anxiety in students. They consider perfectionism and negative views of self, as well as the desire to attain approval and a tendency towards self-sacrifice – and how the latter may be beneficial to some aspects of academic achievement.

Professional identity, self-awareness and competence: all key components of an effective counsellor. **Dr Paul Demetriou** returns to *University & College Counselling* to discuss his research on the importance of placements for counselling trainees.

Dan Thompson, Programme Co-ordinator at mental health charity Student Minds, reports on changes to the University Mental Health Charter. The charter now has 113 institutions signed up, creating whole-university approaches to mental health.

We also have our regular columnists, **Sarah Hinds**, **Jo Levy** and **Eleanor Hayeswood**. This is Sarah's last column, and she reflects on endings, both planned and unplanned, difficult and joyful. Thank you Sarah!

Jo writes about gaps in student and staff wellbeing, and whether our current measures can be fit for purpose when so many marginalised and less traditional students' experience isn't fully captured.

Eleanor considers environmental crises, and students' anxiety and grief in the face of this loss. How can we, as counsellors, hold space for existential questions and grappling with threats to our natural world?

I'm pleased to introduce **Catriona Keane** as our new BACP-UC Chair, and **Dr Afra Turner** writes from the Research SIG.

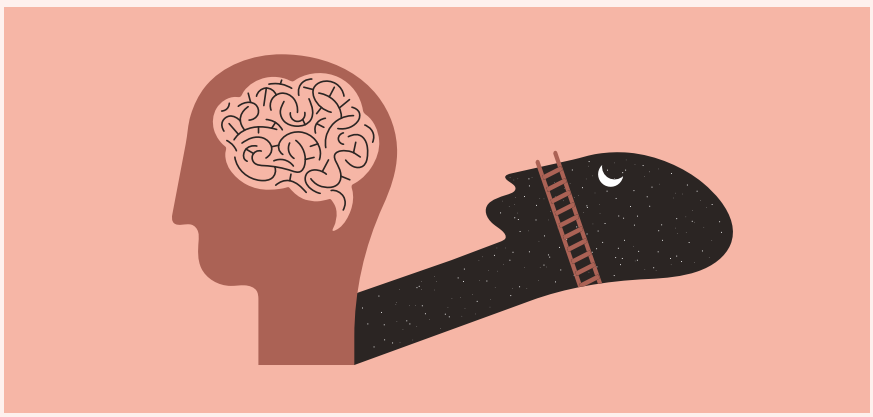
Gareth Cowlin finishes off this issue with our regular Student Stories illustration.

I hope you enjoy the issue and I look forward to hearing more from you all. ■

News & resources

A summary of current issues and opportunities in our sector

BACP Mindometer 2024



Three out of five therapists saw a decline in the public's mental health in 2024 compared to last year, according to our annual survey into the state of the nation's mental health.

Almost all of our members who responded to the BACP Mindometer 2024 survey* attributed this decline to financial concerns and the cost of living. Many stated that war, conflict and negative news are having a detrimental effect on our mental health too.

The survey, which captured the experiences of more than 2,600 of our members, shows that therapists are seeing a surge in stress, persistent worrying and overthinking over the past year.

Nearly three quarters of therapists who work with children also said they're seeing an increase in children with more complex issues.

Findings from our survey have been reported in the media including *Stylist, Metro, MSN, Yahoo News, Daily Star and Yorkshire Post*. The survey was also mentioned as part of the coverage of our campaign, 'Unmasking ADHD through therapy' (https://tinyurl.com/4spf3nst).

The state of the nation

Three in five (60%) therapists said that the public's mental health has deteriorated since last year, attributed to financial concerns and the cost of living (94%), war and conflict (76%), negative news (75%), discrimination, prejudice, and systemic inequalities (73%), politics (69%), and climate change (48%).

The top five issues therapists have seen an increase of in the past year are:

1. Stress, persistent worrying and overthinking (64%)
2. Neurodivergence-related issues (61%)
3. Generalised anxiety (55%)
4. Low self-esteem (53%)
5. Loneliness and isolation (49%).

Nearly two in five (39%) therapists described demand at their practice as overcapacity, resulting in a waiting list and/or referral of clients to other services.

ADHD

- Around three quarters (76%) of therapists said they saw an increase in the number of clients who attend therapy with ADHD-related issues or concerns
- Over half of BACP therapists (58%) have noticed a rise in clients seeking their services to adjust to their new ADHD diagnosis
- Over a third (36%) of therapists say their clients who have ADHD perceive their ADHD diagnosis positively
- Emotional regulation (82%), academic or work performance (67%) and relationships with friends and family (67%) are the top three areas of life where ADHD has the greatest impact, according to therapists
- 72% of therapists say clients feel relieved after receiving their ADHD diagnosis
- Over half (57%) of therapists report they often encounter clients with ADHD who engage in masking behaviours.

* All figures are from our annual Mindometer survey of BACP members. Total sample size was 2,658 therapists. Fieldwork was undertaken between 3 – 17 September 2024. The survey was carried out online.

Notes from the Chair

Hello everyone, I am delighted to introduce myself as the new Chair and share my vision for the term ahead. I am committed to building on the excellent work done by my predecessor, Louise Knowles. I would like to extend my heartfelt thank you to Louise for her leadership and dedication to our division. Her contributions have left a significant impact, and I wish her every success in her future endeavours.

A little bit about me. My academic and professional journey include degrees in psychotherapy; psychology; and child and adolescent art psychotherapy. These degrees led me to gain extensive experience in diverse mental health settings and enabled me to refine the client group I wanted to 'specialise' in, that is, working with students. I have spent the last 12 years working in universities, which has been really enriching to my development and in keeping my inner 20-year-old alive! My professional career has been shaped by both direct counselling work and collaboration with colleagues in research and practice. I am currently Head of Student Health and Wellbeing and Counsellor at Magdalene College, University of Cambridge.

As Chair, I am committed to advancing the mental health and wellbeing of students in higher and further education. Our institutions are spaces of immense growth and opportunity, but they also come with significant personal, academic and social challenges. As counsellors, we are uniquely positioned to empower students with the tools, resilience and support they need to navigate this transformative period in their lives.

My priorities as Chair include fostering collaboration, championing evidence-based practices and addressing the diverse needs of today's students. Whether through building resilience, enhancing accessibility, or promoting a whole collegiate approach to student mental health, I am focused on helping to shape the environment where every student feels valued, supported and equipped to succeed.

The BACP-UC division aims to amplify the voices of professionals working directly with students, and bring these insights to the policy makers shaping higher and further education. At its heart, the division's mission is to promote ethical, effective and professional counselling across our institutions. I look forward to working with you, counsellors, students and stakeholders, to ensure that mental health remains a priority in our sector.

> My priorities as Chair include fostering collaboration, championing evidence-based practices and addressing the diverse needs of today's students

As March arrives, we find ourselves at a pivotal moment in the academic year, and an opportunity to explore psychotherapy themes related to growth, renewal, resilience and balance. Students are halfway through the term, and with the arrival of spring, there is a renewed sense of possibility and change.

This time of year can bring fresh energy, but it can also pose unique challenges as the demands of university and college life intensify. It is also an important time for us, as counsellors, to reflect on how we support students through both the opportunities and challenges. For many students, this midpoint is a chance to reflect on achievements and recalibrate for the months ahead.

In this issue, three areas of research align with the themes of resilience and transformation. In 'Climbing for wellbeing', we read about the innovative study from the University of Cumbria concerning how bouldering therapy combines physical activity with therapeutic practices to support mental health. This creative approach offers students a dynamic pathway to good mental health.

The article on depression, anxiety and early maladaptive schemas, explores links between these factors among undergraduate students. It provides valuable insights into addressing student mental health challenges.

Similarly, another article in this issue examines the challenges and learning opportunities encountered by counselling trainees in placements. It highlights the importance of nurturing and supporting the next generation of counsellors.

Finally, it's great to hear more from Student Minds and the excellent work they're doing with their Mental Health Charter.

My aim is to cultivate a collaborative and inclusive environment where ideas, challenges and solutions are shared openly. I am motivated to integrate research findings into practice and support professionals and trainees, to ensure our division remains a leader in shaping policy and practice.

Your insights and contributions will be central to our collective success. We can continue to make a meaningful impact on students' lives and advance the field of university counselling.

Lastly, the Executive Committee and I are committed to engaging more people in the division, and if you are interested in joining the Committee, please reach out to me via the Editor. I would be delighted to hear from you and discuss how you can contribute. ■

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FOUR NATIONS

BACP comments on the Scottish Government's draft budget for 2025-2026

Speaking after the draft budget announcement, our Four Nations Lead, Steve Mulligan, said:

'While it's pleasing to see investment in improving mental health for young people, we are disappointed that the student counselling budget for universities and colleges, which was slashed last year due to extensive funding pressures, has not been reinstated following the additional injection to this year's budget through the Barnet formula.'

Notes from Research SIG

I am heartened that readers continue to develop professionally from the research focus of the articles presented in this journal. The November issue of *University & College Counselling*, sadly the last expertly edited by Rick Hughes (with his wealth of student counselling experience), featured the benefits of qualitative research, by Dr Totman and Dr Loulopoulou.[1] The article demonstrated the complexity of the work, and how the therapists working within the student counselling population have effectively evolved to meet students' needs, at times against the odds. Interestingly, this article activated debate on a LinkedIn thread, showing it struck a chord with those working in FE and HEIs.

Evidence-based research presents data-driven information, updating our existing areas of knowledge and sometimes our assumptions. Quantitative data driven reports such as *Student Mental Health in 2023: who is struggling and how the situation is changing*,[2] show us information in numerical form, such as the rise in students presenting with mental health difficulties which has nearly tripled in six years from six per cent to 16%. Financial reasons were cited as a major contributing factor, and students continue to indicate poor mental health as the leading reason for thinking about leaving college or university. Drilling down into datasets reveals an even more complex set of factors – an inequality among specific student groups that mirrors the inequalities in society at large. Women, LGBTQ+ and lower socioeconomic students are more vulnerable to mental ill-health, giving opportunities for practitioners and counselling services to prioritise these student cohorts.

Large datasets, such as the above study of 82,682 respondents,[2] show that female students (12%) are twice as likely to self-report mental health concerns than their male counterparts (5%). Non-binary students are even higher at 42%, yet we also know the suicide rate is higher in males under 24 years, but they often fail to present to services and therefore are not identified in the data. Sexual orientation is unsurprisingly a factor that impacts students' mental health, with those identifying as bisexual (28%) reporting the highest average levels of mental health difficulties among LGBTQ+ groups, and gay men (14%) the lowest – although this is still greater than among students identifying as heterosexual (7%). There is a rise in the mental ill-health of gay men and lesbians, three times the rate of heterosexual students, and bisexual and asexual people are around double that rate. Trans students are more than twice (30%) as likely to experience mental health difficulties during their student journey than those who identify with the gender they were assigned at birth. But the dataset did demonstrate an improvement in trans students' mental health, falling from 40% in 2021 to 25% of students in 2023.

While data collection drawn from self-reporting over time is not without its flaws (sample bias etc.), it does provide a rich understanding of some student trends. It offers the wider community of staff and students a snapshot of what may be helpful in supporting vulnerable students, and the positive impact of scholarships improving their mental health; as appears the case with trans students, as well as those coming from lower socioeconomic backgrounds who are often the first in their family to attend university. ■

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CLIMBING out of the THERAPY ROOM

Andy Cross and **Tessa Tilbe**

write about the development of 'climbing for wellbeing', otherwise known as 'bouldering therapy', at the University of Cumbria

'What am I doing? I'm way out of my depth. No, this is fine, it's well within your ability, you're just scared. Take a breath, it's just a couple of moves and then you'll be fine.'

Failing to reassure myself, I look behind me and judge whether I can climb back to my partner and set up an abseil to retreat off the 30 metres we had just climbed. I feel a familiar tightness in my chest and my legs start to tremor. At this moment, I pause and take a deep breath. Calming myself down, I purposefully lower my shoulders and stand up straight. I notice my heartbeat slowing down, feel the cold rock under my fingertips, and open my eyes. I reach for the next hold and begin climbing again.

It's climbs like this that have both humbled me and helped me grow in equal measure. Climbing provides a visceral response and can present you with abject fear and absolute joy, sometimes all within the same route. Although I'm no longer the obsessive climber I was in the late-1990s, climbing still never ceases to surprise me and I continue to learn so much about myself through the activity.

Having worked as an outdoor education instructor, specialising in youth development, I've always seen the benefits of adventure-based activities. After a career change some 15 years ago, I'm coming full circle with this viewpoint, and re-discovering the role nature and adventure can play within my therapeutic practice.

There is continued evidence to show the increase in demand for student mental health support.[1] As a result, universities continue to diversify their approaches to support students with their mental health and wellbeing.[2,3]

As with all other HEIs, here at the University of Cumbria (UoC), we continue to strive to meet the needs of our student population, and are looking to diversify our wellbeing interventions outside the more traditional face-to-face settings. I have always supported the benefits of group work and as we were aiming to diversify our mental health support, I saw an opportunity to incorporate an adventure-based programme.

Photo © Jack Murden

In 2022, I read a *UKClimbing* article by Natalie Berry in which she discussed climbing therapy.[4] This article became a catalyst for the creation of our Climbing for Wellbeing programme, and as I found more academic papers about an approach termed 'bouldering psychotherapy', my initial spark of interest soon became insatiable.

Collaboration

After presenting my idea to the manager of the mental health and wellbeing team, I was advised to speak to the manager of UoC Active. Their team is responsible for promoting the physical health and wellbeing of both staff and students through sports facilities and activities at the university. As it turned out, the team were looking to introduce social prescribing to promote the link between mental and physical health and wellbeing. Viewing this as an opportunity to kickstart their approach, they were keen to fund a pilot project.

> Climbing provides a visceral response and can present you with abject fear and absolute joy, sometimes, all within the same route

Additionally, the local climbing wall in Carlisle, Eden Rock, were also eager to support the initiative and offered a substantial discount, as well as a regular space for the programme to take place (huge thanks and shout out to them!).

What's bouldering and how does it link to psychotherapy?

There is a long lineage of adventure being used therapeutically which can arguably be dated back to Frederick W. Gunn's organised summer camps in the United States in the mid-1800s,[5] or Millican Dalton, the 'Professor of Adventure' in the 1920s.[6] The term 'climbing therapy' however, albeit seemingly new, can in fact be dated back to the 1980s when Samuel McClung used climbing as an intervention to treat 'chronically mentally ill clients' on a six-week programme.[7]

However, since 2015, there has been an increasing focus on projects using climbing as a clinical intervention, and we are seeing an ever-increasing number of published articles evidencing its benefits in supporting mental health and wellbeing.[8,9,10]

In our project, however, we use bouldering, which is a discipline of rock climbing. The British Mountaineering Council (BMC) defines it as: *'a form of climbing usually practised on small rocks and boulders, or at indoor walls. As the climber doesn't go very high, it is often possible to jump back down. Boulderers usually use padded mats to jump down (or fall).'*[11]

The main reason I chose bouldering over rock climbing is its accessibility; it requires little equipment or experience. Furthermore, as with rock climbing, bouldering offers an array of potential learning for the climber. When climbing, we must navigate emotions such as fear, worry, frustration, to name but a few. This hodge-podge of feelings offers a rich environment for participants to explore how they can manage emotions in a safe but real context.

As the course is climbing-based, there was initial trepidation about the risks involved in delivering such an activity, however, as a qualified rock-climbing instructor (RCI), I was able to manage this and mitigate any health and safety concerns. Unsurprisingly, our biggest hurdle was gaining clarity regarding the university's public liability insurance. But like a dog with a bone, and after some to-ing and fro-ing, we were finally given the green light to go ahead.

Despite being a qualified RCI student psychotherapist, given the nature of delivering a mental health course, it felt appropriate to co-deliver the course with a colleague. Tessa Tilbe is an accredited person-centred counsellor, and despite having no climbing experience, she was passionate about the potential of the programme and keen to get involved. Most participants had little to no climbing experience, so Tessa was able to relate to the students and relieve the power dynamics between the counsellor/instructor/student relationships, which proved to be invaluable.

The course structure was loosely based on work developed by Dr Katharina Luttenberger.[8] Katharina, a psychologist, has studied how bouldering can help manage depression. She is also a co-founder of the manualised bouldering psychotherapeutic approach, BouldApy.[12] Unaware of the BouldApy approach, I created my programme using a range of modalities including compassion-focused therapy (CFT), acceptance and commitment therapy (ACT), cognitive behavioural therapy (CBT) and narrative therapy, all of which I commonly use within my own practice.

Like Katharina's approach, each weekly session was split into two halves: psychoeducation and bouldering. The psychoeducation portion focused on a central theme, such as managing failure, and

then the skills taught were used and practised through the bouldering part of the session.

An example of how this appeared in action can be seen in a session where we explored the role of fear-based emotions. The psychoeducation session considered fear from a CFT perspective.[13] We explored human beings as an emergent species with an autonomic nervous system, activating and deactivating emotions to manage potential threat.

The second part of the session linked the learning to the bouldering wall, exploring how climbing situations can evoke various emotional reactions like fear, worry and social comparison. As participants began linking the theory to the felt-sense on the wall, we explored skills to manage these responses in real-time, but also within a safe and contained environment.

> Written feedback from all three cohorts was enthusiastically positive about their experience

By making these connections, students developed a deeper understanding of their emotional responses, and were able to link to experience both on and off the wall. Across the cohorts, participants reported an increase in both their ability and confidence in their climbing skills, and an increasing ability to manage emotional distress.

Student engagement

Having previously worked in NHS substance misuse services and community mental health teams, group work has played a vital role in my practice. When I started at the university, I was surprised to discover that, historically, the number of students attending mental health-based groups was typically low. After persisting, we were rewarded with much higher self-referrals than that of any previous group work delivered by the team.

However, despite my initial excitement, we soon fell from grace, and from the initial 25 self-referrals, 18 couldn't attend due to academic commitments, so only seven spaces were filled. After one student didn't turn up on the day, we were left with a group of six. From a group psychoeducation perspective, eight participants are the optimal number, [14,15] so six people finishing the group felt like a win.

We were pleased to be asked to deliver two additional cohorts the following year, one from Carlisle again, but this time, a second from our Lancaster campus. This time, we took a more focused approach. We advertised the group through social media posts, internal communications, a YouTube intro clip, and distributed posters across both Lancaster and Carlisle campuses. We also ran a 'last chance to attend' campaign running up to the start of the course. However, when discussed at later dates, many students still reported they were unaware the course had been delivered.

After reviewing the first cohort, we decided to shorten the course to a condensed five-day programme, which we held during our two 'enhancement' weeks when there is no formal teaching. However, we did not take into account that most students go home during this time, so this led to fewer referrals compared to the first cohort. As a result, the following two cohorts each had three participants finish the programme.

Moving forward, our groups are meeting on Wednesday afternoons, when most students are free from lectures. We are also rebranding the course as 'climbing for wellbeing', as we feel that 'bouldering psychotherapy' presents as too clinical.

Outcomes

We measured outcomes by using GAD-7, PHQ-9, and The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). The first cohort completed the outcome measure questionnaires at each weekly session, and cohorts two and three completed one at the start of the course (day one), and then again at the end (day five). We also collected verbal feedback at the end of each course, in an attempt to capture the more nuanced aspects of the participants' experience of the programme.

Although the data suggest all three programmes had a positive impact on participants, they indicate that the first programme that we ran had a greater impact and produced better outcomes for the students. Using the statistics and the written feedback, we can begin to identify what contributed to the greater success of cohort one. For example, having the course run over seven weeks allowed participants to reflect on the session and practise the skills learnt. It gave time to digest learning, whereas the week-long courses didn't give participants the opportunity to do this in the same way. We also noticed that during the week-long courses, participants became fatigued around day four, which may have had an impact on their experience of the course and their capacity for learning. However, written feedback from all three cohorts was enthusiastically positive.

Cohort one: Outcomes (Averages)
The below table is based on six participant responses.

GAD-7	PHQ-9	WEMWBS
Average decrease of 30.95% in anxiety symptoms from first to last session.	Average decrease of 18.25% in symptoms of depression from first to last session.	Average increase of 20% in overall wellbeing from first to last session.

Cohort two: Outcomes (Averages)
The below table is based on three participant responses.

GAD-7	PHQ-9	WEMWBS
Average decrease of 6.35% in anxiety symptoms from first to last session.	Average decrease of 3.17% in symptoms of depression from first to last session.	Average increase of 26.98% in wellbeing from first to last session.

Cohort three: Outcomes (Averages)
The below table is based on two participant responses.

GAD-7	PHQ-9	WEMWBS
Average decrease of 7.14% in anxiety symptoms from first to last session.	Average decrease of 7.14% in symptoms of depression from first to last session.	Average increase of 11.9% in overall wellbeing from first to last session.

We identified key themes within the written feedback, which were:

- Enhancing skills and learning techniques for everyday life, as well as the bouldering wall
- The benefits of having a physical element to a mental health programme
- The benefits of being able to apply theory to practice, particularly in helping participants to remember the theory and skills learnt
- The benefits of trying a new activity, particularly in improving self-esteem and confidence.

Indeed, what was striking in all the feedback received was how participants felt that the bouldering activity was crucial to their positive experience of the course. It also helped with raising confidence and an ability to remain grounded. For example, one participant explained, 'I learnt to trust others more as well as myself. I can be very scared with new things, but this course has taught me to remain calm'.

Another participant highlighted an improvement of their self-awareness, 'I have learnt a lot and [I have] become more self-aware of what bad thinking patterns I may be thinking. There's been lots of application to help me be more positive, confident and calm, on and off the wall'.

By giving the participants the opportunity to practise what was taught in the psychoeducation session, it allowed them to fully understand and use the skills to manage their mental health, not only on the wall, but off the wall too. Thus, the feedback from the participants highlighted how crucial the bouldering element was to the success of the course.

Reflecting on the journey taken and the route ahead

As I write this conclusion and prepare to start our first fully booked cohort, I can't help but reflect on our journey. The last three years have felt like an ongoing pilot project, filled with constant adjustments. This journey has often felt like an emotional rollercoaster. It began with the tentative first steps of approaching my manager, and being pleasantly surprised to receive approval. I felt excitement as interest grew in our initial group, but then experienced disappointment due to low turnout. Nevertheless, I was soon uplifted by the fantastic feedback from the students who did participate, receiving invitations to run a workshop for other university and college therapists at the Advance HE Mental Wellbeing Recharge event in 2024, [16] as well as an opportunity to present a poster about our findings

at the 2024 Adventure Mind Conference (www.adventuremind.org/2024).

This experience has been a truly cathartic learning opportunity for me too. So, what have I learned? As cliché as it may sound, the most important lesson has been in how we perceive failure and success. I remember a conversation with the manager of UoC Active, when expressing my disappointment about only three people completing a cohort; she reminded me, 'That's three people who wouldn't have benefitted had you not run the course'. Starting new initiatives takes time and is often filled with setbacks and challenges, making compassionate reflection essential.

Although my role predominantly requires a more traditional talking therapy approach, my experience with this course has shown me that there is a growing need for alternative mental health provision beyond the therapy room. There were times when I felt like giving up, but with a little belief and perseverance, I now feel that we've established what we believe to be a fantastic support group for our students at the University of Cumbria, and we now find ourselves truly climbing out of the therapy room. ■

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Early maladaptive schemas

Sara Dowsett, **Jane Humphreys** and **Tony Ward**

explore the links between depression and anxiety and early maladaptive schemas in undergraduate students

The notion that our past knowledge and experience can influence our current perceptions and memory of the world has a long history in psychology. Bartlett, for example, exposed participants to unfamiliar ideas and concepts.[1] Subsequently, their memory for that material was shaped by their previous knowledge and expectations. Such memory structures have come to be termed 'schemas', and Ghosh and Gilboa[2] outline what they consider to be their essential properties. Essentially, they are flexible, associative networks based on multiple events or experiences.

More recently, the notion of schemas has been extended into the psychotherapy domain. For example, Stein[3] and more recently, Ward and Plagnol,[4] have outlined how the concept of schema can be used to explain therapeutic phenomena such as transference, core beliefs and defence mechanisms. The concept of schemas has also been used to elaborate an entire approach to therapy called 'schema therapy'.[5] Originally, it was conceived as a way of extending cognitive behavioural principles to working with characterological issues.[6] Since that time, it has come to be applied to many client issues. These include depression and anxiety, especially where these appear to be resistant to treatment.[7]

Within the schema therapy framework, it is suggested that where core psychological needs are not met during development, this can lead to unhelpful ways of relating with or responding to the world.[5] These unhelpful patterns are termed 'early maladaptive schemas' (EMSs). Where people have strong EMSs, this will lead them to develop ways of coping and adapting so as to reduce associated unpleasant emotions. For example, where people have experienced an early environment characterised by unpredictable and aversive behaviour from carers, then they may develop a strong schema for mistrust. As a consequence, they may struggle to establish new relationships with people they do not know well and this may limit their social contacts.

Since the development of schema therapy, a number of questionnaires have been put forward to help therapists identify the various EMSs. The latest of these is the Young Schema Questionnaire (YSQ-S3) (short form, version three), the properties of which have been explored in numerous studies.[8]

Relevance to student populations

It has been suggested that EMSs may be prevalent in clients with anxiety and depression,[7] and that a number of such strong EMSs may be implicated in clients who do not improve despite extensive exposure to therapy.[5] Furthermore, university students are a population that seems to show elevated levels of anxiety and depression compared to the rest of the population,[9] and mental health issues vary depending on the subject being studied.[10] In student populations, EMSs have been found to predict increased levels of anxiety and depression.[10]

Some of the EMSs seem to be particularly relevant to students in terms of how they engage with their studies. For example, high scores in relation to feelings around defectiveness may make them less confident in terms of academic assessment activities, such as writing or giving presentations. Such patterns are likely to have an impact on a student's general sense of confidence in themselves, which is often measured through academic self-efficacy scales (eg Chemers, Hu and Garcia[11]). If it were the case that EMSs affect academic confidence, then this would be an important aspect to consider when working with students, for example, in university counselling services.

Are schemas linked to student mental health and academic confidence?

This study set out to examine the extent to which EMSs are linked to academic self-efficacy (ASE) in a sample of

undergraduate psychology students. This was studied by exploring the association between total EMSs scores, as well as a finer grained analysis based on factor analysis of the YSQ-S3, with measures of depression, anxiety and academic confidence. The study sought to confirm previous findings that suggest the presence of EMSs predicts higher levels of depression and anxiety.[11] It was expected that the schema measure would correlate highly with depression, anxiety and lower academic confidence.

Method

The study was approved by the faculty research ethics committee at the University of the West of England. Participants were presented with an information sheet in the online survey system, and indicated their consent by responding to several questions which ascertained that they had read and understood the information, and were happy to take part. They then completed the three measures included in the study which are described below.

> The concept of schemas has also been used to elaborate an entire approach to therapy called 'schema therapy'

Participants

A total of 100 undergraduate students were recruited online through the psychology participant pool of a UK university. Ages ranged between 18 to 52, with a mean age of 20.9 and a standard deviation of 4.77. There were 18 male and 82 female participants.

Measures

The study used the following three measures:

Young Schema Questionnaire(YSQ-S3)

The YSQ-S3[12] is a 90-item scale designed to measure 18 EMSs. Scoring is indicated through the use of a six-point Likert scale, ranging from 'completely untrue of me' to 'describes me perfectly'. Questions within the YSQ-S3 are designed to elicit key identifiers of EMSs, for example, 'I have not been able to separate myself from my parent(s) the way other people my age seem to do'. It has proven psychometric properties.[14] Research supports the validity and reliability of the scale for assessing the presence of EMSs.[14,15]

Hospital Anxiety and Depression Scale

The Hospital Anxiety and Depression Scale (HADS), which is one of the most widely used screening tools in hospital and community settings, aims to assess levels of anxiety and depression, and comprises 14 questions.[16] The measure uses a four-point Likert scale, from 'not at all' to 'nearly all the time' and includes statements such as 'worrying thoughts go through my mind'. The two individual scales of anxiety (HADS-A) and depression (HADS-D) within the HADS, report good reliability.[17]

Academic Self-Efficacy Scale

The Academic Self-Efficacy Scale, created by Chemers, Hu and Garcia,[11] measures ASE using an eight-item scale on a seven-point Likert scale, which ranges from 'very untrue' to 'very true'. Participants were asked to rate themselves against statements such as, 'I know how to schedule my time to accomplish my tasks'. In a study of 373 undergraduate participants,[18] Cronbach's alpha was 0.81. Previous studies have shown that low ASE is associated with depression and/or anxiety.[18-21]

Results

The mean total and standard deviation scores on the various tests administered can be found in Table 1. The total score of 280 on the YSQ-S3 seems high, given that it suggests a mean score across the 18 schemas of around 15, and a score of 10 would be seen as potentially significant.[12] The mean scores on the HADS suggest a normal level of depression (i.e. the majority of participants scoring below clinical thresholds) across the sample, and a moderate level of anxiety (i.e. the majority of participants scoring above the clinical threshold).[16]

Correlation coefficients of the total YSQ-S3 scores with the other measures were calculated using Pearson's correlations. The correlation for YSQ-S3 with HADS-D was 0.59 ($n=91$, $p<0.01$), with HADS-A, it was 0.65 ($n=91$, $p<0.01$) and with the ASE scale, 0.08 ($n=91$, NS).

The average scores across the 18 schemas are presented in Table 2.

Given that a total schema score of 10 or more is said to be potentially meaningful,[12] it can be seen from Table 2 that the average totals across all of the 18 schemas fall into the potentially meaningful category. The self-sacrifice schema is particularly notable, with a mean score of 20.31 and a standard deviation of 4.63. This implies that the majority of the sample would score a total over 15 on this schema, implying that for these participants, this is a very significant item. To look in more detail at the different aspects of

Table 1. Descriptive statistics of the scales

Scale	M	SD	Range	N
YSQ-S3	280.24	71.58	149–441	91
HADS-D	5.51	3.55	0-19	95
HADS-A	11.11	4.41	0-21	95
ASE	36.63	6.99	19-51	96

Note: YSQ-S3 = The Young Schema Questionnaire; **HADS-D** = The Hospital Anxiety and Depression Scale – Depression; **HADS-A** = The Hospital Anxiety and Depression Scale – Anxiety; **ASE** = The Academic Self-Efficacy Scale; **M** = Mean; **SD** = Standard deviation.

Table 2. Descriptive statistics for the 18 early maladaptive schemas (EMSs)

Schemas	M	SD	Range
Emotional deprivation	11.53	5.99	5-26
Abandonment	17.17	6.88	5-30
Mistrust	16.97	6.24	5-30
Social isolation	16.52	7.27	5-30
Defectiveness	13.52	7.05	5-30
Failure to achieve	16.73	6.28	5-30
Practical incompetence	13.98	5.07	5-30
Vulnerability to harm or illness	14.43	6.00	5-30
Enmeshment	10.17	4.50	5-27
Subjugation	13.97	5.25	5-26
Self-sacrifice	20.13	4.61	9-30
Emotional inhibition	15.76	5.37	6-29
Unrelenting standards	19.21	5.36	8-30
Entitlement	14.27	4.89	5-26
Insufficient self-control	16.59	4.91	7-28
Admiration	17.08	5.72	6-29
Pessimism	17.69	6.20	7-30
Self-punitiveness	15.68	4.90	7-29

Note: M = Mean, **SD** = Standard deviation. **N=91.**

the YSQ-S3, while reducing the total number of correlations to be calculated by not looking at every individual schema score, a factor analysis was carried out. This resulted in three factors which together explain 65% of the variance in the data. The factors were labelled as 'negative self and world view', 'approval seeking' and 'sense of entitlement'.

The three factor scores were then correlated with the other measures, as shown in Table 3 (note that in a rotated factor solution using varimax, the factors are derived to be independent of each other and thus the correlations are zero for the factor scores with each other).

As can be seen in Table 3, the main factor of negative self and world view has significant positive correlations with both HADS (anxiety and depression), and a significant negative correlation with ASE. The second YSQ-S3 factor of approval-seeking has significant positive correlations with HADS-A and ASE. The third YSQ-S3 factor of sense of entitlement correlates positively with HADS (anxiety and depression), but not with ASE.

Discussion and conclusion

Overview of findings

As expected, the total scores on the YSQ-S3 showed significant large positive correlations with HADS (depression and anxiety) of 0.65 and 0.59. This is consistent with previous research.[11] In contrast, and unexpectedly, there was no correlation of the YSQ-S3 total with scores on the ASE scale. Thus, if we assume that high YSQ-S3 scores imply participants having more and stronger maladaptive schemas, this seems to be associated with increased feelings of depression and anxiety but not with ASE.

Looking at the average total scores across the 18 individual maladaptive schemas, as shown in Table 2, they generally seem to be high and many could be considered meaningful. All of the schemas have total scores somewhat higher than those observed in a previous study,[22] and a t-test analysis confirms these differences are significant. Interestingly, in both studies, unrelenting standards and self-sacrifice were the two highest scoring schemas. It is difficult to know why the schema scores in the current study are significantly higher than the previous study but it could be linked to the current sample consisting of undergraduate psychology students.

Interpretation of the factor analysis

Factor analysis of the YSQ-S3 resulted in three distinct factors. The first reflects an overall negative view of self and the world, and accounted for most of the variance. This factor correlated significantly and positively with HADS (depression and anxiety), and negatively with ASE. Therefore, having schemas which reflect a negative view of self and the world is associated with increased depression and anxiety, and lower ASE. This would be expected, given that these participants will score highly on schemas such as 'defectiveness', and thus tend to rate poorly their own worth and competence.

The second factor reflects seeking positive approval from others, with the main schemas loading on it due to unrelenting standards and self-sacrifice. This factor shows moderate positive correlations

Table 3. Pearson two-tailed correlation coefficients between YSQ-S3 factor scores and the other scales

	Scale	2	3	4	5	6
1	YSQ-NS/WV	0.00	0.00	0.58***	0.52***	-.28**
2	YSQ-AS	-	0.00	0.07	.31**	.36**
3	YSQ-SE		-	.24*	.24*	-0.10
4	HADS-D			-	.60***	-.30**
5	HADS-A				-	-0.12
6	ASE					-

Note: * p < .05, ** p < .01, *** p < .001. For all cells involving YSQ-S3 factors, n=91, for all other cells n=95. **YSQ-NS/WV** = The Young Schema Questionnaire – Negative self/world view; **YSQ-AS** = The Young Schema Questionnaire – Approval seeking; **YSQ-SE** = The Young Schema Questionnaire – Sense of entitlement; **HADS-D** = The Hospital Anxiety and Depression Scale – Depression; **HADS-A** = The Hospital Anxiety and Depression Scale – Anxiety; **ASE** = The Academic Self-Efficacy Scale.

with both anxiety and ASE. Given that it reflects a tendency to want to please others and get their approval, the correlation with anxiety is predictable in that it is the worry that others might not approve that drives these schemas. In contrast to the first factor though, there is a moderate positive correlation with ASE. Schemas for unrelenting standards and self-sacrifice are probably therefore perceived as beneficial to certain aspects of academic performance.

The third factor seems to reflect a sense of personal entitlement, with the main factors being entitlement and admiration seeking. This factor shows small positive correlations with HADS (depression and anxiety), but no correlation with ASE. This suggests that the correlations of this factor with depression and anxiety may reflect some personal doubts in participants about the extent to which they achieve the recognition they deserve, but this does not extend to their academic confidence. Individuals scoring high on this factor may tend to doubt the judgment of academics that do not concur with their personal view of their own merits.

From the above, it can be seen that while the total scores on the YSQ-S3 show large positive correlations with anxiety and depression but not with ASE, a more nuanced analysis using YSQ-S3 factor scores tells a different story. Of the three factors, the main one seems to capture the schemas associated with high depression and anxiety, and shows a moderate negative association with ASE. The second factor, which seems to reflect striving for approval through high standards and self-sacrifice, comes with a cost of associated anxiety but benefit of increased ASE. The third factor, reflecting a sense of entitlement shows no relation to ASE. The different pattern of relationships with ASE across the three factors can account for why there is no relationship with ASE for the total YSQ-S3 total scores, i.e. the different tendencies across the different schemas tend to cancel each other out.

In terms of the HADS-A, it is concerning to note that 61 participants score above the threshold for moderate anxiety (i.e. >10), and thus could be seen to have a level of anxiety which would warrant clinical intervention. For HADS-D, 13 students were over the clinical threshold. This is consistent with other research looking at mental health issues in undergraduate students[9]. Coupled with the very high levels of schema scores observed compared to other studies, this suggests there may be something particular to psychology undergraduates. This may reflect a background that has led to a personal interest in understanding other people and helping others. This is consistent with the notion of the 'wounded healer'.[23] It would be interesting to see if similar patterns were observed in other groups of undergraduates following care-related courses, such as nursing or social work.

> ...university students are a population that seems to show elevated levels of anxiety and depression compared to the rest of the population, and mental health issues vary depending on the subject being studied

This is the first study to have shown a link between EMS and ASE. The precise impact of this depends on the schemas which have been acquired. A negative self and world view seems to imply related negative views of self-efficacy, while a desire to obtain approval has a positive impact on ASE but with the cost of increased anxiety.

Implications

The relationships found in this study suggest that it could be fruitful when working with undergraduates to look at the possible presence of EMSs using an instrument such as the YSQ-S3. This could be helpful in increasing student's insight into their levels of anxiety and depression, and links to perceived academic performance. It is possible that techniques used to counter EMSs in schema therapy could be useful with students in overcoming these issues. This could also be a fruitful approach to helping students build their resilience, perhaps through group work. Given the observation that mental health issues vary amongst students depending upon the subject being studied,[10] it would be useful to find out if the pattern of EMSs also varies. Such possibilities await further research. ■

Readers of this article interested in collaborating with Dr Ward on future research seeking to take further the suggestions in this article are invited to contact him via **https://tinyurl.com/277numt7**

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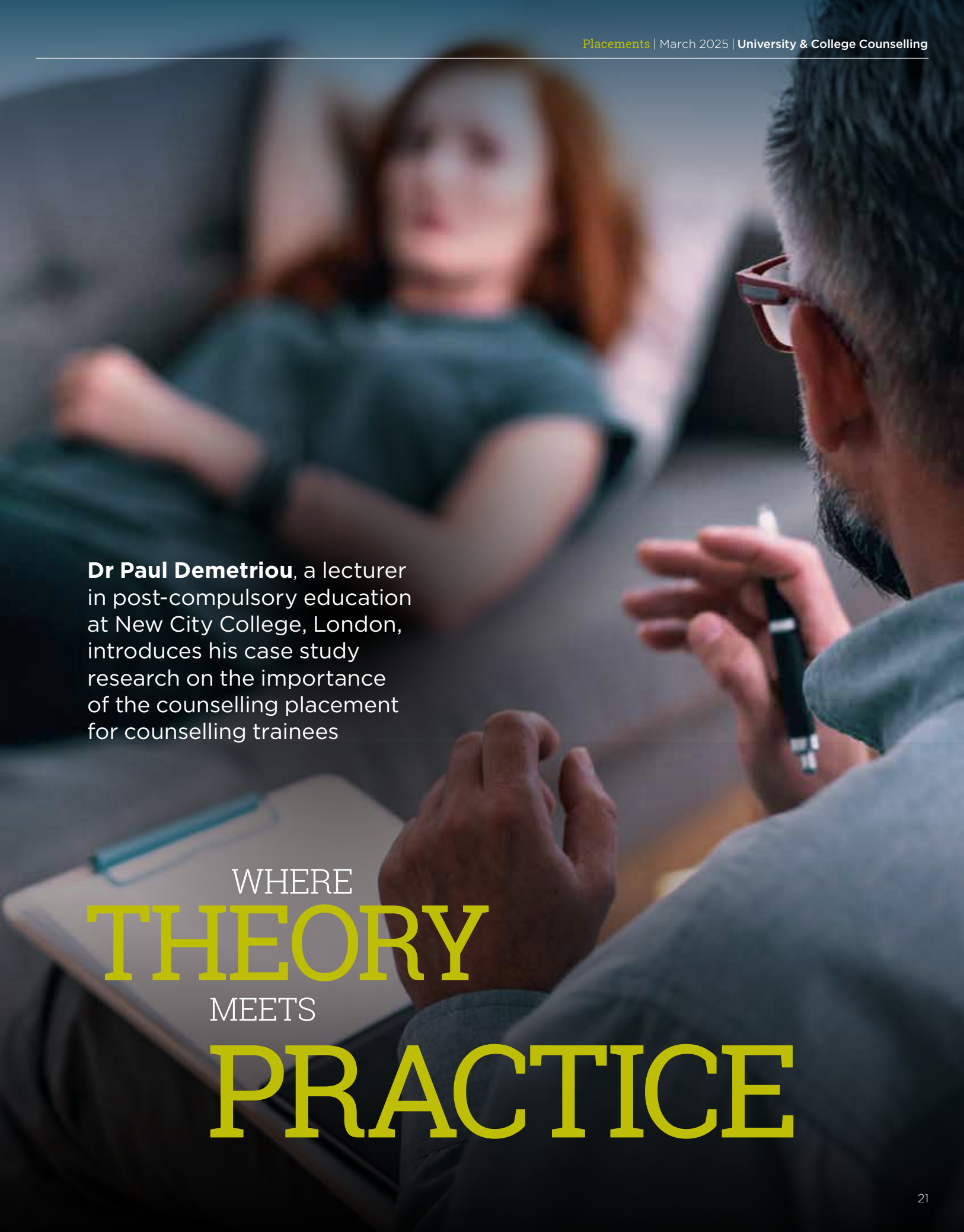

Dr Paul Demetriou, a lecturer in post-compulsory education at New City College, London, introduces his case study research on the importance of the counselling placement for counselling trainees

WHERE THEORY MEETS PRACTICE

The journey to becoming a qualified counsellor is a multifaceted and deeply transformative process, encompassing rigorous academic training, personal growth and practical experience. Within this, the placement experience stands out as a central and defining phase where theoretical knowledge meets real-world application. For trainee counsellors, placements are not just a requirement; they are an invaluable opportunity to develop their practical skills, confront personal and professional challenges, and gain an understanding of the therapeutic process.

I interviewed seven trainee counsellors currently in placements about their experiences and a range of impacts. I'm grateful to them for their feedback and for their permission to quote their responses.

Professional identity

Professional socialisation is a process in which individuals undergo the acquisition of attitudes, values, knowledge and skills pertaining to a specific professional subculture.[1,2] When I explored the extent to which their placement influenced their professional formation, three main themes emerged: personal identification with the counsellor role and position in the team, considerations about counselling as a career, and recognition of new or unfamiliar responsibilities as a result of being a counsellor.

> Through my client work, I learned that there was no such thing as a 100% textbook session

Some of the respondents said they began to develop a sense of themselves as counsellors, or helpers, above and beyond their placement work. Alicia compared the pressure of client work with her previous job, *'I thought I knew what stress was because I used to work as a carer, but this was on another level. The responsibilities of the job are huge, but it hasn't put me off the career.'*

Placements are also opportunities for enhancing a person's social capital resources by meeting and interacting with new and different people. They can also help trainees to develop new networking skills and improve confidence.[3,4] For instance, Laura explained, *'I felt that I was accepted as part of the team and someone whose opinions were being listened to in meetings.'*

Some of the trainees argued that the placements helped to reinforce their beliefs that they made the right career choice to train to be a counsellor:

'I learned so much really quickly and after a few weeks, I felt everything I did was for real.' (Madeline).

Others struggled with processing the multiplicity of daily issues. According to Chloe, *'At first, I found the whole experience really draining and used to come home and go straight to bed with my brain swimming with everyone's issues... Then I would struggle to get to sleep and wake up still tired with it all going around in my head. I used to think, is this how a real counsellor lives?'*

Some of the trainees, however, felt that their roles were being restricted because they were trainees, for example, they were often given a limited number of client referrals. *'I know they say they have my best interests at heart, but I think I can manage more, and I am a bit scared I won't reach my 10 hours required [of my course].'* (Edna).

Self-awareness

Self-awareness is fundamental for trainee counsellors as it enhances their ability to communicate effectively and attend to personal wellbeing. By developing self-awareness, trainee counsellors can provide more effective, ethical and empathetic support to their clients, ultimately leading to better therapeutic outcomes.[1,4] Trainee counsellors, however, often face various challenges related to self-awareness during their placements.[5,6,7]

Some of the main challenges mentioned in interviews included struggles with confidence, understanding themselves as they learnt about therapy, and ultimately grappling with the many challenges involved in becoming a proficient therapist. For instance, some felt the placement experience helped them to recognise and identify their 'blind spots' in counselling practice:

'Sometimes, I would rush my clients towards the end of session in order to reach a proper conclusion, and even though this was raised during skills practice, on the course, I don't think I would've noticed this before I went into a real placement.' (Laura).

'An experienced counsellor gave me good advice at my placement about how to use paraphrasing more precisely instead of my usual trick [of] throwing it in randomly.' (Chloe).

Despite the challenges, they also spoke about personal and professional 'rewards', which helped to encourage them in their journey to become qualified counsellors.

Increased self-awareness may enable therapists to better distinguish between the thoughts, feelings and emotions of themselves and their clients.[5,7] Yet, some of the trainees said, at times, they struggled with identifying and managing their own emotional reactions and personal biases that arose in response to clients, which could potentially interfere with the therapeutic process and the ability to maintain objectivity.[7,8]

'I think actually, developing as a counsellor, I have been developing as me and I've been developing as a counsellor within my placement. I really do see the two as my growth. So, sometimes it's quite hard to separate the two.' (Laura).

On occasion, some of the respondents encountered clients or situations that triggered their own unresolved personal issues or traumas. Research suggests that it is essential to recognise and address these triggers to ensure they do not impede the therapeutic work or cause harm to clients.[6,7]

'When one of my clients brought up issues about her mother, I could feel myself losing it a bit because they were similar to my own, so I had to work hard to bracket my own feelings.' (Laura).

Competence

Some placement experiences had an impact on trainees' sense of counselling self-efficacy or beliefs about their ability to deliver effective counselling. Some of the trainees learned that this work can be rewarding and worthwhile, but also difficult and painful.[8]

Some of the respondents talked about their initial anxiety in placements and a sense of 'not being ready' for it. According to Natalie, *'On my first day, I felt that I had forgotten everything I had learned in the past year on the course and felt totally lost.'*

Alicia said, *'I had to keep telling myself I had been training towards this for a year and that there was no need to lose my nerve now.'*

According to research, a trainee's self grows and they develop a deeper understanding of what being a therapist means, in response to the prospect of 'real' clients.[8,9,10]

'Once I met my first client face to face, it all felt real and it was a massive weight off my shoulders. I started to relax and reflect on what had just happened, and relate it to the theory stuff we had learnt in class which helped me to make sense of what I had just done.' (Roberta).

'As trainee therapists, we can perhaps learn as much from being with our clients as they can learn from being with us.' (Alicia).

Learning from the experience of other professionals is also an important part of the process.[11,12,13]

'I think my skills have developed from liaising with other professionals, including other counsellors, clinical psychologists and psychiatrists. Attending meetings where other counsellors are present helped me come away with so much new understanding.' (Roberta).

Turning theory into practice

On their course, trainees believed they enhanced their understanding of the theory and practice of

counselling. They described points at which a particular part of a theory suddenly resonated with them, or made sense in context, with such a meaningful impact that the trainees were able to incorporate it into counselling schemas.

'My client stopped talking before the end of the session, so I decided to include an impromptu meditation which I had learnt on the course. Much to my surprise, it went really well, and my client started to talk again.' (Madeline).

Research suggests the development of self-efficacy among counselling trainees involves acceptance of the tasks and roles, being open to new experiences, as well as perceiving situations from different perspectives.[7,14]

Being 'right' or 'wrong' was a core concern for many on placement. Some struggled with the notion that there was a way to 'do' counselling that did not involve making mistakes, or at least that it was possible not to make mistakes:

'At times, my own concept of the perfect counselling session got in the way of just being with the client, and I would go away and beat myself up over the lack of progress that I thought I had made.' (Roberta).

'Through my client work, I learned that there was no such thing as a 100% textbook session.' (Edna).

Trainee therapists may also become more confident in their abilities from their work with clients. Yet, at the same time, they may continue to struggle with oscillating feelings of competence/incompetence and confidence/doubt.[5,13,15]

'Sometimes, when I had clients with more serious problems, I felt very self-conscious that the only knowledge I had came straight from my lecture notes.' (Vanessa).

Turner et al. indicate that even highly experienced practitioners battle with similar feelings.[6]

Supervision

The feedback and reflection gained through supervision are considered essential to trainees acquiring and developing skills, which would not occur through exposure to clinical work alone.[5,9,14]

Supervision helps trainees to assess and review their choices of clinical decisions and consideration of ethical issues, all of which collectively contributes to their professional development. Supervisors can share their expertise and knowledge to help trainees navigate the complexities of the counselling profession.[9,15]

'I was working with people who had seen it and done it as counsellors, so I knew that I was getting the best advice imaginable about what to do and who to go to when I got stuck on anything.' (Laura).

Supervision can encourage trainee counsellors to engage in self-reflection and introspection. They can explore their own thoughts, feelings and reactions in the therapeutic process, gaining insight into their own biases, blind spots and areas for growth, which can enhance self-awareness and personal development.[4,16]

'Group supervision provided me with reassurance about my client work, checking out I'd done the right thing. It widened my experience. I learn from other group members.' (Alicia).

Some research also suggests, however, that trainee counsellors often face various challenges related to supervision during their placements. For example, building a trusting and open relationship with their supervisor can be challenging for trainee counsellors, especially if they have had negative experiences with authority figures in the past. Establishing trust is crucial for trainees to feel comfortable seeking guidance, feedback and support from their supervisor.[4,13,17]

'I was never sure about how honest I should be with my placement supervisors. I felt restricted by the fact that the placement managers were going to be writing my placement report and… that it could end my chances of being given a job there if I gave the impression that I couldn't cope.' (Vanessa).

Some trainees struggled with finding the right balance between seeking guidance and relying on their own judgment and decision making. Some felt torn between a sense of dependence on their supervisor, while also wanting to develop their own professional autonomy.

'A client had her Universal Credit suspended so she said she was unable to pay the £10 for the session upfront. I decided to waive it until the following session even though I knew the placement management wouldn't be happy.' (Alicia).

Many of the respondents commented on the ways that receiving feedback from their supervisor was both valuable and challenging for trainees. However, some felt vulnerable or defensive when receiving constructive criticism and were disappointed because, in their view, it didn't help them develop as a counsellor.

'Sometimes, I got really wound up inside because I felt she was picking at unimportant things and not giving me enough advice about how I could properly improve as a counsellor.' (Madeline).

'Sometimes, I came away from supervision not knowing where to start because she had given me so many things to work on. And I didn't find this encouraging and helpful at all to my professional development.' (Edna).

Conclusion

Placements play a critical role in shaping the next generation of counsellors. The narratives shared by these trainees highlight the importance of enhancing self-awareness, developing competence, using supervision, and continuously reflecting on their overall personal and professional development. They also illustrate that while the path to becoming an effective counsellor is strewn with challenges, it can be richly rewarding. Laura aptly sums up the experience of many of the respondents when she says:

'When I think about my time in placement, I'm conscious about how capable I've become. In spite of all the mistakes I made and the times I doubted myself, I'm rather amazed how I've acclimatised so quickly to the job. None of this I could have achieved without that time.' ■

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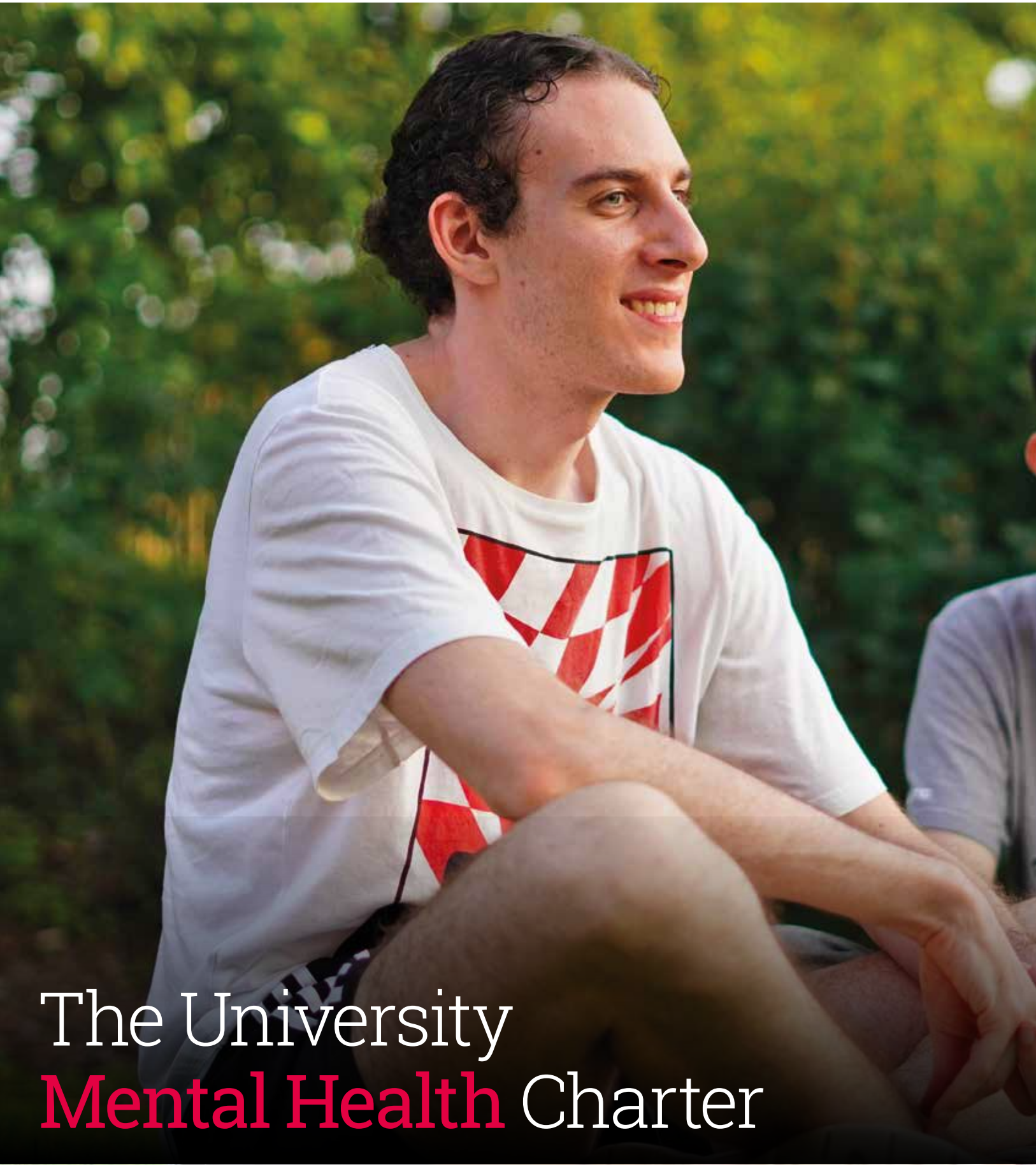


The University Mental Health Charter

Dan Thompson, Programme Co-ordinator at Student Minds, highlights the continuous improvement approach to the University Mental Health Charter

Photo © Student Minds

Universities are unique. There are few other institutions that provide accommodation, counselling and support services, social and sports societies, and ultimately, a place to learn and grow. They are also immensely complex – the UK's largest university holds over 100,000 students and our smallest holds less than 500. Each student has unique needs and preferences, which is also true for the staff who work with, teach and support them.

At Student Minds, we are lucky to work with incredibly talented staff across many universities, dedicated to improving our communities for students. However, the success of these efforts depends on a holistic, strategic approach. That is why we developed the University Mental Health Charter (UMHC) Framework, Programme and Award (https://hub.studentminds.org.uk/). The UMHC Framework provides an evidence-informed set of principles, which universities can use to guide their whole-university approach to mental health and wellbeing. Integral to this approach is embedding mental health and wellbeing as a strategic and cultural pivot. Students should be aware of counselling services and be able to access them when required, but we also need to provide mentally healthy environments across entire institutions.

Evidence demonstrates that all institutions have a whole-university impact on the mental health and wellbeing of their staff and students. There has been significant progress in the higher education sector to recognise that this impact must contain a strategic, comprehensive approach to improving the lives of students and staff. Alongside a shift in sector narratives, we have seen significant buy-in to the UMHC from staff, students and policy makers alike. Five years into the initiative, we have 113 universities from across the UK joining us on our journey to transform the sector's approach to mental health support, creating a collaborative, practice-sharing community across institutions.

Student mental health

Student mental health is now recognised as one of the key indicators of the student experience and an institution's culture. This has not always been the case but notable progress has been made around the awareness and de-stigmatisation of mental health conditions at all levels of education in the UK. More students are aware of their own relationship to mental health and wellbeing, and the higher education sector holds a much broader understanding of the structural and social determinants of student and staff mental health.

Since 2011, there has been a 1,635% increase in students declaring a mental health condition to their university,[1] emphasising that the majority of mental health conditions develop prior to entering higher education for those aged under 25. Student mental health does not exist in a vacuum – over a third of 18-year-olds in the UK now enter higher education,[2] a significant proportion of the population. It is also a crucial time in many young people's lives as they develop into independent adults living away from home.

We are also seeing a rise in the number of 'non-traditional' learners in higher education, with increasing numbers of part-time, commuter, mature and postgraduate students.[3] Many students will arrive at university with developed social networks, caring responsibilities, a full-time job and, importantly, their understanding of and relationship with mental health and wellbeing. It is evident that, at a time when universities are in financial peril, most institutions are continuing to face a rise in the number of students seeking access to mental health services and other support. We are seeing gaps in students experiencing mental health difficulties and those accessing support such as counselling. Cibyl's recent report, *Student Mental Health Research UK*,[4] found that just 14% of students had not experienced mental health difficulties, yet two in three had never accessed a university or students' union mental health service.

> Students should be aware of counselling services and be able to access them when required, but we also need to provide mentally healthy environments across entire institutions

Experiences within higher education can also be defined by stark inequalities in mental health outcomes and access to support, underpinned by various intersectional identities. We urge all education providers that engage with the Programme to design a truly inclusive environment that reflects the diversity of their student and staff populations.

Despite the ongoing commitment to initiatives like the UMHC Programme and Award, university experience and wider societal factors could still be harmful to student mental health. Cibyl's report found that 46% of students said their mental health had declined since starting university, up from 40% in 2021. Only 23% said it had improved.[4] It is important not to shy away from these statistics in a difficult time for the higher education sector and the student experience as a whole. We encourage all institutions to evaluate their services and impact on the student population, but must also recognise that there are limits to what a university can provide, and their ability to mitigate risk factors for poor mental health.

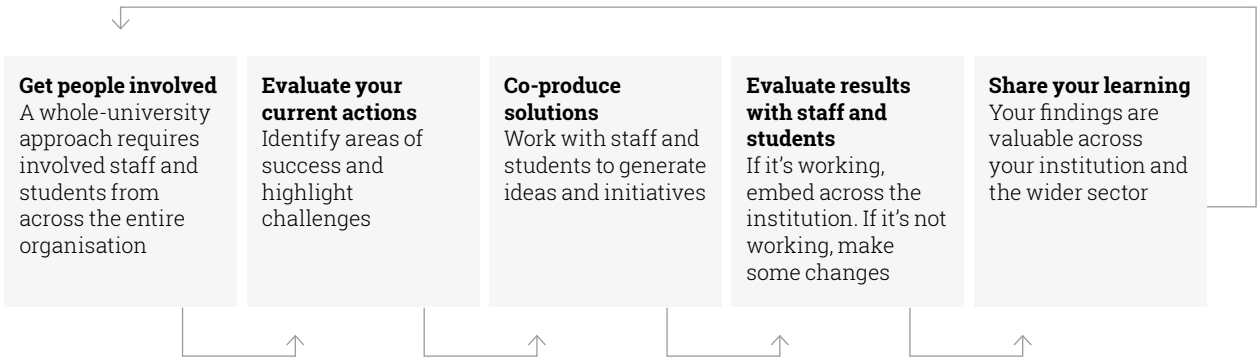
The factors that can influence student and staff mental health are multifaceted and intersecting. Student Minds' Student Mental Health Manifesto[5] explores the key factors that policy makers can influence directly, including finances, healthcare services, inclusivity, the structures within higher education, and a mentally healthier nation. As a document co-designed with students, drawing upon a wealth of experience across the sector, we believe that this manifesto can work in tandem with the UMHC to drive meaningful progress within and beyond higher education.

The UMHC process

The UMHC process consists of three pillars: the Framework,[6] the Programme, and the Award. The UMHC Framework, first developed in 2019 by Dr Gareth Hughes and Leigh Spanner, and updated in 2024, sets out evidence-informed holistic guidance for a whole-university approach. It has been developed through a robust research process of co-production, consultations, student focus groups and expert panels. A steering group consisting of relevant stakeholders in the sector guided the work – more information on the development of the UMHC can be found in the Framework itself (https://tinyurl.com/27r8e2d8).

The UMHC Framework covers four broad domains (live, learn, support and work) split into 18 specific themes, all of which interconnect to construct a whole-university approach. 'Learn' explores students' direct engagement with their studies, transition points and progression beyond university. 'Support' looks at mental health and wellbeing services connected to the university, risk and its management, external pathways and information sharing.

Figure 1. Illustration of a continuous improvement model



'Work' covers the vitally important wellbeing and development of staff at an institution – how they are supported within an inclusive workplace culture. Finally, 'Live' explores the spaces in which students and staff inhabit and their interactions with them, including accommodation, social integration and the physical environment.

These sections are underpinned by enabling themes and principles of good practice (https://tinyurl.com/ybc2kfaw) so that institutions can strategically combine these four domains into a cohesive structure. Undertaking the cultural change often required to embed a whole-university approach is a sizeable task and one that takes significant resources and buy-in from senior leadership.

While the Framework is a publicly available document that any institution, and indeed student or staff member, can use to adopt a whole-institution approach, universities can choose to join the UMHC Programme. The Programme facilitates a community of institutions and staff to learn from experts in the sector and each other. Fostering collaboration across higher education is an integral part of the UMHC process. Within the UMHC Programme, universities have access to knowledge-sharing events, communities of good practice and conferences to encourage continuous improvement.

Finally, universities have the further opportunity to undertake an UMHC Award Assessment, aiming to achieve an UMHC Award accreditation. We are keen to publicly recognise the tireless efforts of university staff for their student and staff populations, and are proud to currently have 15 Award holders.

> We are seeing gaps in students experiencing mental health difficulties and those accessing support such as counselling...

To be able to evaluate an institution's progress towards a whole-university approach effectively, Student Minds staff work alongside a pool of peer assessors who provide expert insight into clinical practice, working within higher education, and lived experience as a student. Universities are asked to assess their progress against the principles of good practice within the UMHC, identifying strengths and areas for improvement. Our evidence-led approach recognises good and excellent practice across the sector – work we share with our recent UMHC Reports Package (https://tinyurl.com/bdcmv3jr).

A continuous improvement approach

The process behind the UMHC is driven by the commitment to continuous improvement. All universities work differently and are situated in a unique context, yet we all share the desire to improve the student and staff experience. Figure 1 shows our generic illustration of a continuous improvement model.

It is predicated on key values: inclusive involvement; evaluation; co-production; and collaboration. A whole-university approach requires universal commitment from staff across an institution – not just those working in support services. We have seen great examples of staff

Figure 2. Theory of change

Input	Influencers	Enablers	Outcomes	Impact
The University Mental Health Charter and Award Scheme	• Good practice guidance • Encouraging whole-university and cross-sector collaboration • Rewarding good practice	• Supportive structures • Resources • Knowledge, skills and motivation • Flexible to adapt to local needs • Sharing learning across networks	All universities adopt a whole-university approach to mental health by achieving the UMHC principles	Improved and more equal mental health and wellbeing outcomes for students and staff

teams adopting a considered and strategic approach to mental health and wellbeing, not least residential staff who have repeatedly demonstrated good practice.

Figure 2 demonstrates how we see this continuous improvement approach playing out in practice, moving towards a whole-university approach. Our theory of change is heavily dependent on input from staff across all levels, providing supportive structures that enable practice sharing, motivation and a competent understanding of local needs.

> The UMHC Framework covers four broad domains (live, learn, support and work) split into 18 specific themes, all of which interconnect to construct a whole-university approach

The UMHC works collaboratively with leading national and sector guidance, and up-to-date evidence. We believe that the UMHC can act as an umbrella to think about mental health and wellbeing through a joined-up, strategic approach that embeds sector-leading guidance through an institution. We stand by our position that joining the UMHC Programme and doing the UMHC Award should be voluntary.

The UMHC Framework, Programme and Award are effective vessels for institutional change, and we have seen increasing evidence of this over the last year. Through an evaluation report from the University of Central Lancashire (UCLan),[7] the *UMHC Award Assessment Insights Report*,[8] and our reflections and conversations with partners, we recognise how the UMHC Framework has provided a structure for universities to use to catalyse this work and bring people together.

The Programme and Award look to facilitate learning, and recognise commitment and 'progress' on the journey. However, given the pressures on the sector, we're encouraged by the UCLan evaluation recommendation for the need for Student Minds to take a patient approach to bring all institutions on board, and to focus on the importance of senior leadership and organisational-wide buy-in to drive a sustainable cultural change within institutions.

This work takes time. But throughout the process, we can see the fruits of universities' labour through their engagement with the UMHC Programme and Award. Institutions develop through three generations of change, a theory developed by Kift and Nelson.[9] This process involves moving from ad-hoc innovation siloed in individual departments, through to a more collaborative and strategic approach in the second generation. Third-generation change involves embedding mental health and wellbeing throughout university decision making at every level – this is the university structure we look to support.

The *UMHC Award Assessment Insights Report*[8] aligns with this by highlighting the need for leadership buy-in with a focus on building cohesive communities and driving cultural change. These are complex organisations and to protect academic freedom, they have been designed to resist change – we want universities to proceed carefully, evaluating their approach and ensuring it is evidence-led. Changes

in areas such as counselling must take this approach to confirm they are making progress and not doing harm.

We are not asking universities to change overnight – rather, we are asking them to join us in a transparent and collaborative approach to making their university the enriching site of personal and academic growth that it can be.

Conclusion

Our primary goal at Student Minds is to continue to see improved mental health and wellbeing outcomes for staff and students and, ultimately, a happier and safer higher education experience for all. We want to reduce the inequalities in mental health provisions, encourage widening access and participation, and provide individuals with the tools to support the mental health of themselves and those around them.

These are aims that cannot be achieved alone. We will continue to work collaboratively with students, sector colleagues, our brilliant pool of peer assessors, and all others who generously contribute their expertise and passion to embedding a whole-university approach across the UK.

We believe that the work of the UMHC over the past five years has set the wheels in motion for genuine, substantive change in the higher education sector. Students and staff deserve an inclusive, healthy university community that is accessible by design. The work we are asking universities to undertake is long term and ambitious – systemic change takes time and requires an open, collaborative mindset. If higher education can move towards a whole-sector approach as one, we can realise the university experience that students deserve: one that is equitable and empowering. Together, we can ensure no student is held back by mental ill-health. ■

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Dan Thompson was a programme co-ordinator for the UMHC Award process, supporting universities to take a whole-university approach to mental health and wellbeing. Dan now works as the research and insight manager at University of East London students' union, seeking to improve the higher education experience through student-centred research.

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If you are interested in the work of the UMHC and Student Minds, please find out more from the resources below.

- Student Minds Hub: **https://hub.studentminds.org.uk/**
- UMHC Framework: **https://tinyurl.com/27r8e2d8**
- Student Mental Health Manifesto: **https://tinyurl.com/3tx5umt4**
- Co-producing mental health strategies with students: **https://tinyurl.com/3d6jkr3k**
- UMHC Reports Package 2024: **https://tinyurl.com/bdcmv3jr**

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MOURNING AND MELANCHOLIA IN THE MODERN AGE: GRIEVING THE MORE THAN HUMAN

Eleanor Hayeswood

As ever, I start this column with a distinct sense of seasonal syncopation. At the time of writing, I'm bedding in these seedling words in the depths of winter darkness, when the first snow has already come and gone. You're reading them, perhaps, in the brighter hours of a spring morning, as the days begin to grow warmer. It's rather like the nature of therapy itself – you're interpreting the past in the present, foraging away in the mind's earth, in the hope it might inform something of the future.

I've previously explored the relationship between common emotional responses to climate change: anxiety, fear and anger. As we approach the end of the academic term, I'd like you to stay with me, hard as it might feel, as we explore another kind of ending – the loss and grief that come with environmental breakdown.

To begin to think about this kind of grief, let's return to the roots of psychoanalysis itself. In 1917, Freud wrote that while mourning focuses on the loss of a conscious object, melancholia may be connected to the loss of an unconscious object, leaving an unknown sense of what exactly it is that has been lost.[1] 'In mourning,' he says, 'it is the world which has become poor and empty. In melancholia, it is the ego itself.'[1] In contrast to grief, where the loss of another is mourned, melancholia can make the individual lifeless, lacking in energy, motivation and clarity of mind.

In the present day, the rate of modern melancholia, or depression, has risen significantly. Recent research by teen mental health charity, stem4, found that a staggering 43% of respondents aged 19 to 21 had been prescribed antidepressants.[2] This modern treatment similarly represents a divergence from the analytic method. With such limited resources, the NHS and overstretched services cannot offer the time and space required to witness this sadness in the spilling of words and tears. Instead, it is swallowed alongside pills that most often repress symptoms rather than reveal, and truly treat, the cause.

It's understandable that there is much talk at the moment of the 'student mental health crisis'. It's an interesting phrase, one that seems to locate the crisis as originating in the students themselves, as though Gen Z got together and decided to have a monolithic breakdown. A TikTok-ing timebomb, perhaps, experiencing a cataclysmic glitch in the algorithm of the collective unconscious.

Yet, it's hardly a surprise that young people are in crisis right now. They're contending with both mourning and melancholia of epic proportions, coming of age against a backdrop of mass death that, in the UK at least, has no place in cultural grief narratives. I'm talking about the COVID-19 pandemic, of course, which shaped their formative teenage years. Death anxiety also pervades in ever-increasing global conflict and the threat of imminent war.

We must remember that the students we now see in our consulting rooms were weaned from infancy on the bottle of impending ecological loss. They grew from a soil of uncertainty, learning about greenhouse gases, melting ice caps and rising oceans at school. They were appointed 'recycling champions' or 'lights monitors' in their classrooms, responsible for monitoring the energy consumption of their teachers and friends, always holding a darkness, or a wasteland, in mind. They have learned about whole species becoming extinct, with the current estimates citing that we could be losing up to 10,000 a year.[3]

For most students of today, whether conscious or not, there was never a time when they didn't know that their future was under existential threat. While older generations might liken this to the fear surrounding nuclear war, there is a fundamental difference. The bombs have already gone off, with an explosive chain reaction of ecological collapse already in motion. As far back as 1972, in one of the earliest psychoanalytic works to draw attention to the environmental crisis, Harold Searles treated the matter with an urgency most still lack today, deeming it far beyond the nuclear threat.[4] Whether directly in touch with it or not, young people have always known the urgency of the climate crisis. Consequently, they've grown up carrying a collective existential dread heavier than any humans in history have before – that of having to save not only the planet, but ultimately, themselves.

In my private clinical work, the majority of my clients are in their early to late-20s. Existential questions are a natural part of the work, emerging in the exploration of identity, needs, desires and the age-old question of what might make for a meaningful life. Alongside this, has emerged this darker underbelly of existentialism, in the question of what it is to live at all. Bereavement by suicide, the threat of it, or direct suicidal ideation, has been present in around three quarters of my client caseload. It is heavy, yet essential, work to weather this coldest winter of grief and stay alongside the idea of the extinction of the self. Beyond this,

loss and mourning ebb and flow in the work in all the ways they might usually: less tragic deaths of family members or pets; the loss of friendships as people grow apart; heartbreak, rejection, loneliness; and the ultimate loss, if they were lucky enough to have it, of childhood innocence in the transition into adulthood.

In theoretical terms, much of this work, of course, focuses on the loss of a human object, providing a direct locus for the work of mourning to attach to. Yet, there has also been climate-connected loss, which, like melancholy, has brought an intangible sense of loss to the work. It has shapeshifted in the lamentation of predictable seasons, or the void of sessions lost due to the disruption of local flooding. It's the shadow in conversations about the uncertainty of the future, of the devastation of natural disasters and discussions of climate preparedness in different homelands. It has shaped the space given to the ghosts of children who might never be born for fear of the future, taken before they've even been wholly conceived in the mind.

How are we to make sense of a grief so abstract in nature? First, we must acknowledge that we even have something to lose. In a return to theory, principally object relations, we can reconceive of the earth as a pre-parental latent object, as outlined by Susan Bodnar.[5] Renée Lertzman also believes in a more expansive approach to object relations, highlighting how natural phenomena, such as rivers or woodlands, can constitute 'environmental objects' of both the external and introjected internal environment.[6]

The stark repression of the environmental object is a malady particularly infectious to European thought, synonymous with colonial attitudes that place the white man as the apex predator, in a position of mastery to both other humans and the earth. Yet, indigenous peoples have always known the value of the earth and their dependency on it, with a cultural and spiritual reverence that reflects this. Within Europe, grief practices have begun to emerge in recent years that reinstate the value of environmental objects. In Iceland, for example, a funeral was held in 2019 for Okjökull, a glacier declared dead in 2014.[7] Alongside Okjökull's funeral, a death certificate and memorial plaque were produced; a mirroring of the bureaucracy of human death, so to the marking of it so that others will know it once lived.

As a reporter who attended Okjökull's funeral writes, 'This is one of the most distressing things about being alive today: we are witnessing geologic time collapse on a human scale.'[7] Perhaps one of the most distressing things for therapists today is this – we are witnessing human collapse on an epochal scale. How do we begin to work with this, in the knowledge that we, too, are only human, are also nature?

Rather like children are taught to reduce, reuse, recycle, we perhaps need our own therapeutic mantra to champion: reorient, reorganise, restore. We must reorient our relationship with nature; reorganise our internal world of object relations, making space to restore our lost environmental object, the one that facilitates all mental and physical life, to its primary position. Only then can we understand how the environmental object facilitates the conditions (oxygen, water, food) for the secondary human object, the primary caregiver, who nurtures the infant. From this, we can understand ourselves in a new triadic relationship: a triangulated reciprocal exchange of care between the earth, the human caregiver and the child.

By now, we're all familiar with the 'Save the Planet' slogan, yet this message is long overdue an update. This rock that we call home will go on spinning through space whether we're here or not. Ultimately, it is not the planet we have to save, but ourselves. Searles recognised this back in 1972, likening the lack of action on the environmental crisis to a depressed patient intent on 'suicide by self-neglect'.[4] It's a devastating thing to recognise, but by bringing the environmental object into consciousness, we can begin to know what we have lost. In doing so, we can reimagine both mourning and melancholia as radically creative acts, in which grief can inspire the very thing it mourns: life. ■

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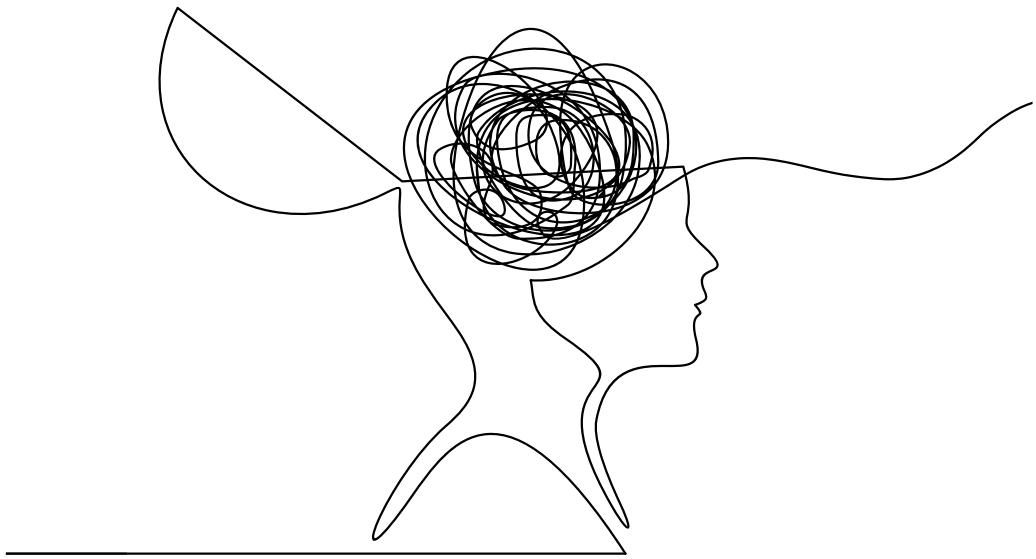
MINDING THE GAP – MEASURING STUDENT AND STAFF MENTAL HEALTH AND WELLBEING



Jo Levy

I am writing this piece as I juggle thinking about the introductory chapter for my doctoral research. Reflecting back on my panel discussion, one of the highlighted pieces of feedback was the need to understand the pathways into, access and details of the experience of those receiving counselling and mental health from the university counselling service (UCS) I work in; that is, in order to understand and position the research, people would need to have a clearer idea of the student journey.

How do they find out about the service? How do they register? What information do they share? What questions are they asked? What measures do they have to fill in? How is this communicated to them? What does the service do with these measures? The list goes on…

This stage of my research journey has coincided with me wondering about measures and reports in general, as we are at the time of year when annual reports are being submitted; new waves of staff and student mental health and wellbeing surveys are collated and analysed; and research evidence, emerging from the likes of the SHARE study[1] and linked report *Insight for Practitioners from Student-led Research: measuring student mental health and wellbeing*, are being disseminated.

The SHARE study highlighted the current gaps – there is limited insight into the student experiences and preferences for mental health and wellbeing measures; there is scope to improve the quality of student mental health data through increased use of suitable measures and surrounding conversations; and, there are specific knowledge gaps for men and students from minority ethnic communities.[1]

This made me reflect on our own recent UCS data reporting gaps; no real surprises, but it highlighted the 'usual suspects' of groups of students either under or overrepresented in the service. For example, only about 22% of presenting males accessed counselling and mental health support in 2023/24, but according to the data,[2] the rate of suicide for female students was significantly lower than the rate for male students. This was observed when looking at overall student suicides. First-year undergraduate males had a statistically significantly higher suicide rate at 7.8 deaths per 100,000 students compared with those studying in other years (4.3 deaths per 100,000). So, why are male students not reaching out for university counselling and mental health support?

We are aware that marginalised and minoritised people are more likely to experience poor or severe mental health, but for example, of the 4,000+ students who accessed our service last year, only 2% identified as LGBTQ+. Yet, evidence highlights they are three times more likely to experience depression and or anxiety, and four times more likely to experience suicidal ideation and/or intent.[3] Again, why are these students not reaching out for support?

As I ponder on the stats and focus on our efforts to make our university counselling service more accessible and equitable, I circle back to the measurements university counselling and mental health services use as students register to access support – to the countless wellbeing surveys we ask our students and staff to complete, all in the hope of capturing data that will

inform best practice and service provision. But the questions I am left asking are – What are we actually measuring? Why? and, How?

Thinking about a recent staff wellbeing survey I was asked to complete, I recall my surprise that there seemed to be no questions around my experiences of racism, islamophobia or antisemitism within the institution; nor about my experiences and my wellbeing around the impact of global conflict on my work; nor how this was being managed in the institution. Had I missed something? I wondered. Last year's data from the survey evidenced, somewhat shockingly but not surprisingly, given the current political climate, that many staff had experienced some level of racism and or harassment. At least, I remember thinking at the time, they had asked the questions. But this year, it was as if by some magic, this no longer existed, and had been removed? So, if this is not measured, it made me think, is it as if it does not exist?

The point I am making here is that the measures and the 'how?' and the 'why?' are, I would argue, not really fit for purpose. If our services and measures really want to support staff and student wellbeing, we need to be asking the right questions and for the right reasons. To do this, we need both students and staff to co-create and design them – or at the very least, have their experiences inform our choices for using these measures or rolling out wellbeing surveys.

UK universities most commonly use a variety of seven mental health and wellbeing measures. These are the Patient Health Questionnaire (PHQ-9); Generalised Anxiety Disorder Questionnaire (GAD-7); Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM); Counseling Center Assessment for Psychological Symptoms (CCAPS-62); Wellbeing and Psychological Functioning General Population-CORE (GP-CORE); Warwick Edinburgh Mental Wellbeing Scale (WEMWBS); and most recently, the Emotional and Psychological Outcome (EPO-1), which asks a single question: *'At this moment, how well do you feel you are getting along emotionally and psychologically?'*[4]

But do they measure the right things? Do these measures include questions around the experiences of loneliness and belonging, for example? Do they include a measure for existential angst; climate anxiety; global conflict anxiety; the cost-of-living crisis; being a care-leaver; racism; trans or homophobia; or experiences of minority stress? Are these measures intersectional, allowing for the students' (and staff) whole selves and multiple aspects of identity?

Findings from the SHARE study,[1] which focused on understanding and addressing mental health and wellbeing needs in HE, showed that students recognised these types of measures as essential to student support, and for measuring levels of risk and/or self-harm. The study evidenced that 23% (671 of 2,969) felt wellbeing measures required no improvements – but some students reported feeling overwhelmed or intruded upon by the content of some questions – especially those around risk and or self-harm, although they acknowledged these questions were important for identifying serious concerns.

However, measures alone cannot capture every aspect of a student's experience; accompanying discussions are essential, and measures provide a tool to facilitate insights, reflection, and further exploration into students' needs.

'Some of the wordings used felt confusing, and the scales used occasionally did not fit into what I was feeling exactly and how frequently.' (anonymous student, SHARE study).[1]

So, how do we measure for what our students and staff are 'feeling exactly'? How do we incorporate and update questions into the current questionnaires we are using in the wellbeing and mental health surveys and measures, so we truly capture the needs of those who may seek support? My feeling is that if we are not asking the right questions, then many of those most at risk will not access the support from mental health and counselling services that they need.

Perhaps the answer may be in the co-creation and co-designing of these measures. To do this, we need to go back to the staff and students at the centre of what we do. This is widespread in NHS services but does not seem to be the case in university counselling and mental health support spaces. I hope we can begin to model the change. ■

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Ponderings of a counsellor

A REFLECTION ON THE END OF AN ERA

Sarah Hinds

As I finish this chapter of writing for *University & College Counselling*, I've been reflecting on endings. Since I began to write these columns, I've left behind the roles of university counsellor and BSc tutor, begun a full-time private practice and returned to music. Endings led to beginnings and returns. As an outdoor therapist, I engage with cycles of birth, growth, abundance, decay, death and birth. Much of the work I'm doing now is supporting people to navigate the end of an era.

Rapid change after rapid change becomes disorientating and difficult for people to cope with. Yeat's words come to mind, 'Things fall apart; the centre cannot hold'.[1]

Over the last few years, the world of counselling and psychotherapy has changed. A rapid move to online working during and after the COVID-19 pandemic, large new online providers of therapy have arrived, wages have mostly gone down, roles and contracts have been re-defined in university settings, and there are very few permanent full-time posts. From where I'm looking, it appears there has been an end to the shape that university counselling previously took.

The kind of support offered to students is influenced by the medical model of mental health and theories of wellbeing, while the focus on competencies and measurable standards in counselling and psychotherapy can re-enforce a utilitarian approach to the work we do.

Despite this, I believe that the role of counsellors and therapists can evolve to meet the needs of our time. Only as long as it doesn't stifle itself in competencies, regulations and protocols, or become lost to a world of avatars and algorithms.

In my previous column, I wrote about how counselling can support people's capacity to engage with grief, fear and anxiety, and other experiences of climate and ecological breakdown.[2] The skills, qualities and ethics of a counsellor could be of help to support students through an unpredictable future.

In *Choosing Earth*,[3] Duane Elgin explores the journey of initiation through breakdown and collapse, to a mature community. He discusses how the time of transition we inhabit could lead to three possible routes: extinction, totalitarianism or transformation. I'd prefer transformation, and wonder whether counselling and psychotherapy can contribute to this possibility.

Life on earth began at least 3.5 million years ago. Here we are in the Anthropocene, a geological timescale which describes a time when human activity began significantly impacting the planet's climate and ecosystems. At the time of writing, Storm Darragh

is blowing trees down outside. US election results have been known for a few weeks. By the time this journal is published, we'll have seen a couple of months of whatever happens next. COP 29 (https://unfccc.int/cop29), the United Nations climate change conference, has just finished, while extreme weather and wars continue around the world.

Many people are wondering if we are edging towards an end. Some people envisage that we are in what writer Pamela Swanigan calls 'the long defeat',[4] where nothing more is possible other than to make the most of our decline. Some see a chance of a 'Sapiezoic Eon',[5] the 'era of wisdom' which planetary astrobiologist David Grinspoon describes as possible if wisdom can be found globally. People understand the meaning, cause and reality of our times in different ways, ranging from the biblical 'End Times'[6] to a transformational leap into the Age of Aquarius.

When thinking about endings, I browsed through counselling books, reading about therapeutic endings. There were descriptions of planned endings with goals going forward and reflections on the journey taken. There were also sections on unplanned endings.

> Young people today are in touch with the global reality of not only climate anxiety, but fear too

In university counselling work, there were many unplanned or 'not ideal' endings. University semesters ending as the counselling process began, while exam and lecture timetable changes influenced the flow of sessions. The nature of change for young adults means they can move rapidly in and out of support services, which all adds to the particularity of what beginnings and endings mean in this work. As single session work became more popular in services, each encounter had the end in mind. I experienced many occasions when the length of support offered was more to do with service needs than client needs. It was rare to have a well-planned ending like the ones described in the textbooks.

Maybe we're living in the midst of an unplanned ending of an era. Whichever way we conceptualise it, we seem to be in a place of rapid change and fragmentation. This brings a tension as we negotiate the need to be both flexible enough to change quickly, while also attending to the deeper questions of life.

When working in universities, it wasn't uncommon to support a student

to talk through these questions, to grapple with their philosophical stance, personal beliefs and values. As we support students in this time of change, how do we know what we really value in the work we do? In an environment which some academics say results in 'the cancellation of critical thinking',[7] and the effects of the marketisation of education appear as financial crises, re-structuring, mass redundancies, course closures and hiring freezes, how do we find a different story?

> We can dare to take the risks necessary in human relating

In her book *Hospicing Modernity*,[8] Vanessa Machado De Oliveira describes modernity as a single story of progress, development and civilisation. When this story begins to die, she imagines the offering of palliative care to a dying age, followed by offering prenatal care to systems which haven't yet been born. The new era which arrives may not necessarily be a wise one but will depend on the capacity of people to learn from the mistakes of modernity.

I like to think that counselling and psychotherapy could have a role in helping people connect to the internal wisdom needed to create meaningful change as modernity dies. I wonder what our sector can learn from the mistakes of the past to find a way forward, where we can respond from a place of connection rather than the old story.

Historian Timothy Snyder, like Oliveira, suggests that lessons can be learnt from the mistakes of the past. In his book *Tyranny: 20 lessons from the 20th century*,[9] he encourages people to learn from history to respond to the present, suggesting that remembering professional ethics, and knowing and living by what you stand for are part of this.

When I know what I stand for in a wider sense, I find that this provides a compass for finding a way to move through difficult times. It has helped me to make decisions about the work that I do and how I do it.

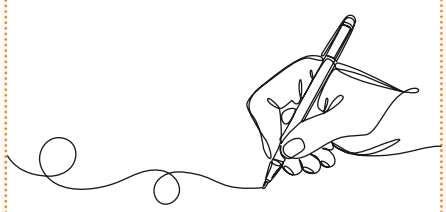
I would like to imagine services which know what they stand for, and can be part of the creation of community needed in times of change and uncertainty. Places where we remember our deeper relationship with the living world. I'd like to think we can dare to take the risks necessary in human relating, to value critical thinking, intuition, sensing, feeling and imagining.[9] That we can support students and each other, and keep our aliveness through whatever ends, so we are able to engage with whatever comes next. ■

From the Editor

Thank you very much Sarah for your wonderful insights, reflections and perspectives over the years. You and your thought-provoking ponderings will be missed!

Call for new columnist

If Sarah has inspired you to become a regular columnist and you have a subject area of interest, or a specialism you'd like to write about, please get in touch with the Editor at **ucc.editorial@bacp.co.uk** for more information.



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STUDENT STORIES

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FOOTNOTES: YEARS AGO, THERE WAS A TV ADVERT: A REPORTER STOOD ON A NEW YORK STREET, WAITING TO INTERVIEW A TYPICAL NEW YORKER ABOUT THEIR NEW PRODUCT, A 'WHY DO YOU LIKE PRODUCT X?' THING. THE JOKE BEING THAT THERE WASN'T A 'TYPICAL' NEW YORKER TO INTERVIEW, AS EVERYONE WAS SO DIFFERENT. I AM OFTEN REMINDED OF THAT ADVERT WHEN I'M AT WORK, AND THE CHALLENGE OF PROVIDING A WELLBEING SERVICE THAT SUPPORTS **ALL** THE STUDENTS, WHILE ALSO BEING NUANCED ENOUGH TO SUPPORT EACH **INDIVIDUAL** STUDENT.

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