

# Student Counselling Service

## Annual Report 2012-2013



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# The Report

This annual report was produced in January 2014 and covers the academic session from August 2012 to July 2013. In order to give an up-to-date picture, we also report on key issues beyond August 2013.

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This report can be provided in alternative formats on request.

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## Acronyms

BABCP	- British Association for Behavioural and Cognitive Psychotherapies
BACP	- British Association for Counselling and Psychotherapy
BACP UC	- British Association for Counselling Universities and Colleges
BWW	- Big White Wall
CBT	- Cognitive Behavioural Therapy
CCST	- Canine Concern Scotland Trust
CORE	- Clinical Outcomes Routine Evaluation
CSE	- College of Science and Engineering
EBVC	- Easter Bush Veterinary Centre
ECA	- Edinburgh College of Art
EMDR	- Eye Movement Desensitisation and Reprocessing
HBHM	- Healthy Body Healthy Mind
HSS	- College of Humanities and Social Science
HUCS	- Heads of University Counselling Services
HUCSS	- Heads of University Counselling Services Scotland
IAD	- Institute for Academic Development
IS	- Information Services
KPI	- Key Performance Indicator
MVM	- College of Medicine and Veterinary Medicine
ODL	- Online Distance Learners
OLL	- Office of Lifelong Learning
PT	- Personal tutor
QAC	- Quality Assurance Committee
SASG	- Student and Academic Services Group
SCS	- Student Counselling Service
SDS	- Student Disability Service
SEP	- Student Experience Project
SIP	- Student Information Point
SSIG	- Student Support Implementation Group
SSO	- Student Support Officer
VTO	- Veterinary Training Organisation



## **Executive Summary**

### **Rising Demand**

- During 2012-13 the Service saw an overall increase in referrals of 15%, including an increase of 30% in demand over the summer vacation. This represents a total increase of 55% over a two year period.
- Over the year 1504 students had one or more sessions with a counsellor.
- There is evidence of students presenting with increasing levels of severity.
- By the end of December Semester 1 in 2013-14 the Service was facing an additional 20% increase in referrals, an increase of 85% over three years.

### **Increased resources**

- A significant increase to our budget allowed for additional counselling hours to be offered – 15% more appointments in 2012-13
- Further resources for 2013-14 have allowed the Service to increase the number of counselling appointments, extend opening times at Kings Buildings, Moray House, ECA and EBVC and offer evening appointments in the Main Library.

### **Impact on waiting times**

- The additional resources for 2012-13 allowed the Service to match the increase in demand, but were not sufficient to make inroads into response times.
- Higher rates of referral during peak times led to longer waiting times for many students.
- Reducing the waiting time for the offer of a first counselling appointment has become our key priority.
- Increased resources in line with the service strategy has allowed us to cut waiting times in half for semester 1 2013-14, even with a further 20% increase in demand.

### **Groups and workshops**

- Our programme of group events and workshops was reviewed in 2012-13
- New collaboration with CCST and EUSA saw the introduction of events using therapists for stress reduction at exam times: popular with students and attracting positive media attention.
- 264 students took part in group events.
- Our new programme of presentation/workshops, introduced in semester 1 2013-14, is attracting greater student participation.

### **Innovation**

- The Service is taking the lead in piloting Big White Wall for students

### **Challenges**

- With a larger number of referrals being projected over the next three years, the Service will require significantly enhanced resources both in staff and estate terms to meet KPI response times while maintaining an effective service.

## Introduction and Overview

The period covered by this report, the academic year 2012-13 and the first semester of 2013-14, has been a period of significant challenge and development for the Student Counselling Service. As described and illustrated below, demand on the Service throughout 2012-13 continued to rise significantly, outpacing additional resources, and making it difficult for the service to make progress with our key priority – reducing waiting times for counselling appointments.

At the request and with the support of the University Secretary the Service generated a plan, and identified the resources necessary, to reduce the waiting time for the offer of a counselling appointment to four weeks from the student's initial assessment appointment with the Service.

The plan, presented in the paper '*Facing the Future*' built on the existing strengths of the Service. It was based on the assumption of continuing the current model of delivery and assumed a rise in demand for counselling of 17.5 %. The main features of the plan were to extend the use of available rooms, piloting evening appointments, and implementing a revised presentation/workshop programme. The plan has been fully funded, and implemented in the first semester, with an initial evaluation discussed below.

Two further Service lead initiatives have been the *Paws Against Stress* programme, in partnership with Canine Concern Scotland Trust and EUSA, and piloting the provision for student access to *Big White Wall*, a 24/7 safe confidential online mental health support community. [www.bigwhitewall.com](http://www.bigwhitewall.com) Both of these innovations are fully described in the report below.

**“A fantastic service, thanks so much. I have been through such a tough time and could not have done it without it, and now I am feeling ready to move on and enjoy University.”**

Student feedback

## 1 Quality of student support opportunities

### 1.1 Key features of service provision

The Student Counselling Service supports the key University strategic themes of enhancing our student experience, promoting equality and diversity, building strategic partnerships and collaborations, and assisting students to realise their full potential.

The Service is committed to the Student and Academic Services Group aims of

- Providing a high-quality service to the University community
- Further developing and sustaining a responsive service culture
- Pursuing continuous improvement of the Service.

Our goal is to deliver an efficient and timely service that is customer-focused and of world-class quality.

The primary purpose of the Student Counselling Service is to provide a free confidential professional counselling service to all matriculated students of the University of Edinburgh.

The counselling offered by the Service is short-term of up to six sessions, subject to clinical need, and is offered by a team of experienced professionally-qualified counsellors. The counselling offered by the Service includes email counselling, hypnotherapy, CBT and EMDR. A wide range of self-help resources are available through our website, our own publications, through resources from other providers (e.g. NHS) and through the Bibliotherapy project.

The secondary objective of the Student Counselling Service is to enhance and encourage the emotional well-being and mental health of University of Edinburgh students and those who support them. The Service seeks to reach this objective by

- Facilitating a range of psycho-educational group activities and presentations/workshops
- Encouraging students to support themselves through the Bibliotherapy scheme
- Offering advice and support to academic staff concerned for the mental and emotional well-being of their students
- Contributing to training and development programmes organised for staff and students by other departments of the University
- Collaborating and liaising with colleagues in other University services, Schools, EUSA, and the University Health Centre
- Participating in the Welfare Consultative Group, the Disability Committee, the Mental Health Sub-Group and the Health and Safety Committee
- Offering high-quality training places to counsellors in training.

The main strands of the Service model of counselling provision are

- To assess suitability for counselling at referral
- To offer an initial appointment allowing for assessment and exploration of what the next steps might be
- To provide short term counselling of up to six sessions (subject to clinical need) where appropriate
- To refer on to other University services or other agencies, external to the University, as appropriate e.g. for students whose needs are best met by a medical or psychiatric intervention (NHS) or whose issues require longer-term counselling or psychotherapy.
- To offer alternatives to one-to-one counselling such as bibliotherapy, psycho-educational groups and workshops, and online self-help.

Our model of service delivery deals effectively with crisis intervention, minimises risk, and enhances the student experience. Students identified as being at risk are given priority for appointments. The Service is committed to early intervention where possible and uses a triage approach both prior to and after the initial appointment students have with a counsellor.

**“I got far more out of counselling services than I anticipated I would. I found it extremely supportive and exactly what I needed. I think it was well-organised and well-run and catered well for my needs as a student and young person.”**

Student feedback

### **1.1.2 Group and Presentation/Workshop programme**

The challenge to the Service in offering a programme of group events/workshops is to increase the participation rate, offering a programme that will attract students, and be an effective source of support. In the light of *Facing the Future* we made the strategic decision to continue to offer a variety of group events, but on an easy to access basis.

From our previous programme we have continued to provide a Confidence Building workshop at the request of OLL as part of their ‘Moving On’ course. We also continue to offer the Living with Dyslexia workshop which is aimed at students who have been diagnosed with dyslexia during the course of the year to offer information, advice, support and a perspective on the psychological impact of receiving such a diagnosis. This afternoon workshop is both popular and well attended.

#### **Matched Care – the Presentation/Workshop Programme**

Not everyone who could benefit from what the service can offer needs counselling. Some find it easier to access the service through a stepped approach ie workshop first. For some it means they need fewer sessions. This programme also raises the Service profile in a manageable way.

In order to expand the Service’s provision of options to enhance student mental health a timetable of one hour psycho-educational presentation/workshops was designed to run throughout the first semester.

These presentations were offered both to service users as an alternative and/or addition to one-to-one ongoing counselling, and also offered more broadly to the wider student body. Six popular topics were covered and each topic was repeated throughout the semester at least on two and sometimes three occasions. The one hour sessions were all based in the Main Library; they were non-bookable, but offered on a ‘just turn up’ basis, so eliminating administration time. As one-hour input on each topic constituted merely an introduction, resource packs were designed for students to take away after each session to allow follow-up and further study.

The presentation/workshops topics were:

**The Feel-good Factor** – This presentation offers insight into how to recognise how well we are performing (from a psychological perspective) and explores ways to manage mood and adopt practices to stay in emotional balance

**How to Get on with People** – This presentation helps students find greater clarity on what roles we tend to play in relationships and offers strategies on how to get on better with people in life – partners, friends, family and professional staff.

**Mind the (Confidence) Gap!** – This presentation increases understanding of students’ levels of confidence and where they may have come from. It also offers practical steps to increase confidence levels and feel more positive.

**I’ll Start Tomorrow...** - This presentation offers a framework to understand ‘stuckness’ in relation to studies and strategies to get going again. Time-management strategies are offered as well as ways to limit procrastination, to optimise productivity and feel better.

**Under Pressure** – This presentation recognises the common stresses of life and especially the stresses of being in an academic environment. It offers an explanation of the physiological effects of stress and highlights ways in which students can manage minds and bodies to maintain a more relaxed state.

**Exam Success** – This presentation identifies the specific factors that contribute to exam-related stress and panic and enables students to manage revision and exams more calmly and effectively.

**Table 1** Group Activities and Presentations/ Workshops

Activity	Date	No. attended
Living with Dyslexia	October 2012	<b>29</b>
Paws Against Stress	April/May 2013 (3 events)	232
Paws Against Stress	December 2013	92
		<b>324</b>
How to get on with People	Semester 1 2013-14	10
Mind the Confidence Gap	Semester 1 2013-14	11
Under Pressure	Semester 1 2013-14	14
Exam Success	Semester 1 2013-14	5
Feel Good Factor	Semester 1 2013-14	15
I’ll start tomorrow	Semester 1 2013-14	24
		<b>79</b>

A total of 15 sessions were offered in the Matched care programme, each being repeated 2 or 3 times during weeks 3, 6, 9 and revision week. Of the 79 attendees in total, 75 completed evaluations.

**Table 2** Evaluation of the Presentation/Workshop programme

Evaluation	Outcome	Comment
Gender	64% female 36% male	Male students are more likely to use matched care for support than counselling
UK/International	20% UK 34% EU 46% overseas	80% of participants were international students
UG/PG	36% Undergrad. 64% Postgrad. Undergrads: 40% UK, 46% EU, 14% overseas Postgrads: 10% UK, 28% EU, 62% overseas	The programme attracts a higher proportion of international postgraduate students



SCS users	25% of participants had at least one counselling appointment in Sem.1 75% did not use SCS for counselling in Sem.1 9% had previously attended counselling in 2011-12	Suggests use as: <ul style="list-style-type: none"> <li>• preventative/early support</li> <li>• an alternative to counselling</li> <li>• follow up or additional support for current users</li> </ul>
Satisfaction outcomes	96% agreed/strongly agreed good presentation content 94% agreed /strongly agreed good presentation style 100% would recommend SCS events 96% knew, as a result of the presentations, where to access further help with the topics	Results show a very high satisfaction rate with the presentations/workshops

As the pilot presentation format was considered a success it was thought useful to roll it out for the second semester with minor adjustments and one new topic which had been popularly requested as an addition on the student evaluations – time management.

### **Paws Against Stress**

At the end of semester 1 2012-13 the service initiated a new series of events entitled *Paws Against Stress*, in collaboration with CCST and EUSA. The idea of using therapy dogs to help students reduce stress, especially at exam times, has been pioneered at universities in North America, and University of Edinburgh has been the first to introduce this approach in the UK. The events attracted a lot of national media attention, and have proved very popular with students, with 232 participating in the first series. A fuller account of this innovative approach and an analysis of the outcomes are contained in Appendix A.

**“Just being around dogs – they make me happy and think about the present moment – rather than what’s going on elsewhere. Also being around other ‘stressed’ people was comforting – I am not the only one.”**

Student Feedback

### 1.1.3 Key Features of Student Users - Indicators and Trends

**Table 3** Number of students being seen by the Service

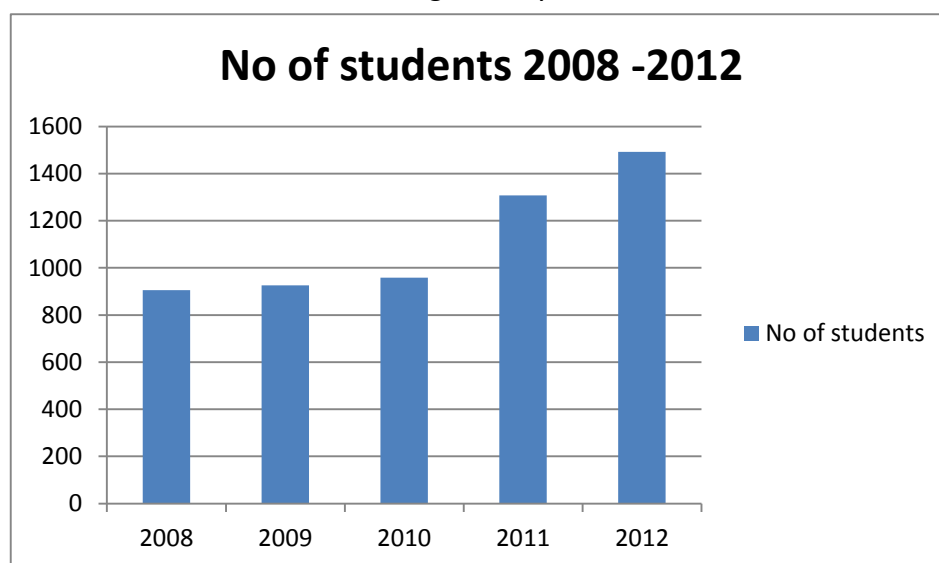


Table 3 demonstrates the increasing demand on the Service, up 15% in 2012-13 which represents a 55% increase in demand from 2010-11. However the increase in referrals has continued through Semester 1 in 2013, 20% up on the same period as in 2012. Year to date this equates to an increase of 85% over three years.

What would account for this?

- The success of the relocation to the Main Library – making the service more visible and accessible
- The increase in the student population
- The perceived value of the service among students and stakeholders
- UK wide trend both in HEIs and in NHS of increasing numbers presenting with mental health issues

**Table 4** Students attendance and sessions

	2010-11	2011-12	2012-13
No. of students attending Initial appointments	839	1218	1348
No. of students attending counselling	698	968	1104
No. of counselling sessions	3079	3953	4554
No. of students total	958	1307	1504
Average no. of sessions including initial appointments	5.4	5.0	5.1

Additional resources for 2012-13 allowed us to offer 15% more sessions.

**“In giving me the opportunity to open up and give expression to the turmoil within myself, counselling has enabled me to remain at University, but equally important to honestly face myself and understand myself a bit better.”**

Student feedback

## Profile of Student Users

### Gender balance

**Table 5** Female/Male ratio - three year comparison

Gender	2010-11	2011-12	2012-13
Female	72%	70%	71%
Male	28%	30%	29%

Table 5 shows that there is virtually no change in the ratio of male/female students over the past three years. No students self-identified as transgender. Men are still under-represented. We know that male students are more likely to present with significant psychological distress, though as noted above may prefer a ‘matched care’ approach to accessing help. Yet these statistics are consistent with other student counselling services in Higher Education and counselling services in general. Our website has specific pages for men aimed at explaining counselling and overcoming men’s reluctance to self-refer to talking therapies.

<http://www.ed.ac.uk/schools-departments/student-counselling/students/male-students>

### Undergraduate Students

**Table 6** Undergraduate/Postgraduate ratio

Year	2010-11	2011-12	2012-13
Undergraduate	73%	66%	<b>74%</b>
Postgraduate	27%	34%	<b>26%</b>

74% of the students attending the service were undergraduates. 66% of the student population as a whole are undergraduates. This is an increase on last year but closer to previous annual statistics. As noted above a larger proportion of postgraduate students are attending the matched care options for support.

**Table 5** Undergraduate numbers three year trend by College

%	HSS			MVM			S+E			Total		
	10-11	11-12	12-13	10-11	11-12	12-13	10-11	11-12	12-13	10-11	11-12	12-13
1 <sup>st</sup> year	13	12	<b>17</b>	2	2	<b>2</b>	5	2.5	<b>6</b>	20	16.5	<b>25</b>
2 <sup>nd</sup> year	19	16	<b>17</b>	3	1.5	<b>1.5</b>	9	6	<b>5</b>	31	23.5	<b>23.5</b>
3 <sup>rd</sup> year	14	21	<b>12</b>	3	2.5	<b>1.5</b>	6	6	<b>5</b>	23	29.5	<b>18.5</b>
4 <sup>th</sup> year	13	21	<b>21</b>	3	2.5	<b>3</b>	7	6	<b>8</b>	23	29.5	<b>32</b>
5 <sup>th</sup> year	1	-	<b>0.5</b>	1	0.5	<b>0.5</b>	1	0.5		3	1	<b>1</b>
Total	61	70	<b>67.5</b>	12	9	<b>8.5</b>	27	21	<b>24</b>	100	100	100

There is no significant change other than trend to seeing more students from 1<sup>st</sup> year and 4<sup>th</sup> year. These are transition times when many students experience heightened anxiety and stress.

## Postgraduate Students

**Table 6** Postgraduate numbers three year trend by College

%	HSS			MVM			S+E			Total		
	10-11	11-12	12-13	10-11	11-12	12-13	10-11	11-12	12-13	10-11	11-12	12-13
PhD	18	22	<b>25</b>	4	7	<b>5</b>	13.5	14	<b>14</b>	35	43	<b>44</b>
Masters	42	39	<b>22</b>	1	2	<b>5</b>	10	11	<b>13</b>	57	54	<b>40</b>
Dip-cert	8	1	<b>14</b>	0	3	<b>1</b>	0.5	0	<b>1</b>	8	3	<b>16</b>
Total	67	62	<b>61</b>	8	7	<b>11</b>	25	25	<b>28</b>	100	100	<b>100</b>

This year has a slight decline in the proportion of Masters students, and an increase in Diploma/Certificate students.

## International students

**Table 7** International student numbers

Year	UK	EU	Overseas	Combined International
2010-11	62%	14%	24%	38%
2011-12	63%	16%	21%	37%
2012-13	58%	20%	22%	42%

We have seen a rise this year in students from EU countries presenting, raising the overall population of international students using the Service, a growing trend over last three years. See also international students' use of the presentation/workshop programme detailed above.

## Students with Disabilities

**Table 8** Students presenting with disclosed disabilities

Year	10-11	11-12	12-13
No. of students using counselling service with no disclosed disabilities	765(80%)	1045(80%)	<b>1178(78%)</b>
No. of students using counselling service with disclosed disabilities	193(20%)	262(20%)	<b>326 (22%)</b>

The number of students using the Service who have disclosed a disability continues to increase, both in real terms and proportionally up from 15% in 2007-08. This reflects the growing number of students disclosing disabilities in the University population as a whole, currently 9%.

**Table 9** Breakdown of listed disabilities disclosed by service users

<b>Disability</b>	<b>10-11</b>	<b>11-12</b>	<b>12-13</b>
Disability not listed	1%	1%	<b>1%</b>
A specific learning difficulty e.g. dyslexia	10%	10%	<b>10%</b>
Autistic Spectrum Disorder	0.2%	0.3%	<b>0.4%</b>
Blind-partially sighted	-	0.2%	<b>0.1%</b>
Deaf-hearing impairment	0.1%	0.2%	<b>0.3%</b>
Mental health difficulties	6%	4%	<b>4%</b>
Multiple disabilities	0.4%	0.7%	<b>0.5%</b>
Unseen disabilities e.g. diabetes	4%	4%	<b>4%</b>
Wheelchair user-mobility difficulties	0.3%	0.5%	<b>0.5%</b>

Table 9 lists the disabilities disclosed by Service users. There is no significant change. The largest single group of students with disclosed disabilities (50%) were those with specific learning difficulties such as dyslexia, 10% of the total number of Service users. Students disclosing mental health difficulties and ASD often present with more complex needs.

## Referrals

**Table 10** Sources of Referrals

<b>%</b>	<b>10-11</b>	<b>11-12</b>	<b>12-13</b>
Advice PI	3	2	<b>6</b>
School	2	3	<b>4</b>
PT/SSO	16	14	<b>14</b>
Friend	10	11	<b>11</b>
GP	21	19	<b>18</b>
Leaflets	5	4	<b>4</b>
Website	32	35	<b>28</b>
Other	11	12	<b>15</b>

‘Other’ includes other student services (e.g. Careers, Disability, Chaplaincy, Accommodation Services), SIPs, parents, group/workshop publicity, matriculation card. Again there is no significant change and the figures illustrate good collaboration with other services.

**“Counselling has made me feel better about myself and in doing so, it will help me be a happier, more productive student at University.”**

Student Feedback

## Presenting Issues

**Table 11** Presenting issues (% of clients seen)

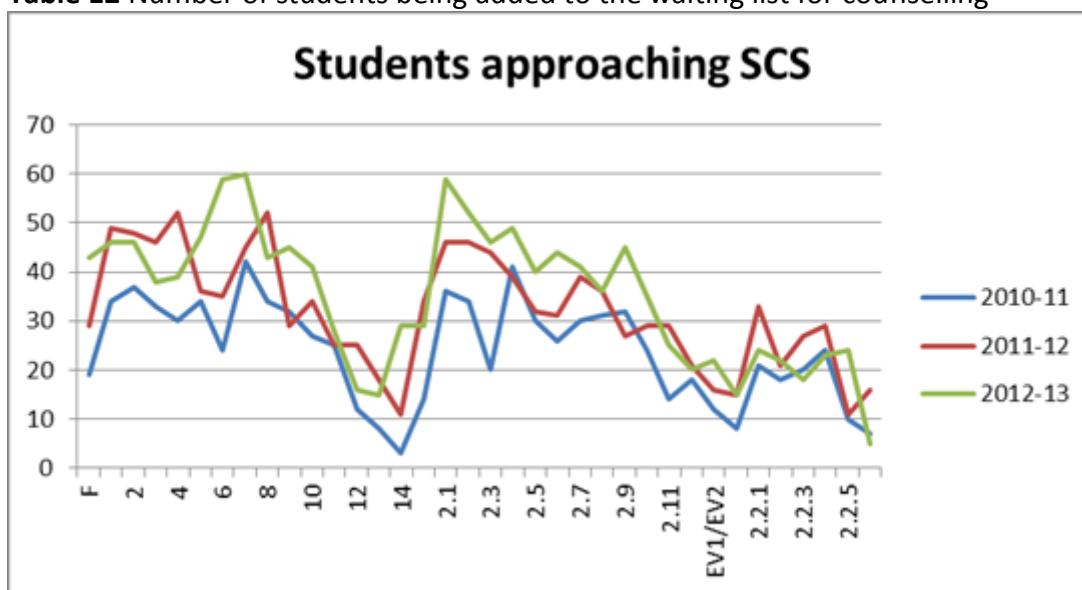
<b>Presenting Issues – reasons for using the service (%)</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>
Abuse	3	3	<b>3</b>
Academic	10	10	<b>12</b>
Addictive behaviour	0.5	1	<b>1</b>
Anxiety	22	23	<b>24</b>
Depression, anger & mood change or disorder	20	21	<b>20</b>
Eating disorders	2	3	<b>2</b>
Loss	10	8	<b>8</b>
Other mental health conditions	2	1	<b>2</b>
Physical health	3	2	<b>1</b>
Relationships	12	12	<b>10</b>
Self and identity	12	13	<b>13</b>
Sexual issues	0.5	1	<b>1</b>
Transitions	2	2	<b>3</b>

There is no significant change over the three year period as evidenced above, although there have been slight increases in academic related issues and anxiety. The most common presenting issues are anxiety (including e.g. stress, social anxiety, panic attacks and PTSD), depression, self and identity (includes e.g. self confidence, self esteem, perfectionism, and issues around sexuality), and academic related issues. Students whose issues would be counted in other categories (e.g. welfare and employment) do not appear in significant numbers in the data either because they are referred elsewhere for practical advice and support (e.g. the Advice Place or Careers Service) or because they are not the major presenting issues students bring. Likewise students presenting with significant self-harm, suicidal ideation or suicide attempts are often recorded under other categories (e.g. clinical depression).

## Response Times

The remaining statistics show our response times to students in the past year and first semester 2013-14. These inform two of our KPIs (waiting times from referral to initial appointment, and from initial appointment to first counselling appointment). For our purposes Semester 2.2 refers to the weeks following the spring vacation, including revision week and the examination period until the end of semester 2.

**Table 12** Number of students being added to the waiting list for counselling



This graph shows the number of students being added to our waiting list for counselling each week during Semesters 1 and 2 and reflects the flow of referrals. A consistent identifiable pattern of referral has emerged, with a variation in semester one, and significantly this year we had several weeks with c.60 new referrals per week. There has been a slightly different pattern emerging in semester 1 2013-14, but again several weeks with c.60+ new referrals. The Service also experienced a 30% increase in referrals over the summer vacation. This graph does not show the extent of the waiting list, only numbers being added to it week by week.

### Waiting times – referral to initial appointment

**Table 13** Waiting times – referral to initial appointment

No of Weeks	Sem. 1				Sem 2.1			Sem. 2.2		
	10-11	11-12	12-13	13-14	10-11	11-12	12-13	10-11	11-12	12-13
1	60	63	<b>60</b>	<b>66</b>	53	61	<b>53</b>	56	74	<b>68</b>
2	31	31	<b>31</b>	<b>29</b>	38	30	<b>34</b>	10	18	<b>24</b>
3	5	5	<b>6</b>	<b>4</b>	6	6	<b>8</b>	13	5	<b>5</b>
3+	4	1	<b>3</b>	<b>1</b>	3	3	<b>5</b>	21	3	<b>3</b>

A revised KPI (based on a CORE benchmark) had been to see 50% of students for an initial appointment within one week of registering with the Service and 75% of students in less than 2 weeks. Our response times for 2012-13 met this target, but in view of the increasing demand and pattern of referral it was not possible to make any reduction of waiting times for initial appointments, but that has been possible with the additional resources available to the service in Semester 1 2013-14.

From the annual figures below (Table 14) we did see 91% of students for an initial appointment within 2 weeks, increased to 95% in semester 1 2013-14. Students at risk are prioritised for initial appointments in line with our triage system.

**Table14** Length of waiting time from referral to initial appointment

Year	1 week	2 weeks	3 weeks	3+ weeks
2010 - 11	56%	29%	7%	8%
2011 - 12	69%	24%	5%	2%
<b>2012-13</b>	<b>65%</b>	<b>26%</b>	<b>5%</b>	<b>4%</b>

## Waiting times - initial appointment to counselling

**Table 15** Waiting times –initial appointment to counselling (by percentage)

No of Weeks	Semester 1					Semester 2.1				Semester 2.2			
	09-10	10-11	11-12	12-13	13-14	09-10	10-11	11-12	12-13	09-10	10-11	11-12	12-13
1	43	27	34	<b>32</b>	<b>62</b>	28	14	21	<b>18</b>	20	33	26	<b>11</b>
2	27	15	20	<b>27</b>	<b>12</b>	13	17	13	<b>15</b>	17	15	15	<b>12</b>
3	13	10	13	<b>11</b>	<b>13</b>	9	5	5	<b>5</b>	17	13	22	<b>4</b>
3+	17	48	33	<b>30</b>	<b>13</b>	50	64	61	<b>62</b>	46	39	37	<b>73</b>

## Annual waiting times

**Table 16** Length of waiting time from initial appointment to counselling

Year	1 week	2 weeks	3 weeks	3+ weeks
2010 – 11	23%	16%	8%	53%
2011 – 12	27%	19%	10%	44%
<b>2012 - 13</b>	<b>21%</b>	<b>21%</b>	<b>8%</b>	<b>50%</b>

There was a slight improvement in waiting times in semester 1 2012-13, with 70 % of students starting counselling within 3 weeks. Our KPI had been to see all students within this period, but clearly demand is greater than the resources needed to meet this target. However by semester 2, in face of the increasing demand, a large waiting list had built up resulting in longer waiting times. From December until the end of April we were quoting a waiting time of eight weeks for those students who were not being prioritised on the basis of risk. While unacceptably long, reflected in student feedback, this waiting time is shorter than those for talking therapies in NHS Lothian and lower cost counselling agencies. Students assessed as being at risk are prioritised and are seen as quickly as possible and within our target times, unless there is an exceptional difficulty with the student’s availability.



An analysis of our records for last year showed that 30% of students waited longer for counselling to begin for a variety of reasons outwith the control of the Service e.g.

- students not accepting the first offer of appointment
- students' availability limited due to timetable/social commitments
- wanting a specific counsellor or a specific location
- 9 unplanned fire evacuations from the Main Library were disruptive and contributed to lost appointments
- students failing to attend appointments

Appointments are only offered at times/locations students have indicated they can attend. Students are asked to give us as much notice as possible when cancelling appointments, allowing us to offer the session to another student. Students are made aware from the outset of the consequence of failed appointments, and we have minimised these to 7% (below a national average).

Reducing the waiting time for counselling has become our key priority. *Facing the Future* developed a new KPI: the offer of a counselling appointment within four weeks of the initial appointment. Table 15 shows that in the most recent semester, 87% of students began counselling within 3 weeks of their initial appointment. 99% were offered an appointment within 4 weeks, with 1% waiting longer than this for the reasons outlined above (limited availability, choice of counsellor/location, or waiting for one of the specialist approaches offered by the Service). Therefore, there has been a significant improvement in our response times for both initial appointments and counselling.

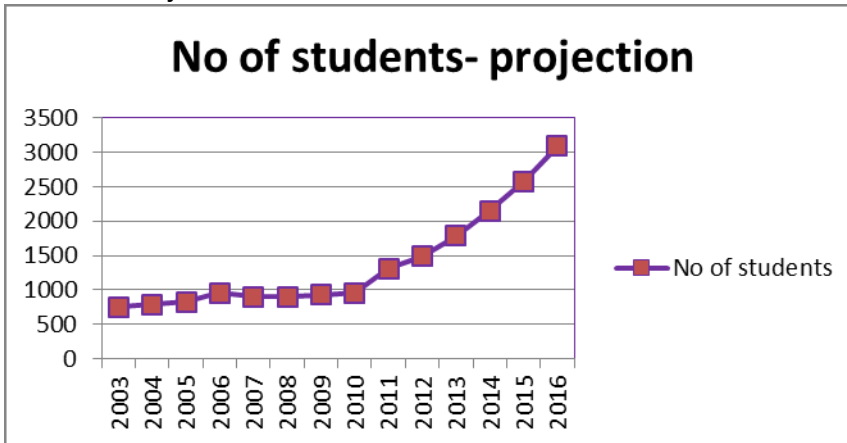
**“Counselling not only improved my experience with Edinburgh University, it has given me the strength to continue with university. It had a direct effect on my academic performance.”**

Student feedback

### 1.1.4 Current and likely future demand

For 2012-13, the service had an increase in budget of 55% which funded the recruitment of 1.5fte counsellors and increasing the hours of administrative support. The in-year increase in funding for sessional counselling was also retained. The resources identified in *Facing the Future* amounted to an additional 12% increase on our budget. This allowed us to implement the plan fully as outlined above.

**Table 17** Projection of future demand



There is no evidence that the increase in demand since 2011-12 is slowing down. Indeed other University counselling services are reporting similar significant increases in the number of students presenting, with some seeing between 6.8% and 7.8% of their whole student populations. If the projections indicated above, i.e. year on year increases of 20%, are accurate this would take us to a similar proportion of the student body using the Service.

The additional resources this year have enabled us to offer counselling appointments at Kings Buildings 5 days per week and at the Hunter Building two days per week. Our Moray House office is open five days, with a room there having been converted into a fourth counselling room. A total of 60 appointments are now available each evening in the Main Library Mondays through Thursdays and the Vet School are now resourcing 5 hours per week available at EBVC. We recruited 7 new sessional counsellors to join the team, and have increased the number of counsellors in training to four.

However, if the trend for significant rising demand continues on a year to year basis, not only will additional resources for counselling provision be required, but additional fit for purpose accommodation will also be needed, if the service is to continue to meet our KPI for response times and all the demands placed on it by the University community. We are rapidly approaching the maximum effective operational capacity of our premises. We can marginally increase evening appointments, and extend these to Moray House, but our planning submission for 2014-2017 has identified the need for another 5 counselling rooms, and possibly a reception/waiting area depending on their location, and a corresponding increase in staff. We have explored the possibility of additional accommodation Moray House, so far without success, reflecting pressures on the University estate as a whole.

### **1.1.5 Promoting Accessibility**

Equality and Diversity are fundamental to our professional Ethical Framework and Guidelines for Good Practice, and key criteria for our Service accreditation. The Service has an Accessibility Strategy which meets our BACP Service Accreditation criteria. Our strategy aims at promoting and improving accessibility for students. When students register with our Service they are invited to let us know of any adapted facilities or assistance that they may require, such as mobility, access, hearing, vision or easy-read formatting.

The Student Counselling Service is unique among the student-facing student services in currently delivering our core service over five sites: Main Library, Moray House (Patersons' Land), The King's Buildings (Weir Building), ECA (Hunter Building) and EBVC. All our sites have wheelchair accessibility, accessible toilets, disabled parking bays, loop systems available at the reception areas and staff trained in their use. Portable loop devices can be made available to counsellors as required. Service staff are given training in equality and disability awareness and our administration team has been given training in student mental health.

Our website is designed in line with the University's website and accessibility help and advice information. Material published by the Service is in accordance with good practice guidelines and can be made available in alternative formats as required. As described above the Service offers a workshop (Living with Dyslexia) aimed at students who have been given this diagnosis.

For students off campus the Service continues to offer email counselling, and we have raised the profile of this provision on our website. This year we had twelve students who used this therapeutic approach. Our website has an extensive section of links to other sources of self-help for students.

<http://www.ed.ac.uk/schools-departments/student-counselling/self-help>

### **1.1.6 Provision for Online Distance Learners**

Over the past year the Service has developed its provision for ODL students.

- (a) Adding a dedicated webpage for ODL students <http://www.ed.ac.uk/schools-departments/studentcounselling/includes/services/onlinedistancelearners>
- (b) Training an additional counsellor in email counselling
- (c) Extending bibliotherapy titles available as eBooks
- (d) Piloting the offer of using Big White Wall

Four ODL students have used email counselling since September 2012. Seven of our bibliotherapy titles are now available to all students as eBooks and this will be extended as such titles become available in an electronic format.

## 1.2 Key partnerships and their features

**Table 18** Key partners

Careers Service	Students are referred both to and from the Careers Service, and Careers staff provide reception for counsellors working at The King's Buildings.
Student Disability Service	Students are referred both from and to the SDS, in particular to the Mental Health Mentors. SCS collaborates with SDS in running student mental health training for academic and other student support staff, and 'Living with Dyslexia' for students. Both services collaborate in the publication 'Helping Distressed Students'. SCS contributes to the work of the Disability Committee, and the Director chairs the Mental Health Sub Group. Administrators from both services staff our joint reception area.
Chaplaincy	Students are referred both to and from the Chaplaincy, and both services collaborate in the provision of Mindfulness sessions.
EUSA	Students are referred both to and from the Advice Place, and EUSA provides feedback on behalf of students, both users and non-users. SCS and EUSA are collaborating with NHS and CCST for support programmes for students and SCS contributes to other EUSA training events.
University Health Centre	Students are referred both to and from the University Health Centre, and we liaise with the GPs and Community Mental Health team for advice and information.
Institute for Academic Development	Students are referred both to and from the Study Development Advisers and SCS contributes to the Postgraduate Certificate In University Teaching.
Accommodation Services	Students are referred to and from the Residence Life Team, and both services liaise in supporting students at risk living in University accommodation.
Academic Staff	SCS offers consultation and advice to academic staff concerned for their students and liaises with School Student Support teams for evidence of special circumstances. SCS provide student mental health training for staff.

Royal (Dick) Veterinary School	SCS provides counselling at EBVC and liaises with PTs, VTO and Staff Student Liaison Officer. SCS provides induction input for new students and for PTs.
Office of Lifelong Learning	SCS provides a workshop and participates in the induction session of the 'Moving On' programme (Widening Access).
Centre for Sport and Exercise	SCS refers students for consultation and support with exercise programmes, particularly for students with mild to moderate depression. SCS participated in the preparation of the submission under the HBHM Scheme and Healthy University. (see below)
Ten for Ten	Ten for Ten is a project whereby counsellors and psychotherapists in private practice in Edinburgh offer up to ten low cost counselling sessions specifically for students whom we have assessed or counselled.
Local counselling agencies e.g. Pastoral Foundation, Wellspring, Saheliya, Gay Men's Health, Couple Counselling Lothian	SCS maintains contact with free or low cost counselling agencies for referral information for students.
NHS Lothian	Liaison with NHS 12S project and SCS have arranged with NHS Lothian to deliver a 6 week Stress Control programme on campus (Teviot building). Open to members of the public, 30% of the places will be reserved exclusively for University of Edinburgh students.
Big White Wall	As a result of SCS initiative SEP have funded a pilot project with Big White Wall (see appendix B)
Canine Concern Scotland Trust	SCS, EUSA and CCST have collaborated on the Paws Against Stress initiative (see appendix A)

**“Counselling brought a profound change in my self-image. For the first time, I began to treat myself with a kind and accepting approach...Overall, I think this is an effective and high-quality service”.**

Student feedback

### 1.3 Evaluation of the Service

The primary sources of evaluation of the work of the Service have been the **Evaluation Survey** and **CORE** (Clinical Outcomes Routine Evaluation). In addition we receive feedback from the International Student Barometer and in Semester 1 2013-14 we had some feedback from the SEP 'On the Same Page' Survey. We also welcome feedback from EUSA and staff.

An analysis of outcomes of the group and presentation/workshop programme has been commented upon above (see Table 2 and Appendix A). As reported last year the Service invited students to take part in research being carried out by BACP UC into outcomes of counselling. We have fully integrated these questions into our evaluation survey and an analysis and comparison is detailed below (Table 20). We have included a detailed breakdown of our CORE outcomes report, and counselling outcomes are further illustrated through our statistics collated on a BACP UC measure.

### Evaluation Survey

The Evaluation Survey invites feedback from service users on their experience of the Service and a summary of the findings are outlined below. The Survey is anonymous and submitted from all five sites where counselling is conducted. The Service provides the reception and waiting areas at two of the five sites. It is a strategic aim of the Service to increase the number of responses each year. We recognise that we still have to work to do in this regard and an improvement plan is in place.

**Table 19** Evaluation survey summary and three year comparison

<b>Evaluation survey</b>	<b>12-13</b>	<b>11-12</b>	<b>10-11</b>
% of students responding	28%	23%	27%
Satisfaction with reception and waiting areas (helpfulness-welcome-comfort)	99%	98%	97.5%
Satisfaction with accessibility	99%	100%	97.5%
Satisfaction with discreetness of service	99%	96%	95%
Satisfaction with service publicity	72%	69%	64%
% of students reporting waiting time for initial appointment as “too long”	15%	19%	10%
% of students reporting waiting time for counselling as “too long”	41%	36%	29%

Although the number of students finding the wait for an initial appointment too long has decreased (to 15%), 41% reported that the waiting time for counselling was too long. Of these students 3% had waited less than 3 weeks. However this level of dissatisfaction does reflect that from December to April we were quoting a waiting time of eight weeks for students not being prioritised for appointments on the basis of risk or causing particular concern. As indicated above 50% of students over the year did start counselling within 3 weeks of their initial appointment and 30% of students waited longer for reasons related to availability/choice or through lost appointments.

Provision of timely counselling is particularly salient in the student population which, according to the Royal College of Psychiatrists’ report into the Mental Health of Students in Higher Education, may be more vulnerable than other young people as they face: the challenge of adapting to a new environment and to the demands of their courses; potential isolation without usual social supports; peer pressure to misuse drugs and alcohol; and the additional stress of financial pressures and the need to work alongside study. This same report notes that underachievement or failure at this stage can have long-term effects on self-esteem and the progress of someone’s life, thus highlighting the importance of early intervention.

<http://www.rcpsych.ac.uk/files/pdfversion/CR166.pdf>

12% of respondents felt that the short term counselling offered by the Service gave too few sessions. Short term counselling has become the norm in counselling in HE, where across the sector counselling is aimed at improving student functioning to support academic progression. Increasing the number of sessions being offered would inevitably increase waiting times. For some students more sessions can encourage dependency/attachment issues, hindering recovery. We do maintain a list of low cost counselling agencies for students where longer term counselling or psychotherapy would be appropriate for referral.

### **Publicity**

It is encouraging that the satisfaction rate for service publicity has increased marginally again this year. We have considered the impact of increasing the amount of publicised activity across the Service as follows:

1. We have been developing a communications strategy, involving
  - cooperating with other services and SEP in producing a “What’s On for your mental health and wellbeing” list of support activities for students from across a range of University services
  - Advertising ‘Paws Against Stress’ and the Presentation/Workshops widely through posters and leaflets, and through EUSA’s website. Early indicators are that this has been successful, in view of the numbers attending.
  - Closer consultation with the EUSA Vice President Societies and Activities, providing an update on key information re demand and waiting times, including a briefing for student journalists, and the Director being interviewed for Freshair, the student Radio station.
  
2. We have been mindful of the experience of the Staff Counselling Service which last year had an immediate and consistent increase in demand of 44% following on all staff email publicising the service. This has led to lengthening waiting times for staff accessing counselling.

In the context of already increasing demand, our concern remains that an extensive publicity campaign could result in us being unable to deliver the service we advertise. But increasing publicity across the student body of our activities, including Big White Wall, does raise the Service profile as a whole.

**“Counselling helped me feel like I can handle the rest of the semester. Definitely didn’t feel that way when I first reached out for help.”**

Student feedback

**Table 20 Evaluation Survey Summary 2012-13**

<b>Question</b>	<b>Not at all</b>	<b>To a limited extent</b>	<b>One of many factors</b>	<b>An important factor</b>	<b>The most significant factor</b>	<b>Total finding counselling helpful</b>	<b>BACPUC National survey</b>
“To what extent would you say that counselling ...”							
helped you to stay at university?	3%	9%	31%	49%	8%	<b>88%</b>	81%
helped you do better in your academic work?	4%	15%	30%	43%	7%	<b>81%</b>	79%
improved your overall experience of university?	2%	12%	34%	45%	7%	<b>86%</b>	83%
helped you develop skills that might be useful in obtaining future employment?*	3%	14%	28%	42%	13%	<b>83%</b>	78%

\* Defined as eg self-understanding, understanding of others, managing difficult feelings better, increased confidence, assertiveness

## **International Student Barometer**

The University now takes part in the autumn wave of the International Student Barometer. Feedback from ISB from this survey is not yet available. The most recent figures available are as follows:

**Table 21 ISB survey results**

<b>Support satisfaction</b>	<b>Summer 2010</b>	<b>Summer 2011</b>	<b>Summer 2012</b>
Student Counselling Service	83%	85%	86%



## CORE

The Service has used the CORE system as a tool to measure the level of psychological distress with which students present to the Service and the clinical improvement in students as a result of counselling. CORE is provided on a commercial basis by licence and is widely used in NHS Primary Care services and increasingly in other university counselling services. CORE can provide robust data and has in the past published a benchmark which has informed our KPIs. However, it has become clear that the benchmark is out of date and not fit for purpose. The benchmark is currently being reviewed for renewal by CORE-IMS (the providers). In addition, our licence expired at the end of the financial year, though funding from SEP will allow us to continue to use CORE in the next 3-4 years, reducing the cost per unit of the licence, but consequently we have only been able to produce statistics for 2012-13 on a small sample of service users (15%). We do have a strategy for capturing more of the CORE data for outcomes evaluation and quality enhancement.

Of the CORE outcome measure returns for 2012-13:

- 89% of students presented in the clinical range i.e. are those experiencing a significant level of psychological distress (increase from 75% last year). Male students coming for counselling are more likely to have significant psychological distress.
- 66.5% of clients sampled showed “clinical and reliable change” (i.e. very significant improvement) following their counselling sessions. Our KPI had been 75% based on the benchmark, but the benchmark is now out of date and the smaller sample may not give an accurate picture. Longer waiting times may result in problems intensifying before counselling can help.
- A further 11.5% showed some improvement indicating an overall figure of 78% showing recovery or improvement on the basis of their CORE scores.
- Of the remaining 22% the following can be noted:
  1. 2% had presented at the highest severity and in short term counselling showed no recovery or improvement, but were contained and supported by a counselling intervention and were referred on to other services as appropriate (including GP/NHS).
  2. 8% presented with the least severity rating that on the CORE system are least likely to show clinical change as they are not in a clinical population.
  3. For the remaining 12% (28 students) showing no significant change on CORE scores we have additional information for 17 on their own evaluations (see Evaluation survey above):
    - 59% said counselling helped them stay at University
    - 59% said counselling helped them do better academically
    - 94% said counselling had improved their overall experience of university
    - 76% said counselling had helped them develop life skills

**“I feel enormously happy with how far I have come; from having a breakdown in June to feeling sorted and calmer in September, ready to start a new stage of my life unburdened by past problems.”**

Student feedback

CORE outcomes for students using the specialist approaches within the Service show higher rates of clinical and reliable change:

CBT 85%      Hypnotherapy 90%      EMDR 85%

As specialisms within the service (e.g. we may refer students to hypnotherapy for phobias and to EMDR for symptoms of post traumatic stress) the therapists only see students most suited to these approaches, and are provided on the basis of up to ten sessions. In other settings they would be offered over a longer period of time or larger number of sessions, but our therapists have become adept at maximising the potential of these approaches in what is still a short number of sessions.

Although 22% of students did not report recovery or improvement in terms of CORE scores, there is evidence that indicates that they still benefit from counselling. The overall theme of feedback from this population is that counselling helps students gain better self-understanding and confidence, and improves their overall functioning.

### BACP UC Severity ratings

In addition to CORE we record severity ratings at assessment and end of counselling, based on a scale shared with other BACP UC members. The severity is assessed by the counsellor in consultation with the client.

**Table 22** Severity rating pre and post counselling (BACP UC scale)

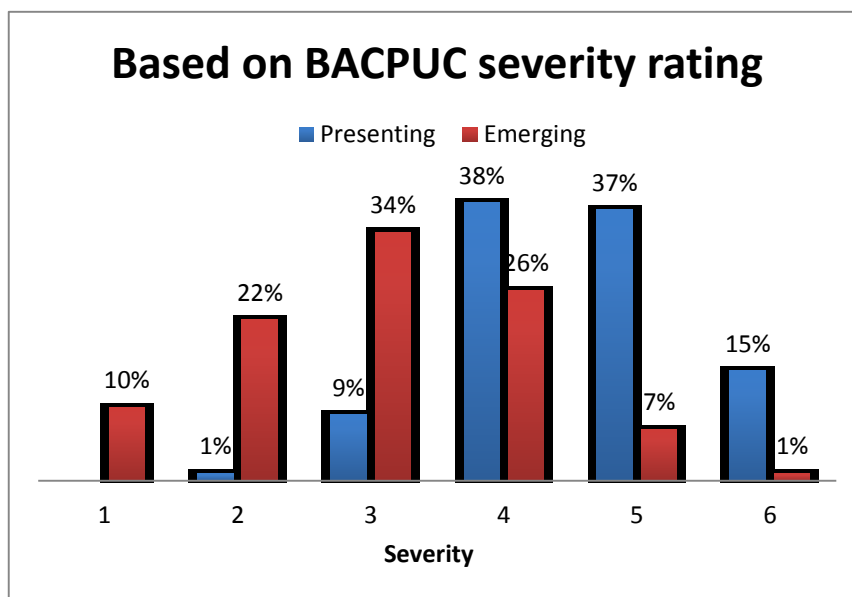


Table 22 Shows that 90% of the students assessed pre counselling present in higher severity ratings (4-6) (c.f. the 89% presenting as clinical on CORE above) and by the final session post counselling this reduces to 34%, with a corresponding increase in the number of students in the less severe categories (1-3). See appendix C for a description of the severity ratings above.

Fundamentally our aim as a service is to intervene quickly with students at risk, to reduce risk, and to support students to function enough to continue with their studies. The evidence from our outcome evaluations indicates the extent to which we achieve this aim.

## **EUSA**

The most common concern in feedback from EUSA has been that waiting times were too long. EUSA does realise that waiting times for psychological services in NHS Lothian, and for counselling through local voluntary agencies, are often much longer than those experienced by students during the times of peak demand on the Service. For example, the current wait for CBT in NHS Lothian is likely to be 18 weeks.

### **Student Experience Project: Same Page Survey**

As part of the University-wide 'On the same page as you' campaign all current students were invited to share their views on any aspect of their experience at Edinburgh. The intention was to allow our students to feedback on what matters to them in an open, anonymous (if desired) and unprompted way. The survey in semester 1 received 135 online feedback form submissions from students across the University.

We received only 4 comments in relation to the Service (i.e. 2.9% of respondents). Two reported their experience of counselling had been excellent. All comments related to waiting times being too long (2 students) or there being too few sessions (2 students)

### **Staff feedback**

The most recent feedback from university staff has been through SSIG and specifically in the report of the task group on emergency support for students which noted the Service's excellent reputation for providing advice to staff dealing with students facing difficulties and how supportive and helpful we are when staff have queries.

## **1.4 Extent to which the Service supports and develops its staff to enhance its effectiveness in supporting students**

The staff team of the Service is made up of several components:

- Counsellors (including management) working throughout the year (both full time and part-time)
- Counsellors working part-time during semesters only
- Counsellors employed on a sessional basis during semester time
- Administrative staff (both full time and part-time)

The Service has a Training and Development policy which meets our BACP Service Accreditation criteria, and is applicable to all our staff. In addition to on-going training opportunities offered by the University to staff in general, the service undertakes to arrange training for both counselling and administrative staff.

We seek to hold at least one annual training day for counsellors, which staff are encouraged and supported to attend. Over the current annual reporting period the Service has held three training events (see table below), all well attended, and

attracting participants from throughout the country, including University counsellors and disability advisors, mental health mentors, chaplaincy staff and service administrators.

**Table 23** Service training events

Date	Trainer/Facilitator	Topic
November 2012	Peter Eldrid Counselling Service Brunel University	Solution Focussed Brief Therapy
June 2013	Dr Lynn T Hyland Counselling Service University of Edinburgh	Adult/Young Adult ADHD
December 2013	Hongmei Sharp and Dr Wendy Li University of Glasgow	Understanding Chinese Students

Counsellors are encouraged to attend the BACP UC Conference, which provides a forum for student counsellors from throughout the UK and Ireland to meet and share best practice. In addition counselling staff are supported to pursue their individual continuing professional development in line with the requirements for individual accreditation as counsellors and psychotherapists.

The support offered to our counsellors in training is an example of best practice as recommended by BACP. We currently have four trainees. Counsellors in training are recruited from a variety of postgraduate counselling and psychotherapy training programmes, who have already completed one counselling placement and they come to us to develop their clinical practice. The counsellors in training are supervised, and mentored by experienced counsellors from our team.

The counselling team offer consultation and advice for academic staff concerned about students, but also respond to contacts from parents and students. We participate in the Postgraduate Certificate for academic staff run by IAD and also provide training on student mental health for academic staff as required. We also participated in a presentation for Student Support Officers in Semester 1 2013. We have information specifically for University staff on our website. <http://www.ed.ac.uk/schools-departments/student-counselling/staff>

## 2. Quality and Standards

### 2.1 Approach to setting and maintaining standards

The Service is an organisational member of the British Association for Counselling and Psychotherapy. This is the leading professional body for counsellors and psychotherapists in the United Kingdom, and with 40,000 members is the second biggest counselling and psychotherapy association in the world. The BACP participates in the development of counselling and psychotherapy at an international level.

Since 2006 the Service has been a BACP Accredited Service which provides status and validation for the service, and also provides robust evidence of service quality and professionalism. Accredited Services are bound by the *BACP Ethical Framework for Good Practice in Counselling and Psychotherapy*. All BACP Accredited Services have demonstrated a high quality of service delivery, meeting benchmark standards that are maintained by annual monitoring and reporting.

The Service Accreditation Scheme criteria cover areas of

- Policy (aims and objectives, publicity, staffing, equal opportunities)
- Management and Administration (service structure, community liaison, health and safety, administration and management)
- Delivery of service (accommodation, professional conduct)

The Service continues to be one of four such accredited services in Scotland. It is currently the only student counselling service of any Scottish University and one of four Russell Group university counselling services to have BACP Service Accreditation.

The Service also commits itself to following the *BACP UC Good Practice Guidelines*. These guidelines outline the role of counselling services in FE and HE, the activities undertaken by counsellors in such institutions and the working structures required to maintain good practice.

The Service is reviewing its KPIs which have been in place for a number of years, in view of the impact on the service of rising demand, resources provision, severity of presentation and the status of the CORE benchmark to which previous KPIs have been linked.

### External reference points

In addition to our Evaluation Survey and KPIs we also benchmark counselling provision against other services. We have previously conducted benchmarking exercises with HUCS and HUCS Scotland to compare service resources, the level of demand and delivery of counselling. Neither the HUCS nor the HUCSS surveys are currently available for 2012-13.

The most recent BACP UC Survey (for 2011-12) was compiled during 2012-13, based on 38 HEIs participating in the survey, including 12 Russell Group Universities. It collected

data about counselling and counselling services including staffing levels, student referrals, number of sessions, failed appointments and group work.

The Service was

- one of four with staffing levels ranging from 6-10 Fte counsellors (top 10.5%)
  - one of four with over 700 referrals (top 10.5%), the sector average being 427
  - one of nine seeing 3-5% of the student population (4.5%). 30% of university services saw between 6% and 10% of their student populations.
  - one of three offering 3000-4000 sessions
  - our average no. of sessions was 5.1%, sector average 5.6%
- 
- our failed appointments rate was 7% which is below average for HE
  - 81% of HE services offer groups

In 2012-13 our counselling staff FTE was 8.52, but includes counsellors with significant management responsibilities. We increased our number of sessions by 15% to 4554 (table 4 above).

The Service is now clearly at the upper end of the spectrum in terms of staffing levels, number of referrals, and number of sessions being offered, but the survey figures also support the likelihood of seeing a rising proportion of the total student body as discussed above.

**“Having a counselling service that I can trust and talk to has been truly wonderful”.**  
Student feedback

## **2.2 Approach to Monitoring and Quality Assurance**

As described above our BACP Service Accreditation is supported by annual monitoring. The Service is required to confirm that it continues to meet the criteria for accreditation, provide supporting evidence accordingly and must report on the following: changes to the service, provision, policies, procedures, resources; confirm the Head of Service who holds clinical responsibility; report any BACP complaints or appeals, any equal opportunities or ethical issues or changes in publicity material; confirm professional indemnity insurance. The Service Director is a member of a BACP Expert Reference Group developing the competency framework for counsellors/psychotherapists working in HE and FE.

**“Counselling helped me to order my thoughts, formulate my concerns and realise what strength I can draw onto master the situation.”**  
Student feedback

## **3. Enhancement and sharing good practice**

### **3.1 The management of enhancement**

During 2012-13 the Service implemented a new line management structure and the management team meet regularly to focus on quality enhancement. *Facing the Future* presented a specific plan for quality enhancement, and drew on insights from the Scottish Government's Mental Health Collaborative on capacity and demand, demand being understood as the total work required to undertake the clinical service needed and capacity as the total resource the service has available to do the work and includes staff and rooms. A further aspect of *Facing the Future* was introducing an enhanced system of caseload management, particularly in response to the rapid growth of the service, with additional counselling staff being recruited, most on a sessional basis. The Service annual review days also allow time for reflection on quality enhancement of all aspects of the service's activities

Changes in the Planning Round have also impacted on our strategy as a service and how it engages with the University Strategy. Our focus since July has been on implementing the plan detailed in *Facing the Future*, and addressing our key priority. Here are our key priorities (see below) for quality enhancement detailed in our three year planning submission link to the University Strategic Plan's goals, enablers and themes.

Goals: Excellence in Education, Excellence in innovation

Enablers: people, infrastructure and finance

Themes: outstanding student experience, partnerships.

We have considered ways in which students, both users and non-users, can be involved in their quality management and quality enhancement processes. We are planning in semester two to recruit students to conduct peer led focus groups. We also plan to invite EUSA section and liberation groups to offer comment, feedback and input on the work of the service.

### **3.2 Overview of Good Practice for dissemination**

Service review days are held regularly in semester two and at the beginning of semester one each academic year to monitor our progress, to reflect on service delivery and to plan ahead. We review our KPI performance, benchmarks, CORE results and evaluation survey outcomes. It is the responsibility of the Director to consider and implement QAC recommendations. We hold core team meetings regularly, as well as clinical meetings, and administration team meetings. News and information on good practice are regularly communicated via weekly email bulletins and the service wiki.

All our counsellors have clinical supervision which is a professional requirement. In addition peer group supervision is held during the semester time on a monthly basis. Clinical meetings are held regularly to discuss issues of clinical concern and to share best practice. The Director and Assistant Directors meet frequently with individual counsellors for caseload management discussions.

The Service continues to take a lead in arranging training days for student counsellors, not only for our own staff team, but for colleagues in both HE and FE in Scotland and Northern England. This allows for cost-effective sector-specific training input to enhance the Service, increase our knowledge base and share best practice with other colleagues. In addition we have taken a lead in organising frontline training for receptionists and administrative staff in HE counselling and other student services.

The Service continues to participate in the work of the BACP, BACPUC, HUCS and HUCSS.

## **4. Projects and Drivers**

### **4.1 Database**

As reported last year, our funding bid for SACS and IS Apps to redevelop the database to meet our requirements was agreed. Work began December 2013 and should be completed by April 2014.

### **4.2 Merger with Staff Counselling Service**

A service level agreement was signed in March 2012 between the University Secretary and the Head of Corporate Services Group merging the Staff Counselling Service with the Student Counselling Service as part of a University Counselling Service, through which both Student Counselling and Staff Counselling will continue to operate in two distinct units, with their own premises and staff teams, but under the management of the Director of the Student Counselling Service. Responsibility for Staff Counselling has moved from Corporate Services Group to SASG, though funding for future enhancement of the service will remain the responsibility of Corporate Services. These changes have been highlighted to BACP as part of our annual Service Accreditation report and we anticipate that our accreditation will be extended to cover staff counselling.

### **4.3 Student Mental Health Coordinator**

As previously reported we secured funding for the recruitment of a full time mental health post. This is a new post and we have taken time to make sure the job description meets the needs of students, the Service and the University. The post of Student Mental Health Coordinator will be recruited during semester 2.

### **4.4 Big White Wall**

An interim report on the Big White Wall project is contained in Appendix B. We are preparing an evaluation of the project and will survey students use and benefits from this online support, with a view to continuing this online support option.

[www.bigwhitewall.com](http://www.bigwhitewall.com)

### **4.5 Healthy Body Healthy Mind**

Jenny Leeder, Assistant Director, was a member of the campaign team along with representatives from EUSA, CSE, and the University of Edinburgh Sports' Union which successfully steered the University to achieve a 4 star award in its 'Healthy Body Healthy Mind' challenge coordinated jointly by NUS Scotland and Scottish Student Sport in June 2013.



This resounding success spurred the team on to think about ways to embed fully the Healthy University message at the University of Edinburgh for the longer term. To this end, SCS was included as a member of the 'Healthy University Taskforce' which started to investigate the viability of Edinburgh becoming part of the network of 'Healthy Universities' in the UK <http://www.healthyuniversities.ac.uk/>. The taskforce facilitated a cross-University Healthy University consultation in November 2013, which elicited views from many different stakeholders on student and staff health and well-being.

The consultation resulted in several developments currently emerging, such as a wiki as repository for health and well-being materials accessible to all, to which SCS has already contributed, and also the future appointment of a 'Healthy University Project Coordinator' to steer and coordinate the overall Healthy University goal.

#### **4.6 Training for University Staff**

We have revised an initial training for staff on Student Mental Health, with a follow up session on 'Listening and Responding to Students' (formerly 'The Caring DoS') both of which will be available in semester 2.

#### **4.7 NHS Stress Course**

We have taken the lead in negotiating with NHS Lothian and EUSA to bring the NHS 6 week Stress Control programme onto campus for the first time. Open to both students and members of the public, this will be held in the Teviot Building, with 30 places reserved exclusively for students. This course is free and will begin in February, and we hope this will be a successful collaboration, as it extends the range of support options available to students and staff.

#### **4.8 SSIG**

A briefing paper on the current and future landscape of support for distressed students prepared by the Directors of the Careers, Counselling and Student Disability Services has been presented to SSIG. It explored the context, the current support landscape, recommendations on enhancing provision, and identified key actions on the areas of policy framework, training and information needs for staff, collaboration and communication, and access to psychiatric services.

#### **4.9 Graduate Attributes**

As reported above the Service took part in a nationwide study into the effectiveness of counselling in HE and FE in the UK. We have adopted the research questions into our evaluation survey (Table 20). The last question has relevance to graduate attributes. The Graduate Attributes Framework identifies three overarching attributes, underpinned by four overlapping clusters of skills and abilities, including personal effectiveness and communication. Our Evaluation survey showed that 83% of students reported that counselling helped them develop skills that might be useful in obtaining future employment (defined as e.g. self-understanding, understanding of others, managing difficult feelings better, increased confidence, assertiveness).

## 5. Forward Look

The key priorities for the coming year are:

- Responding to and securing resources to meet the expected rise in demand both in terms of staff and accommodation
- To develop and meet new KPIs
- Using resources already identified to extend the provision of evening appointments
- Ensuring efficient administrative support for the Counselling Service
- Recruiting and embedding the Student Mental Health Coordinator
- Further extending the Matched Care provision
- IT enhancement for further efficiencies – downloadable forms and questionnaires from website.
- To develop the innovations in the work the service and online resources available to students

The past eighteen months described in the report have been an exceptional time the Service with many challenges and changes. Our experience over the past two and a half years can be described as arriving, surviving and thriving. We arrived in our new premises with new colleagues from ECA in 2011-12. 2012-13 has seen us surviving the impact of significant increases in demand and changes in organisational structure and management. The strategic enhancements put in place for 2013-14 are hopefully allowing the service to thrive to the benefit of students and the University as a whole.

My thanks go to all Service staff and trainees for their hard work, forbearance, team spirit and commitment, to colleagues in Student Services, and to our Managers in SASG for their ongoing support of the work of the Service.

Ronnie Millar  
Director, Counselling Service

31 January 2014

## Service Staff during 2012-13

Ronnie Millar	Director
Marc Richelieu	Assistant Director
Iola Wilson	Assistant Director
Dr Jenny Leader	Assistant Director
Christine Walker	Senior Counsellor (retired June 2013)
Barbara Malinen	Counsellor (left February 2013)
Iris Sloan	Counsellor, Placement Coordinator
Ada Blair	Counsellor, Training Coordinator
Ali McBride	Counsellor
Colin Carson	Counsellor
Lesley Gray	Counsellor
Lindsay Crago	Counsellor
Maggie Coombs	CBT therapist
Christie O'Conner	Sessional Counsellor
Kate Fletcher	Sessional Counsellor
James Coyle	Sessional Counsellor
Ray Carrick	Sessional Counsellor
Dr Fiona Carlisle	Sessional Counsellor
Ciara Torbet	Sessional Counsellor
Katrina Dashwood	Sessional Counsellor (from semester 2)
Gary Carr	Sessional Counsellor (from semester 2)
Liz Notarangelo	Sessional Counsellor (from semester 2)
Fiona Switzer	Sessional CBT therapist (until June 2013)
Dr Lynn Hyland	Sessional CBT therapist (until July 2013)
Meg Stroud	Office Manager
Angela Robertson	Administrator
Nicky Mackenzie	Administrator
Joanna McKenzie	Administrator
Liam Faulkner	Administrator (left May 2013)
Jacqueline Paton	Administrator (from July 2013)
Margaret Gibson	Trainee Counsellor
Sharon Wagner	Trainee Counsellor

## Appendix A

## Paws Against Stress

### Paws Against Stress Events 2012-13 and Semester 1 2013-14

In April and May 2013 three novel events were held in collaboration between Student Counselling Service, EUSA and Canine Concern Scotland Trust (CCST) to support students in the stressful revision and exam period. Experienced canine therapists were introduced onto campus and 15 minute therapist sessions where students or student groups could interact with a canine of their choice and their handler were available for booking. Two of the three events were held on Main Campus in Teviot House and one event was held on Kings Buildings campus. The events were an immediate success with the student body and the sessions 'sold out' within hours of being advertised on Eventbrite. A standby canine was reserved on each occasion for students who had not been able to book, but had wanted to turn up on the day and queue in the hope of getting to pet a dog. In this way, for some of the students disappointed not to have got a ticket, there was still some availability.

Despite the physiological and psychological benefits of the human-animal bond having long been recognised<sup>1</sup> and having become established in US colleges as an effective clinical intervention for a wide range of issues<sup>2</sup>, as a modality in the UK, such Animal Assisted Interventions remain relatively new<sup>3</sup>.

As it was the first of its kind in an HEI in the UK, much press interest was stirred by the event and items appeared in newspaper, on radio and TV, and subsequently several universities made contact with CCST to launch similar initiatives, and other University of Edinburgh departments made contact with SCS to be involved in future canine events. An article was accepted for the quarterly journal of the British Association of Counselling and Psychotherapy – Universities and Colleges (BACP – UC) and is currently in press.

In terms of the evaluation of the event, there were 232 participants and returned evaluations from 223 (96% return rate). In terms of student profile, the returned evaluations indicated that 79% of those attending were female, and 89% were undergraduates, with the highest proportion in their final undergraduate year of study (27%). Nearly a third (29%) of students had not considered using any University service to support their mental health and well-being.

91% either agreed or strongly agreed that they would recommend the event

90% agreed or strongly agreed that they would do it again

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<sup>1</sup> Friedmann, E. and Son, H. 'The human-animal companion bond: how humans benefit', *Veterinary Clinics of North America: Small Animal Practice*, 2009; 39(2):293-326.

<sup>2</sup> Hallberg, L. *Walking the way of the horse: exploring the power of the horse-human relationship*. Bloomington, IN: iUnivers; 2008.

<sup>3</sup> Lac, V. and Walton, R. 'Companion animals as assistant therapists: embodying our animal selves', *British Gestalt Journal*, 2012; 21(1):32-9.

89% agreed or strongly agreed that it was a worthwhile use of their time

89% agreed or strongly agreed that it was a useful break from study

The interaction with a therapist had a reduction in student-reported stress for 94% of participating students.

On the basis of such a successful pilot in 2012-13, CCST was re-invited back onto campus in the following academic year and had one in-put before the winter exams in December 2013 and will return again for three dates in the summer of 2013-14. The December event was again hugely successful and sold out quickly with 92 students visiting canine therapists in just 2 hours. Returned evaluations from 82 of those students showed that 50% reported not ever having used any University service to support their mental health, and 98% would recommend the event with 96% reporting a reduction in their feelings of stress after the event. In this evaluation, a greater emphasis was placed on gaining insight into what exactly the students found so therapeutic about the intervention and interestingly, although 45% focused on the interaction with the dogs, 23% commented on the interaction with the handlers and dogs, and the focus of 5% was the interaction with the handlers alone. Such student comments on the evaluations, in answer to the question of what the student had enjoyed most about the event, captured the feeling of the day:

‘Just being around dogs – they make me happy and think about the present moment – rather than what’s going on elsewhere. Also being around other ‘stressed’ people was comforting – I am not the only one.’

‘Well-organised, handlers friendly and chatty. Dogs well-behaved and cuddly!’

‘Getting to see/pet beautiful dogs because I miss my pets back home’.

Big White Wall is an online mental health support community. It is anonymous and kept safe by 24/7 trained moderators (“Wall guides”) who are qualified counsellors, with on call psychiatrist/psychologist back up. Using approaches influenced by CBT and art therapies, users can seek community support, information and guidance. The services provided by Big White Wall are delivered in a partnership with the Tavistock and Portman NHS Foundation Trust.

£15,000 was allocated by the Student Experience Project for a pilot project providing 6 months free access to Big White Wall for 150 University of Edinburgh Students. A working group of staff from the Student Counselling Service, Student Disability Service, Accommodation Services and Edinburgh University Students’ Association decided on a strategy of wide publicity for this based on the experience of other Universities who had piloted use of BWW where the take up had been low.

The take up exceeded the 150 places and two further allocations of £6,000 were agreed to fund a further 100 places. 201 places had been taken up by the end of the autumn semester. Below is an indication of the uptake of places and other demographic information. Big White Wall also run a number of guided six week programmes on a range of topics e.g. anxiety management, time management, depression etc. and due to the high level of demand from EU students prioritised topics that would be of particular relevance to them e.g. anxiety management.

Clearly the level of demand has exceeded initial expectations and an evaluation of those who made use of BWW is underway. Anecdotal feedback is positive. It has been of particular value to be able to offer this service to students who have attended for their initial appointment while they wait for ongoing counselling sessions to commence. There is also an awareness of its value during evenings and weekends when many students with mental health issues also struggle with a sense of isolation. The fact that this web-site is monitored 24/7 by trained counsellors gives both students and counselling staff a sense of the priority that BWW places on their users’ safety.

Here is the initial report from BWW on usage and profile for University of Edinburgh students:

Students subscribing as members per month

<i>September</i>	<i>October</i>	<i>November</i>	<i>December (to 10<sup>th</sup>)</i>
13	122	56	10

**Gender**

Female: 79%  
Male: 19%  
Other: 2%

**Ethnicity**

White British: 59%  
Other White: 23%  
Asian/Asian British: 11%  
Mixed background: 5%  
Other ethnic group: 2%

**Age**

16 to 24: 75%  
25 to 34: 15%  
35 and over: 10%

**Disability**

4% of users consider themselves to have a disability

**Contact with other services in the month before registration**

Seen a doctor about mental health: 30% Taken mental health medication: 24%

**Appendix C BACP UC Severity Rating Scale**

<b>Severity</b>	<b>Description</b>
<b>1</b>	Experiencing normal issues of living, mood stable, functioning well, but includes where client's issue/concern is intermittent
<b>2</b>	The issue requires attention because it is having a negative but limited impact on the client's life
<b>3</b>	The issue is causing anxiety and distress: there is an awareness of it affecting one area of functioning significantly
<b>4</b>	The issue is causing considerable anxiety and distress, which is in turn affecting several areas of functioning.
<b>5</b>	The issue is causing severe anxiety and distress affecting all areas of functioning and the client's ability to cope is severely limited
<b>6</b>	The issue is affecting all aspects of the client's life: extreme distress; highly anxious; may result in self-harm; acting out; loss of hope, sense of unreality, unable to be comforted or reassured. Functioning with extreme difficulty. Also includes where client is not coping; out of control, emotionally overwhelmed; despair, hopelessness; suicidal thought/intent.